

PURPOSE

- To provide guidance for Community Nurses (CN), Clinical Nurse Leaders (CNLs) and Business Managers (BM) in identifying possible abuse neglect or ill treatment within the client group and/or their families.
- To provide examples of signs that may indicate that abuse, neglect or ill treatment is occurring.
- To inform staff of their mandatory obligation to report any signs of abuse, neglect or ill treatment.
- To provide staff with steps for protecting potential victims, if they have knowledge of possible abuse, neglect or ill treatment.
- To safeguard children, vulnerable adults and Clients from abuse, neglect or ill treatment as a result of Access service delivery.

1. SCOPE

- a. Includes all staff working for Total Care Health, in particular CNs, CNLs, and BMs.
- b. Applicable to all TCHS Client environments in which TCHS services are provided.

2. DEFINITIONS (some examples only – the list is not exhaustive)

- a. **A vulnerable adult** is a person unable, by reason of detention, age, sickness, mental impairment, or any other cause, to withdraw himself or herself from the care or charge of another person. Many Access/TCHS Clients fit into this category.
- b. **Elder abuse or neglect** is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. It can be of various forms: physical, psychological/emotional, sexual or financial/material abuse, and /or intentional or unintentional neglect. Psychological abuse may include ridicule, threats, harassment or humiliation. Financial abuse may include misuse of power of attorney, use of home without contributing costs etc.
- c. **Ill treatment or neglect of a child:** may include: failure to provide the necessities to sustain life/health. Lack of supervision leading to increased risk of harm, failure to get medical care leading to impaired functioning/development, parents'/guardians' inability to provide appropriate care. Child sexual abuse may include eg exposure to pornographic material, any physical sexual activity inflicted on a child, or involvement of the child in prostitution.
- d. **Emotional abuse** may include eg rejection, isolation or oppression, withholding affection, exposure to family violence.
- e. **A domestic violence or abusive relationship** may include physical abuse – eg hitting slapping, kicking etc. Verbal abuse may include mocking, name calling, constant criticism etc. Other forms of domestic violence may include sexual violence, isolation, coercion, harassment, economic control, abusing trust, threats and intimidation, emotional withholding, destruction of property, self destructive behaviour.

3. RESPONSIBILITIES

a. Business Managers

- i. Ensuring that reports of abuse are appropriately managed, including reporting to relevant agencies as applicable.
- ii. Confirming that CNs, CNLs and BMs have had training in abuse, neglect and ill treatment recognition and the CNLs have the competency to investigate reports of abuse, neglect and ill treatment if required.
- iii. Maintaining and monitoring statistics on reports of abuse and contributing to the Access national data collection.
- iv. Addressing immediately via delegated authority, any reports or complaints of suspected abuse of clients or vulnerable others by TCHS employees.
- v. Notify funding body of any identified, referred or managed incidents of abuse.

b. Clinical Nurse Leaders

- i. Providing support and information to the CNs or CCs as required.
- ii. Providing a well researched and comprehensive training package for applicable staff that may include intentional or unintentional types of abuse eg:
 - Neglect
 - Self-harm
 - Domestic violence
 - Physical
 - Elder abuse
 - Sexual
 - Financial
 - Child abuse
 - Psychologicaland which will enable staff to be aware of and identify the types of abuse they may encounter and have a duty to report.
- iii. Ensuring that CNs have a clear understanding of the mandatory steps required if suspected abuse or neglect of children or vulnerable adults is reported.
- iv. Acting on reports of suspected abuse or neglect immediately , ensuring they are reported to the Business Managers

c. Community Registered Nurses

- i. Attending training and refresher courses on abuse recognition and management
- ii. Investigating any reports with sensitivity and care to ensure that the victim is not put at further risk, and retains choices and control over any suggested action plans.
- iii. Familiarity with “Deciding what action to take” “Family violence Intervention Guidelines – ELDER ABUSE and NEGLECT” Ministry of Health 2007.
- iv. Collaborating with other professionals when responding to abuse, and providing support to colleagues, eg referral to the Employee Assistance Programme (EAP).
 - v. Reporting all suspected cases of abuse neglect or ill treatment to the CNLs at the earliest opportunity.
 - vi. Promoting client safety at all times.
 - vii. Do not attempt to advise or in any way manage suspected abuse – act only on instructions from the CNL
 - viii. Taking care not to put the client or yourself at risk of harm

4. PROCEDURE

- a. If a TCHS employee has reported to them, observes, or suspects, that the client or a family member is being subjected to some form of abuse, either by an TCHS employee or the client's family member/s, the employee must:
 - i. Unless you are at risk – before you leave the client ensure they are not distressed and are physically safe.
 - ii. Ring the CNL after you have finished your visit and provide full details of what you have seen.
 - iii. It is important **not** to provide an opinion on what you think **might** have happened. If you need to report something that the client (or family member) has said to you – be very clear that it is exactly what the client (or family member) has said.
 - iv. Document everything you saw on an incident form as soon as you have spoken to the CNL.

Note 1: If the reported abuse may be occurring during or as a result of the care provided or omitted by a TCHS employee then it must be reported to the Business Manager immediately. Any reported abuse or neglect from a client or household member¹ resulting from care provided or care omitted by TCHS must be documented as a formal complaint, either by the client if they agree to it, or by the person receiving the complaint. This process must be followed through as per the Complaints Management Policy.

Note 2: All incidents of abuse, whether actual or suspected must be entered on to the incidents register and be managed through that process.

- b. The CNL documents in detail the report from the CN into the client file notes, and includes it on the incident register for it to be followed through that process.
- c. The CNL reviews the report and interviews the CN for further detail if required.
- d. *Only* if the CNL is confident of having the appropriate skills for client follow-up then the CNL will:
 - i. Arrange a home visit to assess the situation,
 - ii. Develop a safety plan with the client that includes the least disruptive option for the client and mindful that the “client has the absolute right to make an informed decision about what action is taken and when”² where this person is a child, their responsible adult retains this right.
 - iii. Identify further referrals that may be required
 - iv. Ensure that what you do in no way endangers the safety of the client, children or responsible others.
 - v. Arrange further visits if required.
 - vi. If you deem the client to be in immediate danger, return to your car and call the police. At no time must you place yourself in potential danger.
 - vii. Provide a report to the Business Manager.

¹ A person is to be regarded as a member of a particular household, even if he or she does not live in that household, if that person is so closely connected with the household that it is reasonable, in the circumstances, to regard him or her as a member of the household. Refer **Crimes Amendment Act (No 3) 2011** Clause 195A (4) (a).

² Refer page 41 4.1 “Deciding what action to take” “Family violence Intervention Guidelines – ELDER ABUSE and NEGLECT” Ministry of Health 2007.

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- e. If the CNL does not feel competent to investigate the report , the CNL is to consult with the Business Manager and:
 - i. Report to the individual’s medical practitioner in the first instance, or other relevant agency if the client or other household member has no GP.
 - ii. Confirm that the client or other household member is both physically and mentally safe, and has access to resources for getting assistance at any time.
 - iii. Confirm the continuing safety of the CN if the suspected/alleged perpetrator may be present during episodes of care.
 - f. Employees of TCHS are able to participate in family, interagency or court proceedings to address specific cases of abuse or neglect. Employees who are required or wish to participate in such proceedings are required to seek advice and support from the Regional Manager prior to doing so.
 - g. Learning from any identified, referred or managed incidents of abuse.

5. REFERENCES

- a. DOMESTIC Violence Act 1995 No.8
- b. “What is Elder Abuse” Age Concern New Zealand 24 May 2011
- c. “Signs of Elder Abuse and Neglect” Age Concern New Zealand 24 May 2011
- d. “Family violence Intervention Guidelines – ELDER ABUSE and NEGLECT” Ministry of Health 2007.
- e. NZS 8158:2003 Clause 1.5 Abuse and/or Neglect.
- f. Crimes Amendment Act (No 3) 2011