

ABUSE & NEGLECT

PURPOSE

The purpose of this policy is to ensure that service users are protected from all forms of abuse and neglect. It explains the processes to be followed if any form of abuse occurs.

POLICY

Lifescop and Meditech recognises the right of service users to feel safe and to live in an environment where they are protected from assault, neglect, exploitation or any other form of abuse.

Lifescop and Meditech will encourage and support any person who has witnessed abuse of a service user or, who suspects that abuse has occurred, to make a report and be confident of doing so without fear of retribution.

Lifescop and Meditech acknowledges that prevention is the best protection from abuse and recognises its duty of care obligations to implement prevention strategies that include suitable recruitment and screening protocols for identifying potential risks.

Lifescop and Meditech recognises that prevention strategies should include the employment of skilled staff who respect the rights of service users and who are aware of current legislation and policies pertaining to abuse and neglect. Such staff will assist service users and their families or guardians to access complaints mechanisms and to raise any concerns they have about service provision.

Where abuse, harm or neglect has occurred, Lifescop and Meditech will respond quickly, considerately and effectively to protect the service user from any further harm, ensuring they have access to any required counselling, and medical, and/or legal assistance.

Lifescop and Meditech will assist service users throughout their involvement with counselling, medical and/or legal services, including any investigations.

Lifescop and Meditech will provide assistance to alleged perpetrators of abuse to gain legal advice.

Lifescop and Meditech will take disciplinary action against any staff member who fails to report or attempts to cover up any incidents of actual or potential abuse and neglect.

Lifescop and Meditech recognises its responsibilities as a mandatory reporter. It will ensure that any employee, paid or voluntary, who suspects, on reasonable grounds, that a child or young person is at

risk of being neglected or physically, sexually or emotionally abused, reports the matter to Community Services.

SCOPE

This policy applies to all employees of Lifescope and Meditech, service users, as well as their families, guardians and advocates.

DEFINITIONS

- **Abuse:** refers to:
 - Threatened or actual physical, sexual or verbal assault, including physical and medical restraint
 - Abusive behaviour management practices
 - Taking advantage of legal and financial situations to the detriment of the service user
 - Accidents or near accidents caused by unsafe equipment or practices
 - The threat of retribution for disclosure of any potential or actual abusive or neglectful practice or situation
- **Physical Assault:** refers to the application of force that causes physical injury
- **Sexual Assault:** includes rape or assault with intent to rape and/or indecently assault.
- **Indecent Assault:** includes unwelcome kissing, touching a person's breasts, buttocks or genitals, forcing someone to watch pornography etc
- **Neglect:** refers to the failure to provide adequate support, food, shelter, clothing or hygienic living conditions.
- **Domestic Violence:** refers to violence, abuse and intimidation perpetrated by one person against another in a personal, intimate relationship. Domestic violence occurs between two people where one has power over the other causing fear, physical and/or psychological harm.
- **Financial Abuse:** refers to the improper use of another person's property or assets, or the use of withholding of another person's resources by someone with whom there is a relationship that implies trust.
- **Systems Abuse:** refers to situations where the needs of service users are not recognised and essential services are not provided or are inadequate, inappropriate or poorly coordinated. The impact on the individual can include neglect or abuse resulting from poor practice, exclusion from community life and the loss of basic human rights.

PROCEDURES

1. In all aspects of service delivery, the Manager must highlight for all staff the importance of preventing and responding appropriately to abuse and neglect of service users, whether it is alleged or actual. (See Attachment 1 for guidelines on prevention of abuse and neglect of service users).
2. The Manager must ensure that all staff members are trained in the detection and reporting of abuse and neglect, including handling allegations and detecting signs and symptoms of abuse and neglect in its various forms. (See Attachment 2 for guidelines on the detection of abuse and neglect).
3. Staff members are required to respond to abuse and neglect with specific consideration to the age of the service user. They are also to act in a manner that supports the thorough investigation of any allegations, so that the resulting outcome is fair and in the best interests of the service user. (See Attachment 3 for specific procedures in responding to abuse and neglect of a service user).
4. Where an alleged perpetrator of abuse or neglect on a service user is another service user or a staff member from Lifescope and Meditech, that person is entitled to fair treatment throughout the investigation process. All managers and staff are required to maintain strict confidentiality about the allegations and investigation, affording the alleged perpetrator every opportunity to have their name cleared or to fair treatment by the legal system (see Attachment 3 for guidelines on managing issues related to the alleged perpetrator).
5. The Manager and staff are to respond immediately to any allegation of abuse or neglect of a service user using the procedures detailed throughout this policy and procedure document.
6. Managers and staff should:
 - Ensure the service user is informed about the process of response to the allegation in a format that they can understand
 - Assist the service user to make the necessary decisions and choices about the process wherever possible
 - Where possible and where necessary, ensure the service user has the support of an advocate throughout the response process

ATTACHMENT 1

PREVENTION OF ABUSE AND NEGLECT OF SERVICE USERS

1. The Manager must ensure that all paid and unpaid staff members understand and perform their roles in preventing abuse of a service user.
2. The Human Resources Manager must ensure that all staff members have clear position descriptions which avoid ambiguous statements and which have clear expectations of behaviour towards service users.
3. The Human Resources Manager must ensure that structured interviews are conducted and that the interview includes specific questions which explore the applicant's attitudes to abuse of service users.
4. The Human Resources Manager must ensure that referee checks are carried out and recorded for all job applicants prior to employment.
5. The Human Resources Manager must ensure that Fit to Work checks and Working with Children checks are conducted for all staff members prior to employment.
6. The Human Resources Manager must ensure that all staff members have a Code of Conduct which they have read and signed.
7. The Human Resources Manager must ensure that all staff members participate in the Staff Induction program which includes clear statements about behaviour towards service users, how to respond to abuse and neglect, and be orientated to Lifescope and Meditech's policy entitled 'Abuse and Neglect'.
8. The Training/Human Resources Manager must develop a staff training program that includes the response to abuse and neglect and ensure that staff members are well informed about inappropriate treatment of service users. The training must also remind staff members that any observation or suspicion of abuse and neglect is to be reported to the Manager.
9. The Manager must ensure that service users are encouraged and supported by staff to:
 - Use Lifescope and Meditech's, as well as any external, complaint mechanisms
 - Raise any concerns they may have about service practices which may not support their right to freedom of abuse and neglect
 - Actively participate in the monitoring and review of services and service provision practice

ATTACHMENT 2

DETECTING ABUSE AND NEGLECT RELATING TO SERVICE USERS

1. A service user can make an allegation verbally or in writing or using their augmentative communication system.
2. Allegations can be made by another service user, a staff member, or any other person if they have witnessed an act of abuse or neglect.
3. Suspicion of abuse or neglect can be arrived at by observing certain behaviours or physical conditions in a service user. These behaviours or physical conditions can occur in isolation or in clusters. The indicators may be as follows. (Note that these are not intended to be exhaustive lists. They are intended as guidelines only):

1. Sexual Abuse

Examples of sexual abuse may include:

| | |
|---------------------|---|
| Sexual Abuse | Anal or vaginal intercourse without consent |
| | Fingers or objects inserted into vagina or anus without consent |
| | Oral sex |
| | Masturbation of another person without consent |
| | Touching breasts or genitals without consent |
| | Indecent exposure |
| | Displaying pornographic photography or literature |
| | Sexual harassment, including lewd or suggestive comments, teasing or insults with sexual connotations |

| Physical Indicators | Behavioural Indicators |
|---|---|
| Bruises, bleeding in genital area | Verbal reporting |
| Bruises to breasts, buttocks, lower abdomen or thighs | Inappropriate sexual activity |
| Vaginal infection | Fear of being alone with a particular person |
| Abdominal pain | Sexual themes in drawing, drama or sexual acting out |
| Pregnancy | Self-injury or hurting others |
| Recurrent headaches/migraines | Unexplained increase in sexual knowledge |
| Sexually transmitted diseases | Regressive behaviours such as bed wetting |
| Itching, inflammation or infection of urethral, vaginal or anal areas | Poor relationships with others, irritability, short tempered behaviour, weeping |
| Foreign objects in genital, rectal or urethral openings | Strong fear of a particular place |
| Semen stains on clothing | Withdrawal, depression, listlessness |
| | Unexplained accumulation of money or gifts |

2. Physical Abuse

Examples of physical abuse could include:

| | |
|-----------------------|---|
| Physical abuse | Hitting, smacking, biting, kicking, pulling limbs, hair, ears |
| | Bending back fingers, bending an arm up behind the back |
| | Dragging, carrying or pushing people who do not want to be moved unless involuntary relocation is part of a behavior support plan |
| | Physical restraint |
| | Threat of violence |

| Physical Indicators | Behavioural Indicators |
|---|---|
| Bruises and welts | Unusual fear of authority |
| Cuts, scratches and sprains | |
| Burns and scalds | Wariness of physical contact |
| Head injuries | Unusual hunger for affection |
| Bruising around the eyes | Difficulty relating to others |
| Internal injuries | Constantly watching for possible danger |
| Broken bones | Fear of events or places |
| Swollen or painful joints accompanied by bruising | Sudden changes on behaviour |
| | Onset of incontinence |
| | Problems sleeping |

3. Emotional Abuse

Examples of emotional abuse could include:

| | |
|--------------------------------------|--|
| Emotional/psychological abuse | Humiliating a service user for losing control of their bladder or bowel or about other private matters |
| | Treating service users in ways that deny them their dignity |
| | Preventing service users from expressing themselves out of fear of retaliation |
| | Discouraging personalization of rooms |
| | Denying cultural needs such as serving food that is contrary to the requirements of the person's cultural values and beliefs |
| | Shouting orders at service users |
| | Using humiliating names when speaking to a service user |
| | Limiting social freedoms |

| Physical Indicators | Behavioural Indicators |
|----------------------------|--|
| Speech disorders | Feelings of worthlessness about life and self. Low self-esteem |

| | |
|---|--|
| Sudden and significant changes in usual behaviour | Constant attention seeking behaviour, disruptiveness, aggressiveness |
| Inappropriate self-stimulating behaviour | Excessive compliance |
| Weight loss or gain | Depression or withdrawal |
| | Destructive or violent behaviour to self or others |

4. Neglect

Examples of neglect could include:

| | |
|----------------|--|
| Neglect | Refusing to provide food to service users because they have not done what they were asked to do |
| | Hurrying or rushing assistance with eating or drinking to fit in with staff timetables rather than the needs of the person being supported |
| | Withdrawal or denial of privileges, planned outings or personal items that are not designated and planned behaviour management strategies |
| | Depriving service users of their right to express their cultural identity, their sexuality or other desires |
| | Failure to ensure adequate food, health care support, clothing, medical aid or culturally relevant contexts and supports |
| | Not using a communication device to enable expression of needs or other communication |

| Physical Indicators | Behavioural Indicators |
|---|-----------------------------------|
| Malnutrition | Eating hungrily or hardly at all |
| Consistent and regular hunger | Hungry for attention or affection |
| Low weight | Reluctance to go home |
| Gaining weight when placed in hospital or alternative care | Rocking, self-abuse |
| Poor hygiene (including dental hygiene and untreated sores) | |
| Inadequate clothing for the weather conditions | |
| Lack of supervision consistent with support needs | |
| Non-organic failure to thrive | |

5. Financial Abuse

Examples of financial abuse

| | |
|------------------------|--|
| Financial abuse | Denying access by service users to have control over their money when they have a demonstrated capacity to manage their own finances |
| | Denying access by service users to information about their personal finances |
| | Taking the money of a service user without their consent (which is also likely to constitute a criminal offence) |
| | Forced changes to wills or other legal documents |
| | Using the belongings of a service user for personal use |

| Physical Indicators | Behavioural Indicators |
|---|-------------------------------|
| Restricted access to or no control over personal funds or bank accounts | Stealing from others |
| No records or incomplete records kept of expenditure and purchases | Borrowing from others |
| Forced changes to wills or other legal documents | Begging |
| Missing money, valuables or property. | |

6. Systemic abuse

| | |
|-----------------------|---|
| Systemic abuse | Relevant policies and procedures are not implemented |
| | Service users are denied the option to make decisions affecting their lives |
| | Health care and lifestyle plans are not implemented |

7. Restraints and restricted practices

Examples of restraints and restricted practices could include

| | |
|--|--|
| Restraints and restricted practices | The use of social isolation when it is not a designated behaviour support strategy |
| | Putting a person into a room with the door locked |
| | Locking a service user in room all night |
| | Using other service users to provide physical control over another service user |
| | Excessive chemical restraint such as use of medication without proper authorisation or consent |
| | Forcing service users to eat food they do not want to eat |

ATTACHMENT 3

RESPONSE PROCEDURES FOR ABUSE AND NEGLECT

A. Responding to the victim

1. When there is an allegation of abuse or neglect staff members must:
 - Immediately take steps to create a safe environment for the victim, themselves, other staff members and other service users.
 - Reassure and support the victim and advise them of what will happen next
 - Notify the doctor or ambulance if a service user or other person has been injured
 - Notify the line manager immediately or 'on-call' of the incident.
 - Ensure that they or the line manager report the allegations to police
 - If the victim or the perpetrator has a cognitive disability, advise the police officer that an independent third person is required. If the victim or perpetrator is less than 18 years of age, a parent, guardian or independent person must be present if they are to provide a statement. The police are responsible for contacting the independent person.
 - Ensure that they do **not** act as the independent person
 - Ensure that they do **not** interview the person about the allegation as that is the role of the police. Some discussion may be required to establish safety and basic understanding of what has happened. If the victim needs to talk about what has happened, it is essential to listen and show concern.
 - Depending on the age of the person notify the next of kin or guardian as appropriate.
 - An Incident Report must be completed and forwarded to the Operations Manager

2. Staff members must ensure that they provide support to a victim of abuse especially in the case of sexual abuse (See Attachment 6). Staff members must be careful not to give a negative response as they may reinforce feelings of guilt or shame. If a sexual assault is disclosed a helpful response may include:
 - Telling the person you believe them
 - Making it clear that whatever happened is not their fault
 - Reassuring the person that disclosing the assault is the right thing to do
 - Telling the person that the perpetrator is responsible for the assault. Sexual assaults are referred to the Victims Access line or the local Sexual Assault Service

which provide 24-hour advocacy and counselling and will support the victim to make decisions about what they want to do

B. Protecting Evidence for Police

1. Staff at the scene must use their best endeavours to ensure that any evidence the police may require is not disturbed.
2. Evidence may be lost if the victim of sexual assault bathes soon after the assault. Staff members should try to delay bathing until the police arrive.
3. If possible staff members should preserve the victim's clothing as evidence following an assault of any type.
4. If possible staff members should isolate the area where the incident occurred and not allow anyone to enter that area until the police arrive.
5. Staff members should avoid any questioning of the victim in order to reduce any potential for contamination of their recall of the event.

C. Responding to abuse by a staff member

1. The Manager or other staff member must ensure that arrangements are made to ensure the safety of the victim, the safety of the person making the allegations, and that the rights of the alleged perpetrator are addressed.
2. Staff members must ensure that all incidents of abuse and neglect are documented on an Incident Report and reported to the Manager immediately. If the incident occurs after hours, 'on-call' must be notified immediately and an Incident Report completed.
3. If it is suspected that a manager is involved in the abuse or neglect, the matter must be reported to the next level of management immediately.
4. Where management reasonably believes that a staff member is the source of the abuse the matter must be referred to the police.
5. Where the alleged perpetrator is a staff member (paid or voluntary) Lifescope and Meditech may stand the staff member down or provide that person with supervised and meaningful duties until such time as the investigation is finalized. These duties must not include contact with the alleged victim or unsupervised contact with any other service users.
6. The alleged perpetrator is to be encouraged to seek legal advice with regard to the allegation.
7. The staff member concerned is to be advised of the process of notification of the alleged abuse(s) to the various authorities.

8. If it is found that a staff member has abused a service user, the matter may warrant the dismissal of the staff member by Lifescope and Meditech as well as any action taken by the police.
9. If a staff member accompanies the alleged offender who is another staff member to the police station by way of providing support, that staff member must not give an opinion about the alleged offender or incident or give any legal advice. The staff member providing support should be replaced by an independent person or legal adviser as soon as possible.
10. It is also the responsibility of the Manager in consultation with the Operations Manager to notify the relevant external authorities such as the Lifetime Care and Support Authority immediately by email or telephone and follow up by forwarding an Incident Report.

D. Where the alleged perpetrator is another service user

1. The staff member must ensure that when an alleged perpetrator is another service user arrangements are made to ensure the safety of the victim, the safety of the person making the allegations, and that the rights of the alleged perpetrator are addressed.
2. If the Manager reasonably believes that an incident between two service users is abuse or assault the matter must be referred to the police.
3. The Manager must ensure that the wishes of the victim and the offender are followed in relation to notifying family and/or guardian if appropriate and only with the person's consent.
4. The Manager must facilitate support where practical for the victim and the offender, their families and staff and ensure they have information about available services.
5. The Manager should assist the alleged perpetrator in obtaining an independent advocate to support them throughout any police and court proceedings.
6. Any behaviour support strategies that are implemented as a result of the abuse must be safe and respectful of the person and be non-abusive.
7. A review of the circumstances pertaining to the event is to be conducted within a reasonable timeframe. The relevant Manager will delegate responsibilities and timeframes.
8. Following the completion of investigations, the Manager is to provide the Director with a follow-up report outlining the outcomes achieved.
9. If the service user who has committed the assault or abuse is to be moved to another service, the Manager will ensure that the new service is provided with adequate information about that person's history.

10. It is the responsibility of the Manager in consultation with the Director to notify external authorities such as the Lifetime Care and Support Authority immediately by email or telephone and then follow up by forwarding an Incident Report.

ATTACHMENT 4

MANDATORY NOTIFICATION

Mandatory Notification is defined in NSW legislation; specifically the Children and Young Person's (Care and Protection) Act 1988. Mandatory reporters are those who deliver the following services to children as part of their paid or professional work:

- health care - doctors, nurses, dentists and other health workers
- welfare - psychologists, social workers and youth workers
- education - teachers
- children's services - child care workers, family day care support workers and home based support workers
- residential services - refuge workers, community housing providers
- law enforcement - police

Any person with direct responsibility to provide the above mentioned services must report risk of significant harm to children.

Managers, including both paid employees and volunteers, who supervise direct services are also mandated to report.

Mandatory reporters are not obliged to report risk of significant harm to unborn children or young people (those aged 16-17 years). However they are encouraged to make a report if it is appropriate.

When to Make a Report

You must make a report to the NSW Department of Family and Community Services when you have current concerns about the safety, welfare and wellbeing of a child for any of the following reasons:

- the basic physical or psychological needs of the child or young person are not being met (neglect)
- the parents or caregivers have not arranged necessary medical care (unwilling or unable to do so)
- risk of physical or sexual abuse or ill-treatment (physical or sexual abuse)
- parent or caregiver's behaviour towards the child causes or risks psychological harm (emotional abuse)
- incidents of domestic violence and as a consequence a child is at risk of serious physical or psychological harm (domestic or family violence)

ATTACHMENT 5

REPORTING ABUSE TO POLICE

A. EMERGENCY—DIAL 000

When a service user has been assaulted or in immediate danger of an assault **the police** must be called apart from the exceptions listed below.

If a service user sustains an injury as the result of an assault the **Ambulance Service** must be called.

B. REPORTING TO POLICE

1. **Sexual assault** of a service user is a serious offence and must be reported to the police
2. **Physical assault** of a service user is a serious offence and must be reported to the police
3. Other assaults such as **domestic violence, emotional, financial, systems abuse, restricted practices** must be reported to the manager of the service as soon as possible and may also be reported to the police

C. EXCEPTIONS

A report to the police about an assault may not be required if any of the following conditions exist:

- An incident that would usually be classed as assault is caused by a person with an intellectual disability who lacks understanding of the behaviour
- Physical contacts occurring between service users such as pushing or striking that can be managed by the use of behaviour intervention strategies and are reported internally.

If in doubt about reporting abuse the police may be contacted for advice

ATTACHMENT 6

Victims' support

VICTIMS OF CRIME BUREAU

Telephone contact: 02 8688 5511 or 1800 633 063 or TTY 1800 555 677 ask for 1800 633 063

- The Victims of Crime Bureau is a NSW Government agency that offers support to people who are victims of crime. The Victims of Crime Bureau aims to ensure that its assistance is accessible to all victims of crime, including those with disabilities.
- Victims Support Line staff provides information on the rights of a victim of crime as detailed in the Charter of Victims' Rights.
- The Victims Support Line staff can also provide confidential emotional support, in addition to practical information on how to access other groups and services that may assist with a victim's recovery following a crime.
- Free access to the Approved Counselling Scheme can be arranged through the Victims of Crime Bureau by contacting:

Victims Support Line:

(02) 8688 5511 or 1800 633 063 (Toll free)

TTY 1800 555 677 ask for 1800 633 063

Telephone Interpreting Service: 13 14 50

Callers with speech/communication impairment:

1800 555 727 ask for 1800 633 063

<http://www.lawlink.nsw.gov.au/vs>

- The service includes information to victims of violent crime about applying for compensation

SEXUAL ASSAULT SERVICE (NSW MINISTRY OF HEALTH)

Staff should contact their local Sexual Assault Service for advice if they are uncertain about reporting an incident as sexual abuse.

- 24 hours at most services or telephone the local hospital after hours.
- Local SAS contact details are below or can be found at the following web address:
<http://www1.health.nsw.gov.au/services>
- The SAS provides a range of services that can include immediate care and counselling for victims of sexual assault.
- The SAS can advise staff about monitoring, documentation and duty of care issues in relation to any allegation of sexual assault.

| Location | Address | Telephone numbers |
|---|--|--------------------------------|
| Greater Southern Area Health Service | | |
| Albury | Albury Sexual Assault Service, 596 Smollett St., Albury. | 6058 1800 or 6058 4642 (AH) |
| Bega | Far South Coast Sexual Assault Service, Bega Community Health Centre, McKee Drive, Bega. | 6492 4416 |
| Goulburn | Goulburn Sexual Assault Service, Goulburn Community Health Centre, Cnr. Goldsmith and Faithful St., Goulburn. | 4827 3913 or 4827 3111 (AH) |
| Cooma | Sexual Assault Service, Cooma Community Health Centre, Cnr Bombala & Victoria St., Cooma. | 6452 1324 or 6452 1333 (AH) |
| Deniliquin | Deniliquin Community Health Centre 2 Macauley St., Deniliquin | 5882 2900 |
| Moruya | Eurobodalla Sexual Assault Service, Moruya Community Health Centre, River St., Moruya. | 4474 1561 or 6492 4416 (AH) |
| Narooma | Narooma Community Health Services Cnr Field & Graham St., Narooma | 4476 2344 |
| Queanbeyan | Queanbeyan Community Health Centre, Antill St., Queanbeyan. | 6298 9233 |
| Wagga | Wagga Sexual Assault Service, Wagga Community Health Centre, Docker St., Wagga Wagga. | 6938 6411 or 6938 6666 (AH) |
| Young | Young District Sexual Assault Service, Allanan St., Young. | 6382 1522 or 6382 1222 (AH) |
| Greater Western Area Health Service | | |
| Bourke | Bourke Sexual Assault Service, Bourke Community Health Centre, Tarcoon St., Bourke. | 6870 8899 or 6870 8888 (AH) |
| Broken Hill | Broken Hill Sexual Assault Service, Broken Hill Community Health Centre, Kincumber House, Morgan St., Broken Hill. | 08 8080 1523 or 8080 1333 (AH) |
| Bathurst | Mid Western Sexual Assault Service, Bathurst Community Health Centre, William St., Bathurst. | 6331 5533 or 6339 5281 (AH) |
| Coonabarabran | Coonabarabran Community Health Service, Cassilis St., Coonabarabran. | 6842 6404 or 6885 8632 (AH) |
| Cowra | Cowra Hospital, Liverpool St., Cowra | 6340 2356 |
| Dubbo | Dubbo Sexual Assault Service, Dubbo Community Health Centre, 2 Palmer St., Dubbo. | 6885 8999 or 6885 8632 (AH) |
| Lightning Ridge | Lightning Ridge Community Health Services, Cnr Pandora & Opal St., Lightning Ridge | 6829 1022 or 6885 8632 (AH) |
| Lithgow | Lithgow Community Health Service, Colldrewe Drive, Lithgow | 6350 2750 |
| Mudgee | Mudgee Sexual Assault Service, Mudgee Community Health Centre, Cnr Church & Meares St., Mudgee. | 6372 6455 |
| Nyngan | Nyngan Sexual Assault Service, Nyngan Community Health Centre, Pangee St., Nyngan. | 6832 1255 or 6885 8632 (AH) |

| | | |
|---|---|-----------------------------|
| Orange | Orange Sexual Assault Service, 129 Sale St., Orange | 6393 3300 or 6393 3000 (AH) |
| Parkes | Parkes Community Health Centre, Coleman Rd., Parkes. | 6862 1866 or 6861 1200 (AH) |
| Walgett | Walgett Sexual Assault Service, Walgett District Hospital & Health Service, 141 Fox St., Walgett. | 6828 1066 or 6885 8632 (AH) |
| Hunter & New England Area Health Service | | |
| Armidale | Armidale Sexual Assault Service, Armidale Community Health Centre, Rusden St., Armidale. | 6776 9600 or 6776 9655 (AH) |
| Glen Innes | Glen Innes Sexual Assault Service, Glen Innes Community Health Centre, Macquarie St., Glen Innes. | 6739 0100 or 6739 0200 (AH) |
| Gunnedah | Gunnedah Sexual Assault Service, Gunnedah Community Health Centre, Marquis St. Gunnedah. | 6742 0666 (AH) |
| Inverell | Inverell Health Service, Swanbrook Rd., Inverell | 6721 9600 or 6728 8300 (AH) |
| Lower Hunter | Lower Hunter Sexual Assault Service, 58 Stonach Ave., East Maitland. | 4933 4422 or 4921 3888 (AH) |
| Moree | Moree Sexual Assault Service, Moree Community Health Centre, Alice St., Moree. | 6757 0249 or 6757 0031 (AH) |
| Narrabri | Narrabri Sexual Assault Service, Narrabri Community Health Centre, 11 Cameron St., Narrabri. | 6792 1522 or 6792 1666 (AH) |
| Newcastle | Newcastle Sexual Assault Service, Longworth Ave., Wallsend. | 4924 6333 or 4921 3888 (AH) |
| Quirindi | Quirindi Sexual Assault Service, Quirindi Health Service, Nowland St., Quirindi. | 6746 1466 |
| Tamworth | Tamworth Sexual Assault Service, Tamworth Community Health Centre, 180 Peel St., Tamworth. | 6767 8100 or 6767 7700 (AH) |
| Upper Hunter | Upper Hunter Sexual Assault Service, Brentwood St., Muswellbrook. | 6542 2062 or 1800 642 357 |
| North Coast Area Health Service | | |
| Bellingen | Bellingen Community Health Centre, Church St., Bellingen. | 6655 1266 |
| Bulahdelah | Bulahdelah Community Health Service, Richmond St., Bulahdelah. | 4997 4240 |
| Coffs Harbour | Coffs Harbour Sexual Assault Service, 345 Pacific Highway, Coffs Harbour. | 6656 7200 |
| Dorrigo | Dorrigo Multi-Purpose Service, Beech St., Dorrigo. | 6657 2066 |
| Forster | Forster Community Health Centre, Breese Pde., Forster. | 6555 6822 |
| Gloucester | Gloucester Community Health Centre, Church St., Gloucester. | 6558 1011 |
| Hawks Nest | Hawks Nest/ Tea Gardens Community Health Centre, Bommer St., Hawks Nest. | 4997 0186 |

| | | |
|---|--|-----------------------------|
| Kempsey | Kempsey Sexual Assault Service, Polwood St., Kempsey. | 6562 6066 or 6562 6155 (AH) |
| Laurieton | Camden Haven Community Health Centre, Laurie St., Laurieton. | 6559 9003 |
| Lismore | Richmond Sexual Assault Service, Lismore Base Hospital, Cnr Laurel & Weaver St., Lismore. | 6620 2970 |
| Macksville | Macksville Community Health Centre, Boundary St., Macksville. | 6568 2677 |
| Port Macquarie | Port Macquarie Sexual Assault Service, Morton St., Port Macquarie. | 6588 2882 or 6581 2000 (AH) |
| Taree | Biripi Aboriginal Corporation Medical Centre, Pacific Highway, Taree. | 6552 2154 |
| Taree | Taree Sexual Assault Service, York St., Taree. | 6592 9638 or 6592 9906 (AH) |
| Tweed Valley | Tweed Valley Sexual Assault Service, Powell St., Tweed Heads. | 5506 7540 or 5506 7510 (AH) |
| Woolgoolga | Woolgoolga Community Health Centre, Beach St., Woolgoolga. | 6654 1111 |
| Gosford | Gosford/Wyong Sexual Assault Service, Biala Cottage, Holden St., Gosford. | 4320 3175 or 4320 2111 (AH) |
| Northern Sydney & Central Coast Area Health Service | | |
| Wyong | Sexual Assault Service, Wyong Hospital, Pacific Highway, Kanwal. | 4320 3175 or 4320 2111 (AH) |
| St Leonards | Child Health Services, RNS Hospital, Pacific Hwy., St Leonards. | 9926 6060 or 9926 7111 (AH) |
| St Leonards | Sexual Assault Centre (16 yrs and over), Royal North Shore Hospital, Pacific Highway, St Leonards. | 9926 7580 or 9926 7111 (AH) |
| South Eastern Sydney & Illawarra Area Health Service | | |
| Nowra | Nowra Sexual Assault Service, Shoalhaven Hospital, Scenic Drive, Nowra. | 4423 9211 |
| Kogarah | Sexual Assault Centre, St George Hospital, Gray St., Kogarah. | 9350 2494 |
| Randwick | Child Health Services, POW Hospital, High St., Randwick. | 9382 1412 or 9382 1111 (AH) |
| Wollongong | Wollongong Sexual Assault Service, Urunga House, 4 Urunga Pde., Wollongong | 4222 5408 or 4222 5000 (AH) |
| Sydney South West Area Health Service | | |
| Bankstown | Bankstown Sexual Assault Service, Bankstown Community Health Centre, 36-38 Raymond St., Bankstown. | 9780 2833 |
| Blacktown | Blacktown/ Mt Druitt Sexual Assault Service, Marcel Crescent, Blacktown. | 9881 8700 |
| Camperdown | Sexual Assault Centre (16 yrs and over) Royal Prince Alfred Hospital, L5 King George V Hospital, Missenden Road, Camperdown. | 9515 9040 or 9515 6111 (AH) |
| Liverpool | Liverpool/Fairfield Sexual Assault Service, Liverpool Community & Allied Health, Cnr Goulburn & Campbell St., Liverpool. | 9828 4844 or 9828 3000 (AH) |

| | | |
|--|--|-----------------------------|
| Campbelltown | Macarthur Sexual Assault Service, Ingleburn Community Health Centre, cnr Moore & Cordeaux St., Campbelltown. | 4629 2111 or 9828 3000 (AH) |
| Bowral | Wingecarribee Sexual Assault Service, Community Health Centre, Bendooley St., Bowral. | 4861 8000 or 9828 3000 (AH) |
| Sydney West Area Health Service | | |
| Penrith | Sexual assault service, Nepean Hospital, Parker St., Penrith. | 4734 2000 |
| Westmead | Sexual Assault Services (16 yrs and over), Grevillea Cottage, Westmead Hospital, Westmead. | 9845 7940 or 9845 5555 (AH) |
| Westmead children | Level 6 Child Protection Unit/Sexual Assault Services, The Children's Hospital at Westmead, Hawkesbury Road, Westmead. | 9845 2434 or 9845 0000 (AH) |

LEGISLATION AND CROSS-REFERENCE

Human Rights and Equal Opportunities Commission Act 1986

NSW Children and Young Person's (Care and Protection) Act 1988

NSW Disability Services Act 1993

National HACC Standards

NSW Disability Services Standards

- Standard 1 Rights
- Standard 4 Feedback and Complaints
- Standard 6 Service Management

Other relevant Lifescope and Meditech Policies and Procedures

- Advocacy
- Decision Making and Choice
- Planning