

Policies & Procedures

Policy No. 101

Protection from Abuse Policy

[April 2005] [Reviewed October 2006] (Reviewed May 2008) (April 2009) September 2009
March 2010 April 2011

Policies & Procedures are to be read and signed in the central policy file every six months

See Attached

Business Improvement Manager

Dated...March 2011.

Review...April 2012

Wiltshire Council
Sheltered Housing Protection from Abuse Policy

1. Purpose

Where used in this policy the term Council means Wiltshire Council, except where indicated.

The Council acknowledges it has a duty to protect its vulnerable clients from any form of abuse. This policy will ensure all allegations of abuse are recorded and investigated.

There are many ambiguities and tensions about the concept of 'adults at risk'. On the one hand there is a strong belief in the right to privacy and to live life according to the individual's choice. On the other hand dependency of many individuals means that they may be powerless to look after themselves against circumstances where protection is warranted.

This policy balances the two concepts above and works in accordance with the Council's Equality and Diversity, and Customer Service statements (See appendices 1 and 2).

2. Who is at Risk

The Council treats the issue of protection from abuse as serious, and one which cannot be ignored. The policy refers to 'vulnerable adults' and includes people who are frail, physically disabled, suffering from mental illness, or a learning disability or has a dual diagnosis.

3. Definition of Abuse

This policy will cover all of the Council's vulnerable tenants.

There are a number of definitions for the term 'abuse', for the purpose of this document 'abuse' means:

“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 a person.”

Abuse can extend from an insult to severe criminal acts. It must always be remembered that the term abuse, whilst appropriate in the context of a document like this, must not mask the severity of events referred to, for example; sexual abuse can mean rape. The following provides a list of types of abuse.

- Physical Abuse or Neglect
- Financial Abuse

- Sexual Abuse
- Psychological Abuse
- Social/environmental
- Abuse by carers - formal / informal
- Discriminatory Abuse

These are detailed further in Appendix 3

4. Principles of Good Practice

The following are principles, which staff must adhere to when considering the context in which risk arises:

- Staff should not wait until an incident occurs to put these principles into practice
- All alleged incidents of abuse will be reported to the relevant line manager immediately
- Staff and managers will take steps to protect the individuals concerned

Positive action will prevent increased vulnerability in adults and prevent risk arising

- The Council provides the training and support required to enable staff to facilitate the service user to maintain their independence and further develop independence
- It is acknowledged that adults in sheltered housing or who are in receipt of support have the right to make their own decisions and to exercise choice
- The Council is aware service users must be protected from abuse
- Service users have the right to be treated with respect by Council Staff.
- Staff 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 risk analysis, assessment, planning and service delivery;
- Information gathering, recording, analysis and communication between agencies involved are essential to ensure that the correct care and management planning takes place
- Information should be shared in accordance within the context of the "No Secrets Agreement" on preventing abuse;
- An individual is able to make an informed decision regarding their personal circumstances and where a risk has been identified;
- Individual's wishes will be respected wherever possible unless this conflicts with a statutory duty.
- It is acknowledged that the individual has a choice about people they personally know being informed about allegations or incidents of abuse. However, if in the reasonable judgment of the staff member, an individual has suffered or is likely to suffer harm, which could have enduring, injurious and/or visible consequences; this should be discussed with their line manager.
- Careful consideration needs to be given to informing the carer or another person with a close legitimate interest;

- The above will not apply if there is a suspicion that those individuals might be implicated in the abuse;
- The primary responsibilities of the Council's staff is to ensure the health, safety and well being of service users
- Staff should be reassured that where allegations are made or suspicions reported which are later found to be unsubstantiated, their careers will not be affected
- The onus of this policy is to encourage staff to report and refer suspicion and not to ignore a situation

Once the allegation or suspicion of abuse has been reported to the Senior Housing Support Officer(SHSO), the SHSO should report the concern on to one of the following:

- Community teams for Social Care, Mental Health or People with Learning Disabilities
- The Emergency Duty Team (if out of hours or weekends)
- The Vulnerable Persons Unit (Police)

They should give all the information they can about their suspicions or any disclosure made to them.

It would be helpful to include the proviso that any member of staff can report directly to a more senior manager or any of the above agencies, if they have reason to believe that their SHSO is either colluding in the abuse or not taking it seriously.

5. Risk

An essential part of the risk management process is that the vulnerability of a service user to abuse and the need for protection is covered.

Health and Safety procedures and allocation processes focus on the needs to minimise risk when people move to sheltered housing.

Risk management is the process of responding to areas of concern identified during the assessment and the day-to-day strategies for managing these.

The following list of potential risks is not exhaustive:

- 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 - both acute or long term and including risk of HIV/AIDS or other sexually transmitted diseases.
- Excessive and 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
- Risk arising from the misuse of drugs and alcohol
- Racial abuse
- Child abuse
- Domestic violence

Protection from abuse should be an integral part of the risk management process undertaken by the Council.

6. Procedure

The Council has adopted a procedure (Procedure no. 508) that can be divided into two parts:

- Procedure for prevention of abuse and for protection.
- Procedure that needs to be followed after it is suspected abuse has taken place, including the arrangements for a Multi-Agency Risk Assessment Conference (MARAC) and/or Multi-Agency Public Protection Panel (MAPP) where appropriate.

These procedures will not cover all eventualities but lay out the principles to follow.

The importance of Housing Support Officers(HSO) talking to their SHSO where they suspect there is a need for adult protection is stressed within the procedure. If HSO's are concerned that other agencies are not taking their views seriously they should report the matter to their SHSO . If staff have concerns about aspects of organisational practices, which are not being addressed by the SHSO, they can use the corporate Whistle Blowing Policy.

7. Performance Standards and Monitoring

As with all documents where complex issues are raised there is a need to monitor the effectiveness of the policy and procedure. This will be the responsibility of SHSO during and post the procedure being utilised.

All alleged incidents of abuse are to be formally recorded on the appropriate forms.

SHSO's will notify their Line Management of all reports of abuse, as these will subsequently be reported to the Head of Housing Management on a case-by-case basis.

Appendix 1

Equality and Diversity Statement

The Council recognises that individuals and groups of people have been and continue to face prejudice and be discriminated against on the basis of race, colour, ethnicity, sex, class, creed, marital status, disability, caring responsibilities, medical status, sexual orientation, age and religious belief.

In aiming to achieve equality of opportunity, the Council will introduce positive measures to combat all forms of discrimination and inequality as a service provider.

The Council will comply with the provisions of the:

- Sex Discrimination Act 1975
- Race Relations Act 1976 and the Race (Amendment) Act 2000
- Protection from Harassment Act 1997
- Human Rights Act 1998
- Disability Discrimination Act 2005 and all subsequent relevant legislation.

and will implement, as far as is practicable, the provisions of:

- The Commission for Racial Equality Code of Practice in Rented Accommodation
- The Race Equality Policy.

As a Local Authority and as an employer, Wiltshire Council's Equal Opportunities Policy applies equally to the following areas of its activities:

- The provision of housing and services
- Contractors, suppliers and consultants
- Management and Elected Members

Appendix 2

Customer Service Statement

The Council, in all its service areas believes that listening and responding to our customers will enable us to ensure high quality services are delivered in line with the needs and aspirations of our service users.

We are committed to ensuring Best Value for our customers and strive for continual improvement and excellence in all areas of our work. In our relationships with customers, suppliers, staff and other stakeholders we will aim to work collaboratively with honesty, equality and integrity.

We actively seek opportunities to work with our customers and stakeholders in examining our systems and working methods to ensure that the Council strives for best practice and continuous improvement.

Appendix 3

Indicators of Physical Abuse or Neglect

- An older person telling you they are being hit, slapped, kicked or mistreated
- A history of unexplained falls or minor injuries
- Cuts, lacerations, puncture wounds, open wounds
- Bruising, welts, decolourisation;
 - 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
- Black Eyes
- Burns on unusual locations or of unusual type
- Bone fractures, broken bones
- Injuries/bruises found at different stages of healing or such that it is difficult to suggest an accidental cause
- Broken eyeglasses/frames, physical signs of being subjected to punishment or signs of being restrained
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of episodes of general practitioner or other 'agency hopping', where the 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 and/or dehydration without illness related cause
- Subdued personality in presence of carer
- Misuse of medication, overdosing or under dosing
- Poor hygiene, poor skin condition & poor skin hygiene (rashes ,sores, lice)
- Loss of weight
- Constant tiredness
 - Reported by the victim
 - Reported by the abuser
- Being in possession of unexplained sums of money - eg. payments for sex.
- Living environment deteriorated by dirt, faecal and urine smells, other health & safety hazards.
- Inadequately clothed

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.

Indicators of Psychological Abuse

- Helplessness
- Hesitation to talk openly
- Implausible stories
- Confusion or disorientation
- Anger without apparent cause
- Sudden change in behaviour
- Emotionally upset or agitated
- Unusual behaviour (sucking, biting or rocking)
- Unexplained fear
- Denial of a situation
- Extremely withdrawn and non communicative or non responsive
- An older person telling you they are being verbally or emotionally abused

Indicators of Financial Abuse

- Unexplained or sudden inability to pay bills, afford basic items such as food or heating, lack of amenities such as TV, personal grooming items, appropriate clothing that an older person should be able to afford
- Unexplained or sudden withdrawal of money from/changes to accounts.

- 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.
- Signatures on cheques that do not resemble older person's signature, or signed when older person cannot write
- Additional names added to older persons bank account
- Changes to, or sudden creation of, wills
- The unexplained sudden transfer of assets to someone outside the family
- Unusual concern by someone that an excessive amount of money is being expended on the care of the older person
- The unexplained disappearance of funds or valuable possessions such as art, jewelry or silverware
- Isolation of the older person from friends and family by carer resulting in total control over their affairs

Indicators of Sexual Abuse

It is not possible to give one complete list of signals and symptoms of sexual abuse. Different people react in different ways to stress and trauma.

- Suicidal speech, thoughts or actions
- 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". Some people will tell or reveal more directly or indirectly
- Or 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.
- Disturbed behaviour: for example, depression; sudden withdrawal from activities an individual has previously enjoyed; loss of previous skills; loss of appetite and/or difficulty in keeping food down; sleeplessness or nightmares; inappropriate seductive behaviour or mimicking of explicit sexual activities; repeated and obsessive masturbation; self-injury; showing fright, or being aggressive to one particular person.
- Sometimes the behaviour of the other people gives rise to concern: for example, the way another person (perhaps a colleague, volunteer, or a family member) behaves or talks to, or

touches an individual gives an uneasy "gut" feeling that there is something wrong. An increase in an individual's income may be an indicator that they are receiving money for sex.

- There may be circumstantial indications: for example, two service users are found in the toilet area, one in a distressed state; or a man who cannot dress or undress himself is found to have his pants on back to front; underwear that is torn, stained or has blood on it.
- There may be several explanations for someone's depression, or for the fact that they have a genital infection. But this makes it very important that professionals, parents, carers and others share their concerns, recognising that sexual abuse could be a possibility.

Indicators of Psychological Abuse

- Insomnia/sleep deprivation or need for excessive sleep.
- Change in appetite
- Unusual weight gain/loss
- Tearfulness
- Unexplained fears
- Low self esteem
- Excessive fears
- Ambivalence
- Confusion
- Resignation
- Agitation or irritability
- Aggression
- Compulsive stealing and/or "scavenging"
- Suicidal behaviour

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.
- Scape-goating; integration within neighbourhood is made difficult.
- Social isolation; limited capacity to socialise and routinely meet others.
- 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

Abuse by Carer- 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 will immediately be reported to the Line Manager.

Discriminatory abuse

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

Please note there are separate policies and procedures which deal with Black Minority Ethnic and Racial discrimination.

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