

**Domestic Abuse Toolkit for Care Providers in Halton**

**April 2023**

**Care Provider Response to Domestic Abuse and supporting people living with dementia and their carers.**

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# Policy Summary

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**This toolkit has been created through references to the Cheshire East Domestic Abuse toolkit and would like to acknowledge the use of this document in producing the Halton Domestic Abuse Toolkit.**

# Introduction

Domestic abuse is an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, by a partner, ex-partner, or family member. Domestic abuse can include, but is not limited to the following; psychological, physical, sexual, financial and emotional abuse.

Domestic abuse can affect people of all ages and backgrounds. It can happen in any type of relationship, with or without children, and it can affect people from different cultures and traditions. It can happen to anyone; this includes individuals such as carers and those living with dementia. Domestic Abuse is not always easy to recognise. In the UK, almost two million people experience domestic abuse every year.

The majority of social care provided is informally by unpaid family members and partners. Whilst most provide excellent care and support, power dynamics in the relationship can shift and the boundaries can blur between care and control.

Every year thousands of victims of domestic abuse find it hard to access appropriate support. A study conducted by Safe Lives revealed that 85% of victims of abuse sought help five times on average from professionals, in the year before they got effective help to stop the abuse.

By 2035, it is estimated that 5.5 million older people will have care needs. Therefore, care providers are essential in providing support and play a pivotal role in identifying and responding to domestic abuse. In addition to this, there are currently around 850,000 people living with dementia in the UK, the majority of whom are aged over 65 years.

A person living with dementia can also experience changes in their mood and behaviour, sometimes leading to verbal or physical aggression. Displays of aggression may have been part of a person’s behaviour before they developed dementia or may be a completely new behaviour.

This Domestic Abuse Toolkit can be used for all adults but also includes an additional dementia checklist as Appendix 1 for providers to use when appropriate.

# Aim of the toolkit

This toolkit will contribute to tackling Adults Domestic Abuse and may be of particular interest to those supporting people living with dementia and their informal carers as it includes a dementia checklist.

* **It helps you Recognise some potential warning signs that indicate domestic abuse might be taking place behind closed doors and offers guidance on steps to take in Responding appropriately when someone discloses abuse.**
* **It also signposts to the local domestic abuse services in Halton to Refer a safeguarding Concern and tells you how to refer for support and what steps to take in Recording what you have seen and done.**

# The role of the Care Provider

The role of the care provider is essential to the response to domestic abuse.

Most support may be provided informally by family or partners, but there are many family situations where care providers are essential in providing support both in the community and within a care home. Therefore, they play a pivotal role in identifying and responding to domestic abuse.

Domestic abuse is not always easy to recognise. Care and support needs can place a person living with dementia in a position of dependency if they are reliant on their family to support them. A family member may move into their home, or the person may move in with family, causing a great loss of independence and control.

Domestic abuse is often described as being a hidden crime and one that happens behind closed doors. Care providers can often be one of the only agencies ever to see behind those doors.

A person who experiences domestic abuse who then develops dementia may find it much harder to come forward through fear of not being believed because of their condition. Dementia may also cause a victim to re-live trauma experienced by previous abuse.

We are not asking you to take on the work of safeguarding leads or specialist domestic abuse workers**.**

**What we want to do is help you to identify concerns around domestic abuse and know what practical steps you can take if someone discloses, or you suspect domestic abuse.**

A person who has been abusive to their partner previously who then develops dementia may cause significant risk to their victim and potentially become unpredictable.

The person living with dementia may be showing changes in behaviour and becoming abusive to their informal carer especially when supporting with personal care.

Early intervention by care providers can help to safeguard adults and children from harm, as well as help to prevent escalation and the recurrence of domestic abuse.

As a care provider, you may be the only professional who may be able to create a safe space to enable the person time to talk on their own**.**

Taking a proactive and supportive approach can help prevent domestic abuse. The four r’s approach is a framework commonly used to secure a clear response to domestic abuse.

**Recognise, Respond, Refer, Record.**

# Recognise

Use this toolkit to recognise the problem. Domestic abuse is an issue that everyone can play a part in tackling.

For an older person living with dementia, physical signs such as bruising, poor personal hygiene, weight loss and urinary tract infections may be mistakenly attributed to illness, or their care and support needs rather than exploring if there are concerns of abuse.

For an individual experiencing abuse from a partner or family member, there may be little opportunity to disclose what is happening to them.

Often concerns can be attributed to carer stress, invoking a response that offers help and support to the person who is harming and not the person who is being harmed. Even when a move to a care home takes place, the family member still may exert control over their loved one speaking over them or telling care staff what the person can eat or wear.

The family member themselves may also be placed in a difficult situation where they start caring for a loved one with dementia. The person living with dementia may be showing changes in behaviour and becoming abusive to their informal carer especially when supporting with personal care. The carer may feel very isolated as their caring responsibilities stop them from leaving the family home.

Questions to ask yourself:

* If domestic abuse is happening in your life or if you see something, are told something or something doesn’t feel right you need to report it.
* If you are a carer for a partner or family member and are feeling afraid or being hurt this may be domestic abuse.
* If you are being cared for by a partner or family member who makes you feel afraid or hurts you, there is help.

It is also important to find out as much as you can about the person living with dementia, their personality, and their history as it can help you better understand who the person really is, which can help to understand the person’s needs.

It can therefore help to reduce distress for people with dementia and their carers. It can also help to overcome problems with communication as it may be that a person is getting frustrated or upset.

# Respond

**Responding to a disclosure and opening a conversation when abuse is suspected.**

Use this toolkit to respond appropriately to disclosure. Care providers may be the only form of support going into the person’s home. Onward referrals and safety planning not only benefit the family, but also the care provider in the long term.

**The aim of starting a conversation is to be supportive.**

It is not about leading an enquiry but more to gather information to identify if concerns are present to refer on. Many people dealing with domestic abuse will never feel comfortable sharing their experience as they may not even be ready to admit it to themselves. Many victims, especially older people, may not use the label ‘domestic abuse’ for their experiences or they may not be familiar with the term (especially if they are speakers of other languages), or they may think that it only applies to physical violence.

***NB: Only open a conversation up with the person if it is safe to do so.***

Firstly, listen and empathise, make notes as the person is talking, they may provide you with all the information you need straight away.

**Begin by asking indirect questions, to establish an empathetic relationship with the person. For example:**

* How are you doing at the moment?
* Your wellbeing is important to me, and I’ve noticed that you seem distracted/ upset at the moment – are you ok?
* If there’s anything you’d like to talk to me about at any time I’m always here to support you
* Is there any extra support you need at the moment?
* Do you feel safe in your home?
* When feeling unsafe, tell me more about what is happening?
* Does it happen at particular times of day or during certain activities, for example, when going to bed or personal care?

**Be Aware:**

that if you are speaking to the person with dementia, your exploration of the situation may need to vary dependent on how advanced their condition is and opening conversations could lead to the individual being further endangered. If their condition is more advanced, you may need to spend some more time exploring who the person is, who are their family/ friends/professional contacts and pick up on any visual clues that may highlight their experience. There may also have been a change in circumstances such as a new medication and therefore, the person may require a medication review. Has a new behaviour come on suddenly that might indicate an infection and therefore, a GP health check is required?

**Validate their experience:**

It is important to believe and respond to all disclosures of domestic abuse. After someone discloses, take a moment to recognise how difficult it may have been for them to trust you and let you in on what they have been experiencing. It may be the first time they have told anyone about the abuse. For this reason, it is important to validate their experience and reassure them that you believe them.

[If you are concerned about an adult and think they may be subject to abuse, you should contact Halton **Borough Council Adult Social Care Services**.](tel:0151%20907%208306)

**Tel 0151 907 8306** during weekday working hours or complete the online safeguarding alert form [safeguarding-adults-alert-form](https://halton.me/safeguarding-adults-alert-form/). - Both will be picked up to between 9am and 5pm Monday to Friday

**Tel 0345 050 0148** for the [Emergency Duty Team during the evening/weekends/ bank holidays](tel:0345%20050%200148)

[**If the person you are worried about is in immediate danger, please call the emergency services.**](tel:999) **999**

# Refer

Where you are aware that the person causing harm may also work in employment (or as a volunteer) working with adults at risk, then please advise Adult Social Care when making the referral.

# Record

If someone discloses abuse, it is important **to follow your workplace procedures** - recording the details of what is said as accurately as possible. Should the abuse become subject to criminal proceedings, this is an exhibit and should be given to the police.

Tips for Recording - Remember **FACTS:**

**F Factual:**  Record what is said as accurately as possible, based on factual information.

**A Assessment:** What has happened?

**C Clarity:** Use plain and clear language so everybody will understand.

**T Timely-**  Record as soon as you can , whilst it is still fresh in your mind.

**S Specific:**  Think about the purpose of the recording – make sure it is relevant and concise.

# Links for Support

**Domestic Abuse**-

If you need support with your experience of domestic abuse, as a victim or if you are worried about some of your own behaviours or have concerns about someone else, please contact Halton Adults Safeguarding Team

Tel 0151 907-8306 (9.00am -5.00pm Monday to Friday)

Tel Emergency Duty Team 0345 0500 148 outside of these hours

**Homelessness**

If you or somebody you know is at risk of being homeless, please contact the housing solutions team housing.solutionsteam@halton.gov.uk

Tel 0151 511 7979 (Monday to Friday 9.00am – 5pm) or 0333 000 4300 outside these hours.

**Halton Carers Centre**

62 Church Street, Runcorn Halton WA7 1LD- **Tel 01928 580182**

Office Address: St Marie’s Lugsdale Road, Widnes, Halton, WA8 6DB

Telephone- 01982 592405

Email anytime: [help@haltoncarers.co.uk](mailto:help@haltoncarers.co.uk)

**Dementia Friendly Home**

If a person is experiencing difficulties getting around their home.

Read more information about how a person’s home can be more dementia friendly - Making your home more dementia friendly[**alzheimers.org.uk**](https://www.alzheimers.org.uk/get-support/publications-factsheets/this-is-me)

**To download a This is me Alzheimer’s society. alzheimers.org.uk**

Remember to be: AWARE.

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Appendix 1

# Dementia Domestic Violence Toolkit

The checklist identifies warning signs and indicators of when domestic abuse can be happening. The care provider may use this to cross match their concerns to help them recognise if domestic abuse is happening and/or use as a reflective tool in supervision and training sessions.

Please use for guidance when supporting an individual in the community and at home (also within a care home) to help identify concerns regarding domestic abuse. Please mark an “x” next to the relevant column and provide detail of your specific concerns.

|  | **Questions** | **X** | **Comments** |
| --- | --- | --- | --- |
| 1 | **Is an individual reluctant to speak when a partner/carer**  **/relative are present?** (i.e., are they always looking for reassurance that they’re saying the correct things? not sure or visibly worried to answer questions? is the person withdrawn?) |  |  |
| 2 | 1. **Does their partner/carer/** 2. **relative try to answer on their behalf, with little or no opportunity for the individual to express their views?** (i.e., the partner/carer/relative may talk over the person or limit opportunities for them to speak or be alone with the visitor? do their choices appear to be made for them? are they speaking like the individual isn’t in the room?) |  |  |
| 3 | **Does the partner/carer/relative speak to the individual in a way that is concerning?** (This could be tone of voice? words used? attitude expressed? Is this happening when care tasks are being carried out?) |  |  |
| 4 | **Are you concerned that someone is withholding medication, over medicating or under medicating to control them?** (Think family and friends are asking for money? individual in poor standard of clothes? no food in the cupboards yet there should be a good weekly income? Are they actively reading all their un-opened letters and not consulting the individual? Services refused on their behalf because of cost? no access to personal allowance or money in their purse?) |  |  |
| 5 | **Are partners/relatives aware they could potentially fall under the bracket of being a Carer?** (Identifying an individual as being a carer could drastically reduce the likelihood of abuse and reduce the risk of carer breakdown) |  |  |
| 6 | **Have you noticed any changes in the carer?** (Is the carer showing  any physical signs such as bruising? do they appear worn out? do they appear frightened or have expressed concerns about the individual’s behaviour? are they losing patience. |  |  |
| 7 | **Is the individual showing behaviour changes or increased agitation?** (Have you noticed that the person is becoming more resistant to others helping? or showing signs that they do not recognise their family members helping them?) |  |  |
| 8 | 1. **Are the individuals personal care needs being met?** (Do they have regular access to appropriate food/ fluids? is the carer/relative going against the support plan? do they try to ‘take over’ what the paid carer is doing? are they having appropriate medication? can they access the toilet when they need?) |  |  |
| 9 | 1. **Is the individual isolated?** (Does the individual have access to the community? Does the individual receive visits from Friends/ Relatives? Is there a particular person who restricts people visiting? Is the person restricted to certain rooms in the house?) |  |  |
| 10 | 1. **Does the individual have access to relevant assistive technology?** (Think lifeline pendants/telephones. Can they seek help when they need? Can they access their mobility aids and are able to leave the house if needed, this could be physically or mentally free to leave?) |  |  |
| 11 | **Do you feel the individual feels**   1. **pressurised to accept support?** (Is a relative/friend forcing an individual to sign documents? Placing guilt on an individual for not accepting support?) |  |  |
| 12 | **Are there any signs of physical**   1. **abuse?** (Think bruises? mis-handling medication? skin discolorations? unexplained weight loss? bed sores?) |  |  |
| 13 | **Are there any signs of sexual**   1. **abuse?** (Think if individual has dementia and significant memory loss yet partner still feels a sexual relationship can continue?) |  |  |
| 14 | **Has the home situation changed?**   1. (Has a family member moved in and appears to be taking control of the home? has reduced number of friends or callers visiting?) |  |  |