

SAFEGUARDING OLDER PEOPLE POLICY

1. INTRODUCTION

- 1.1 East Devon District Council recognises the serious effect of elder abuse, which can occur irrespective of background and can materialise in different forms, from a spontaneous act of frustration to the systemic bullying of an elderly person.
- 1.2 The main conditions that place the elderly in a high-risk category are limited mobility, depression, incontinence, arthritis, dementia, sensory disability, frailty and poor communication. Combining these with emotional factors such as bereavement, resentment, lack of confidence and isolation and the risk of abuse can be high.
- 1.3 East Devon District Council acknowledges that it has a duty to protect its clients from any form of abuse. The Policy has drawn on good practice from other supported housing providers.
- 1.4 This policy and procedure will attempt to ensure that all allegations of abuse are recorded and investigated. The Policy has been devised primarily for Council staff working in a sheltered housing environment, providing services for tenants in general needs housing and/or private sector clients.
- 1.5 We provide housing and support services to a wide range of people. We recognise that some of our residents may be especially vulnerable because of social, psychological or health reasons, and we aim to protect our clients from abuse. This Policy is particularly relevant to the Council's sheltered Housing Scheme Managers and Mobile Support Officers.

2. POLICY AIM

- 2.1 The aim of this Policy is to keep vulnerable older people safe from abuse while they are tenants of Council property or otherwise in receipt of our services, and to establish appropriate procedures for preventing, recognising, and reporting abuse where it occurs, or is suspected.
- 2.2 East Devon District Council treats the issue of protection from abuse/adults at risk as a serious issue and one that cannot be ignored.

3 WHAT IS ABUSE?

3.1 Definition

Elder abuse is regarded as “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”.

Abuse is the violation of an individuals human and civil rights by any other person or persons.

Abuse can also take the form of financial exploitation or intentional or unintentional neglect by the support provider. Abuse can occur between tenants.

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3.2 Types of Abuse

PHYSICAL: including hitting, slapping, kicking, restraining, pushing, burning. Indicators to look for: cowering and flinching, black eyes, multiple bruising, scalp sore to touch.

SEXUAL: including rape, inappropriate language or dressing.

PSYCHOLOGICAL: including humiliation, verbal abuse, isolation, intimidation, threats of harm or abandon, blaming, controlling, and inappropriate dressing.

FINANCIAL & MATERIAL: including theft, fraud, pressure in connection with wills, property or inheritance, misuse of property, possessions or benefits.

DISCRIMINATORY: including discrimination on the grounds of gender, age, religion, race, disability, nationality, and sexuality.

NEGLECT & ACTS OF OMISSION: including under or over use of medication, inappropriate dressing, lack of food, drink and/or heat. Lack of care, ignoring apparent abuse of others.

3.3 Abusers of vulnerable adults might be relatives, friends, neighbours, care workers, volunteers, or staff of any organisation that might have a legitimate reason to have contact with the client as well as strangers and people who deliberately seek to abuse vulnerable people.

3.4 Abuse may occur:

- When a vulnerable person lives alone or with a relative;
- Within residential or sheltered housing,
- In other places presumed safe.

3.5 The risk of abuse may be greater when:

- The vulnerable person is socially isolated;
- There is a history of family violence;
- There is misuse of drugs or alcohol;
- Relationships are under stress.

4. **PRINCIPLES OF GOOD PRACTICE**

4.1 The following are principles which staff should adhere to when considering the context in which the risk of abuse arises:

- Staff and/or Members should not wait until an incident occurs to put these principles into practice.
- Positive action will protect vulnerable adults and prevent the risk of abuse arising.

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- East Devon District Council provides the training and support required to enable staff to ensure that Service Users maintain their independence.
- It is acknowledged that adults in supported housing have the right to make their own decisions and exercise choice. East Devon District Council is aware that Service Users are to be protected from abuse.
- Service Users have the right to be treated with respect by East Devon District Council staff and Members. They are encouraged to consider the implications of their actions and actively encourage Service Users to express their views.
- All agencies with knowledge of an individual at risk, should participate in individual risk analysis and service delivery.
- Relevant information gathering, recording, analysis and communication between agencies involved is essential to ensure correct support planning for Service users.
- It is the responsibility of East Devon District Council staff is to ensure the health, safety and well being of our Service Users.
- The onus of this policy is to encourage staff to report and refer their suspicions and not to ignore the situation.
- Criminal Records Bureau checks will be undertaken on staff employed to work with older people.

5. WHAT IS A RISK?

5.1 For staff to understand, prevent and if necessary respond to risk of abuse it is necessary to define it. However, it is not possible to anticipate or calculate every risk that may arise and where doubt exists there must be discussion with the staff member's Line Manager

5.2 The following list is not an exhaustive list of risks.

Service Users may be at risk of:

- Physical injury, whether accidental, self inflicted or caused by the violence of others;
- Self neglect or neglect by others leading to the impairment of health – either acute or long term and including risk of HIV/AIDS or other sexually transmitted diseases;
- Excessive and/or unwarranted restriction of freedom;
- Danger to health resulting from a very poor living environment;
- Sexual abuse;
- Financial and material exploitation;
- Risk arising from living in close contact with a person charged with or convicted of an offence involving the abuse of a vulnerable adult or child;

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- Risk arising from the misuse of drugs and alcohol;
- Racial abuse;
- Domestic violence.

5.3 It should also be remembered that the perceived degree of risk depends, in part, on the judgement of those involved in the support of the client. There will be many circumstances in which decisions about risk depend on the social context in which it occurs.

5.4 Protection from abuse should be an integral part in the risk management process undertaken by East Devon District Council.

6. INDICATIONS OF ABUSE

6.1 Physical Injury

Physical injuries sustained which are not satisfactorily explained or occur through a lack of care.

6.2 Physical Neglect

Persons who have been physically neglected either by themselves or others. This would include the misuse of drugs or alcohol. It also includes circumstances where there is a lack of care exercised by those responsible for an individual.

6.3 Neglect and Acts of Omission

Neglect and acts of omissions include:

- Ignoring medical or physical needs;
- Failure to provide access to appropriate health, social care or educational services;
- The withholding of the necessities of life, such as medication, heating or adequate nutrition.

Signs that neglect may be occurring:

- Malnutrition;
- Rapid or continuous weight loss;
- Not having access to necessary physical equipment;
- Inadequate or inappropriate clothing;
- Untreated medical problems;
- Dirty clothing/bedding;
- Lack of personal care.

If neglect is due to a carer being over stretched or under-resourced, the carer may seem very tired, anxious or apathetic.

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6.4 Impairments of Development

People whose potential for development is seriously impaired by their refusal to make use of services or by being prevented from doing so.

6.5 Sexual Abuse

Sexual abuse is considered to be the involvement of adults in sexual activities which they do not understand, or to which they have not given consent or which they do not want to occur, or is illegal. Frequently such situations will have an exploitative or manipulative aspect to them. Individuals, victims or potential victims may need prolonged counselling and understanding to help them appreciate risks to which they have been subjected.

Additional aspects of sexual abuse – non contact abuse – also exist. This includes:

- Observing, watching, photography;
- Indecent exposure;
- Harassment;
- Serious teasing or innuendo.

6.6 Living in the Household of a Known Abuser

Adults may be considered to be at risk if they live in the same household or in close proximity to a person charged or convicted of an offence involving the abuse of a person who comes within the scope of these guidelines.

6.7 Intimidation by Third Parties

Unscrupulous people may impose themselves against a clients wishes at our clients home and refuse to allow our client to enjoy the comforts of their home.

6.8 Environmental Risk

Persons who have allowed their housing conditions to deteriorate to such an extent as their health and/or welfare is at risk.

6.9 Indicators of Physical Abuse Neglect

- A history of unexplained falls or minor injuries;
- Bruising;
 - In well protected areas e.g. inside of thigh, inside of upper arm;
 - Bilaterally on soft parts of the body – not over bony prominences;
 - Clustered as from repeated striking;
- Finger marks indicating bruising;
- Burns on an unusual location or of unusual type;

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- Injuries/bruises found at different stages of healing or such that it is difficult to suggest an accidental cause
- Injury shape similar to an object;
- Injuries to head/face/scalp;
- History of episodes of general practitioner or other 'agency hopping' where accounts for doing so vary with known timing or are inconsistent with the physical evidence. There may also be a reluctance to seek GP/services help;
- Ulcers, bed sores and being left in wet clothing;
- Malnutrition where not living alone;
- Subdued personality in presence of carer;
- Misuse of medication;
- Poor hygiene;
- Constant tiredness;
- Reporting by the victim;
- Reporting by the abuser.

It will be important to put some of these indicators in the context of assessments conducted by other agencies and to make sure that these assessments are drawn together as well as considered on their merits.

6.10 Indicators of Financial Abuse

- Unexplained or sudden inability to pay bills, or afford basic items such as food or heating;
- Unexplained or sudden withdrawal of money from account;
- Disparity between available income of the carer and their lifestyle;
- Lack of or a change in the receptivity by service users or relative/carer to any necessary assistance requiring expenditure, when finances are known not to be a problem. (The natural thriftiness of some people should be borne in mind).
- Unusual interest by family members and other people, including staff, in the vulnerable person's assets;
- Unusually high levels of money assets, periodically. This could indicate use of individuals for laundering or tax evasion.

6.11 Indicators of Sexual Abuse

It is not possible to give one complete list of the signals and symptoms of sexual abuse. Different people react in different ways to stress and trauma, but signs may include:

- Suicidal speech, thoughts or actions;
- Some people will tell or reveal more directly or indirectly.

Disclosure: more incidents of past/current abuse may become evident once the person has told someone and has been believed.

Partial disclosure: for example, the person uses repeated phrases like, "It's a secret" or "Shut up or I'll hurt you".

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It may be suspected that something is wrong because there are physical or behavioural signs.

Medical/physical problems: such as genital infections and discharges, lacerations to the genital area, or physical signs of bruising which give rise to suspicion because of where the marks are on the body (e.g. finger bruising on the upper arm, bruising and/or scratching on upper thighs, "love bites", sudden difficulty in walking sitting).

6.13 Indicators of Social/Environmental Risks

- Persistent poor budgeting ability; known income insufficient to meet known outgoings;
- Poor routines; inability to maintain stability in domestic life;
- Scapegoating; integration within neighbourhood is made difficult;
- Social isolation; limited capacity to socialise and routinely meet other people;
- Poor network of support by relatives/carers;
- Inappropriate actions by carers noted; e.g. treating individual in overly dependent manner;
- Neglect of personal care, including clothes, body care, heating, diet;
- Poor communication, mobility or assertiveness skills;
- Systematic discrimination -
 - Racial
 - Gender
 - Religion
 - Sexual orientation
 - Disability.

6.14 Abuse by Carers – Formal/Informal

There are no social, cultural or class barriers to abuse. Equally there is no one cause. Informal and formal carers can be potential perpetrators of abuse. Staff must also be alert to the possibility of institutional abuse within other statutory agencies.

Any of the factors and indicators of abuse listed on previous pages may be present in a scheme or project situations. Other examples of abuse which might take place in a scheme or project are:

- Treating everyone the same and not offering choice e.g. forcing people to wear other people's clothes, or limiting movement.
- Behaviour or language which is offensive or distressing to others.
- Overtly or covertly constraining individuals.

All suspected instances of abuse in whatever setting it is suspected must immediately be reported to the Line Manager.

6.15 Discriminatory Abuse

Treating people differently or worse than you would want to be treated because they are old, more frail, confused or otherwise vulnerable.

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7. POLICY STATEMENT

7.1 East Devon District Council has a corporate commitment to deal with all forms of elder abuse and is committed to applying the principle of equality to all vulnerable adults.

7.2 In addition East Devon District Council will:

- Give high priority to situations of alleged abuse and respond promptly to allegations of abuse and for requests for assistance from other agencies.
- Meet the needs of individuals while recognising the rights of privacy, dignity, cultural differences, choice and independence.
- Be aware that it is the responsibility of professionals to raise awareness, provide support and take appropriate action.
- Act in a way that helps vulnerable adults make their own decisions based on an awareness of the choices available.
- Be committed to extend support to and seek the assistance of other organisations working with vulnerable adults.
- Ensure that there are procedures in place to prevent staff from personal benefit when working with vulnerable people.
- Ensure that staff are made aware of and understand their professional boundaries.

7.3 Staff working with vulnerable adults will be offered appropriate training and support to recognise the ways in which abuse can occur and to respond to it appropriately as part of their professional duties. All staff members and volunteers of the Council will be required to uphold the safety and protection of the vulnerable adults with whom they work.

7.4 The Council will work with statutory agencies, where appropriate, to contribute to the development and implementation of local protocols based on guidance set out in the Department of Health document "No Secrets".

7.5 Contractual arrangements with providers of services to vulnerable residents will include a requirement to work within the intents of the Council's policy and procedures and to report concerns about abuse or mistreatment. The policy will also be reflected in the Council's Code of Conduct for its maintenance contractors.

7.6 The Council will ensure that its recruitment and selection procedures take account of the need to protect vulnerable adults and young people. Staff appointments are made subject to satisfactory Criminal Records Bureau checks.

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8. WHAT WE DO IF ABUSE IS REPORTED OR SUSPECTED

- 8.1 If we become aware of abuse, or a suspicion of abuse, we will support the people affected. In each case, we will always respect the rights and wishes of the individual.

Depending on how serious the issue is, we may involve other agencies, such as Social Services or the Police.

8.2 Procedure

The procedures for dealing with abuse are in two parts:

- Procedures for prevention of abuse and for protection.
 - Procedures which need to be followed after it is suspected abuse has taken place.
- 8.3 Officers and Members should note that if they suspect an abusive incident has occurred they must **immediately** take action following this procedure.
- 8.4 Stress is laid on the need for staff to talk to their Line Manager where they suspect there is a need for adult protection. Members should report any concerns to the Housing Business Manager.
- 8.5 If staff or Members have concerns about aspects of organisational practices which are not being addressed by Line Managers there is a corporate Whistle Blowing Policy in place.
- 8.6 It must be made absolutely clear that any social relationship between a member of staff and a Service Users could be considered inappropriate, or worse abusive. This could be a contravention of the terms and condition of employment.

8.7 Reactive Procedures

The following list of do's and don'ts describe the immediate responses staff and/or Members may find helpful and positive.

Do

- Accept what the client is saying.
- Stay calm.
- Listen patiently.
- Reassure the person they are doing the right thing in telling of their concerns.

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- Explain what is going to be done:
 - the information is being taken seriously.
 - a report will be made to the Home Safeguard Manager.
 - that staff and managers will take steps to protect the individuals.
- Consider whether this is an emergency which warrants other agencies being involved, e.g. police, social services, probation etc.
- Complete the incident log immediately after the allegation has been made using the clients own words as far as possible.

Don't

- Appear shocked, horrified, disgusted or angry.
 - Press the client for details (it is not an individual member of staff's responsibility to launch an investigation).
 - Make comment or judgements, other than show sympathy or concern.
 - Contaminate or remove possible forensic evidence.
 - Promise to keep secrets – there is a duty to pass on the information to the appropriate person.
 - Give sweeping reassurance.
 - Confront the alleged abuser.
- 8.8 Treat anonymous information with the same degree of seriousness as any other information.
- 8.9 Record information on the Incident Referral Log (annex 1). Immediately refer the completed form to the Home Safeguard Manager who will establish the facts.
- 8.10 Within 48 hours of receiving the completed log, the Home Safeguard Manager will investigate the alleged abuse under the direction of the Housing Business Manager. It is anticipated that most investigations will be completed within 5 working days. The Home Safeguard Manager will decide following discussions with the Vulnerable Adults Officer (Social Services) whether the Social Services Department will participate in the investigation.
- 8.11 The Home Safeguard Manager will advise the Vulnerable Adults Officer (Social Services) of the final outcome of the investigation.

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- 8.12 If you visit a client and you suspect an incident of abuse has just taken place (i.e. physical assault, theft) and you feel the severity of the situation warrants this course of action you may immediately contact the Police, via the Home Safeguard Manager.
- 8.13 Where Members report an incident the Housing Business Manager will investigate it.

Allegations Concerning Members of Staff

- 8.14 Staff made aware of allegations or abuse, which implicates a colleague, must immediately inform their Line Manager.
- 8.15 Where the allegation concerns the Line Manager the staff member must immediately inform that individuals Line Manager.
- 8.16 Failure to report an incident is a failure of East Devon District Council's duty of care towards its clients.
- 8.17 If it can be established that a member of staff has abused a client in anyway (verbal, physical or financial) disciplinary action will be taken which may lead to termination of employment.

Monitoring the Procedure

- 8.18 All alleged incidents of abuse will be reported on the Incident Referral Log (Annex 1).
- 8.19 The Home Safeguard Manager will notify the Housing Business Manager of all reports.
- 8.20 The Policy will be reviewed annually by the Housing Business Manager.

This Policy was prepared in April 2006.

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Annex I

Incident Referral Log

Alleged Victim

Name	
Address	
Telephone No.	
Date of Birth	
Gender	
Ethnic Background	
Disability	
Relevant Contact (e.g. Doctor, CPN, Social Worker, Advocate):	

Alleged Abuser

Name	
Address	
Telephone No.	
Description	

Description of incident being reports in the clients own words:-	
Outcome of investigation	