ABUSE RECOGNITION AND RESPONSE

PURPOSE

- To provide guidance for Community Nurses (CN), Care Coordinators (CC) and Support Workers (SW) in identifying possible abuse neglect or ill treatment within the Service User (SU) 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 Service Users from abuse, neglect or ill treatment as a result of Access service delivery.

1. **SCOPE**
    a. Includes all staff working for Access Homehealth, in particular CNs, CCs, and SWs.
    b. Applicable to all Access Service User (SU) environments in which Access 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 Service users 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. Amida

i. Designing and providing a well researched and comprehensive training package for CNs, CCs and SWs that may include intentional or unintentional types of abuse eg:

- Neglect
- Physical
- Financial
- Self-harm
- Elder abuse
- Child abuse
- Domestic violence
- Sexual
- Psychological

and which will enable staff to be aware of and identify the types of abuse they may encounter and have a duty to report.

ii. Providing a "cheat sheet" of signs and symptoms of types of abuse for easy reference for the SW at the completion of training.

b. Regional Manager

i. Ensuring that reports of abuse are appropriately managed, including reporting to relevant agencies as applicable.

ii. Confirming that CNs, CCs and SWs have had training in abuse, neglect and ill treatment recognition and the CNs 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 SUs or vulnerable others by Access Homehealth employees.

v. Notify funding body of any identified, referred or managed incidents of abuse.

c. Clinical Advisor

i. Providing support and information to the CNs or CCs as required.

ii. Ensuring that CNs has a clear understanding of the mandatory steps required if suspected abuse or neglect of children or vulnerable adults is reported.

d. 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 SWs, eg referral to the Employee Assistance Programme (EAP).

e. Care Coordinators

i. Acting on reports of suspected abuse or neglect immediately by diarising the report in Access controller, and reporting to the Community Nurses and Regional Manager.

f. Support Workers

i. Awareness and rigid avoidance of practices that are, or may be interpreted as, abuse of SUs or children when providing support services.

ii. Familiarity with the SW Handbook 7.4 Abuse clause.

iii. Reporting all suspected cases of abuse neglect or ill treatment to the CCs at the earliest opportunity.

iv. Promoting SU safety at all times.

v. Do not attempt to advise or in any way manage suspected abuse – act only on instructions from the CC
vi. Taking care not to put the SU or yourself at risk of harm.

4. PROCEDURE

a. If the SW or other Access employee has reported to them, observes, or suspects, that the SU or a family member is being subjected to some form of abuse, either by an Access Homehealth employee or the SUs family member/s, the SW must:
   i. Unless you are at risk – before you leave work ensure the SU is not distressed and is physically safe.
   ii. Ring the CC 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.
   iv. If you need to report something that the SU (or family member) has said to you – be very clear that it is exactly what the SU (or family member) has said.
   v. Document everything you saw on an incident form as soon as you have spoken to the CC.

Note 1: If the reported abuse may be occurring during or as a result of the care provided or omitted by an Access employee then it must be reported to the Regional Manager immediately. Any reported abuse or neglect from a SU or household member[1] resulting from care provided or care omitted by Access must be documented as a formal complaint, either by the SU if they agree to it, or by the person receiving the complaint. This process must be followed through as per the Access QD 7.2 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 CC documents in detail the report from the SW into the SU notes on Access Controller and emails/flags the CN for investigation, and includes it on the incident register for it to be followed through that process.
c. The CN reviews reports on Access Controller, and interviews the SW for further detail if required.
d. *Only* if the CN is confident of having the appropriate skills for SU follow-up then the CN will:
   i. Arrange a home visit to assess the situation,
   ii. Develop a safety plan with the SU that includes the least disruptive option for the SU and mindful that the "*SU 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

[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.

iv. Ensure that what you do in no way endangers the safety of the SU, children or responsible others.
v. Arrange further visits if required.
vi. If you deem the SU 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 Regional Manager.

e. If the CN does not feel competent to investigate the report , and resolution cannot occur safely within the local team the CN is to consult with the Regional Manager and:
   i. Report to the individual's medical practitioner in the first instance, or other relevant agency if the SU or other household member has no GP.
   ii. Confirm that the SU 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 SW if the suspected/alleged perpetrator may be present during episodes of support.
f. Employees of Access 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