Identifying and responding to abuse of older people

Summary This Policy Directive describes how to identify and respond to abuse of older people and outlines the responsibilities of NSW Health Organisations to implement local protocols.

Document type Policy Directive
Document number PD2018_027
Publication date 19 July 2018
Author branch Health and Social Policy
Branch contact (02) 9424 5944
Review date 19 July 2023
Policy manual Not applicable
File number H18/31811
Status Active
Functional group Clinical/Patient Services - Aged Care
Distributed to Ministry of Health, Public Health System, NSW Ambulance Service
Audience All NSW Health providers of health care services that are in direct contact with the public

Secretary, NSW Health
This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.
IDENTIFYING AND RESPONDING TO ABUSE OF OLDER PEOPLE

PURPOSE

This Policy Directive sets out the NSW Health requirements for identifying and responding to abuse of older people. This includes the responsibilities of NSW Health organisations to implement local protocols and provide staff training.

The Policy Directive outlines considerations for staff when identifying and responding to abuse of older people such as capacity, consent, and diversity of older people.

The attachments include resources to support NSW Health organisations develop their own protocols to identify and respond to abuse of older people.

MANDATORY REQUIREMENTS

All NSW Health organisations are required to comply with this Policy Directive. They are required to develop protocols and provide training to ensure staff are able to identify and respond to abuse of older people.

NSW Health organisations local protocols should include:

- local escalation processes and training requirements for staff
- guidance for escalating matters to the police
- guidance for contacting the Elder Abuse Helpline and Resource Unit
- pathways for coordination with other services and agencies.

NSW Health organisations also need to comply with existing policies and protocols on mandatory reporting for Commonwealth funded aged care services and contacting emergency services.

It is important NSW Health staff consider consent, capacity, confidentiality, and reporting obligations when determining the appropriate response and support for older people who are being abused.

The Policy Directive is not to be amended, added to or otherwise altered or rebadged.

IMPLEMENTATION

Roles and responsibilities of the NSW Ministry of Health:

- Provide NSW Health organisations with advice and assistance on implementation of this Policy Directive.
- Monitor and review the implementation of this Policy Directive including reporting to the interagency steering committee and the NSW Interdepartmental Committee on progress for implementation (with NSW Ageing Strategy reporting).
Roles and responsibilities of Chief Executives:

- Assign responsibility, personnel and resources to develop local protocols to implement identifying and responding to abuse of older people.
- Ensure this Policy Directive is communicated to and training is provided for frontline staff.
- Report on implementation of the policy to the Ministry of Health.

Roles and responsibilities of health staff:

Ensure work practices comply with identifying and responding to abuse of older people.

REVISION HISTORY

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<th>Version</th>
<th>Approved by</th>
<th>Amendment notes</th>
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<tr>
<td>July 2018</td>
<td>Deputy Secretary,</td>
<td>First policy.</td>
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<tr>
<td>(PD2018_027)</td>
<td>Strategy and Resources</td>
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1 BACKGROUND

The NSW Government has committed to raise awareness about abuse of older people and develop prevention and response strategies as outlined in the NSW Ageing Strategy 2016-2020. The strategy notes that older people value safe communities as they age and safety from abuse is one of their key concerns.

The Preventing and responding to abuse of older people NSW Interagency Policy (NSW Interagency Policy) requires NSW agencies with significant interaction with older people to have policies and protocols to identify and respond to abuse of older people. It also emphasises the importance of agencies and organisations working together to protect older people from abuse and respond to it when it occurs.

This policy and a training module have been developed to raise awareness of abuse of older people across the health system and outline the role of NSW Health organisations in supporting staff to identify and respond to abuse of older people. The training module ‘Abuse of older people’ is available for staff on the NSW Health Learning Management System: My Health Learning.

All NSW Health staff have a role and responsibility to identify and respond appropriately to abuse of older people. Older people present at health settings more often than younger people and frontline health staff may be the first to identify abuse of an older person. Abuse can occur anywhere, including in the home, institutions or health care settings.

1.1 Definition

Australia has adopted the World Health Organization’s definition of abuse of older people (N.B. this is also referred to as elder abuse):

‘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 of older people may take different forms and can include financial, psychological, physical, sexual abuse or neglect. These forms of abuse may occur at the same time. The definition of abuse does not include self-neglect or self-harm.

**Financial Abuse**: The illegal or improper use of an older person’s property or finances. This includes misuse of a power of attorney, forcing or coercing an older person to change their Will, taking control of a person’s finances against their wishes and/or denying an older person access to their own money.

**Psychological Abuse**: The infliction of mental stress involving actions and threats that cause isolation, fear of violence, deprivation and feelings of shame and powerlessness. This includes verbal intimidation, including forcing a person into making decisions against their will, humiliation and harassment, threats of physical harm and institutionalisation, and withholding affection, including refusing access to grandchildren.

**Physical Abuse**: The infliction of physical pain and injury. This includes physical coercion, physical restraint or confinement, including using chemical restraints such as alcohol, medications, household chemicals or poisons.
Sexual Abuse: A range of sexual acts where the victim’s consent has not been obtained or where consent has been obtained through coercion. This includes non-consensual sexual language or behaviour, inappropriate touching, sexual assault and rough or inappropriate cleaning or treatment of genital area.

Neglect: The failure of a responsible person to provide the necessities of life to an older person. Necessities of life are usually considered to be adequate food, shelter, clothing, medical or dental care. Neglect may also involve the refusal to permit others to provide appropriate care for an older person.

1.2 Abuse of older people in NSW

The policy defines older people as all people aged 65 and over and Aboriginal people aged 50 and over. Data on incidence and prevalence of abuse of older people is limited and it is likely many cases of abuse are not reported.

In NSW, the primary source of information is the NSW Elder Abuse Helpline and Resource Unit. Calls to the helpline in the financial year of 2015/16 indicate that psychological and financial abuse were the most common types of abuse reported, around 70% of victims are women, and around 70% of perpetrators are family members, particularly adult children with around 10% being partners.

This is broadly consistent with data from other services across Australia.

1.3 Risk factors

Older people may be more vulnerable to abuse than the general population. This is attributed to higher care needs, frailty, and increased dependency on family members and/or cognitive decline.

Australian and international literature suggests a number of risk factors associated with the abuse of older people. Experiencing abuse as an older person can be associated with:

- cognitive impairment and other forms of disability
- having multiple chronic comorbidities, in particular depression and dementia
- social isolation
- traumatic life events
- being female
- having been a victim of domestic violence earlier in life
- poor financial literacy.

Risk factors for perpetrators of abuse include:

- substance abuse, for example drug or alcohol misuse
- stress
- the perpetrator being dependent (financially or emotionally) on the older person
- gambling addiction and/or financial hardship of potential perpetrators.
Australian and international literature suggests barriers to disclosure include:

- social isolation
- cognitive impairment
- dynamics of dependence, particularly if an older person is abused by a carer
- shame
- fear of repercussions from family or community\textsuperscript{10, 12, 19}.

1.4 Identification of abuse of older people across the health system

Abuse of older people may be identified anywhere in the health system. It is the responsibility of all NSW Health staff to identify and respond to abuse of older people.

Some examples of where abuse of older people may be identified are:

- hospital presentation (including emergency departments, outpatient clinics, family case conferencing, inpatient admissions and admission to an aged care unit)
- presentation at general practitioner clinics
- aged care assessments (Regional Assessment Service and Aged Care Assessment Teams)
- admission to residential aged care facility
- community-based nursing and allied health care including home visits
- mental health services including services specifically for older people
- outreach services
- ambulance services\textsuperscript{11, 13, 20, 21}.
2 INTERSECTION WITH OTHER NSW POLICY DIRECTIVES AND PROTOCOLS

Diagram 1: Interaction between Abuse of Older People, Domestic Violence and Sexual Assault

This policy provides a high level approach for NSW Health organisations on identifying and responding to abuse of older people. It aligns with the NSW Interagency Policy. Depending on individual circumstances, specialised guidance can be found in related policies outlined above.

It is important to recognise that older people may be victims of domestic violence and sexual assault, and may be supported by services for victims of domestic violence and sexual assault. All Local Health Districts have pathways to these services. Consultation with these services should occur where domestic violence and/or sexual assault are identified.

Refer to resources in Attachment 3 for links to these policies.
3 RESPONSIBILITIES OF NSW HEALTH ORGANISATIONS

NSW Health organisations are required to have local protocols to guide staff in identifying and responding to abuse of older people. Local protocols should include:

- **Escalation processes and training requirements for staff.** NSW Health organisations are required to identify staff with expertise who can support other staff in managing situations where abuse of an older person is suspected or has been identified. Attachment 5 provides a proposed model of staff responsibilities and suggested training opportunities which can be adapted to local situations.

- **Guidance for escalating matters to NSW Police.** Where there is a risk of immediate harm or reasonable grounds to believe a crime has been committed this must be reported to NSW Police. Refer to Attachment 3 for the link to the *NSW Interagency Policy* for guidance about managing serious crimes.

- **Guidance for contacting the NSW Elder Abuse Helpline and Resource Unit (EAHRU).** The EAHRU is funded by the NSW Government to be a central point of contact for information, advice, referral and data collection. Local protocols should include when to seek advice or notify the helpline. Refer to Attachment 3 for contact details.

- **Pathways for coordination with other local services and agencies.** Older people experiencing abuse may come into contact with various services and agencies. It is an essential requirement of the *NSW Interagency Policy* that agencies collaborate with key partners at a local level.

Refer to Attachment 6 for a sample action plan and information to guide implementation.

### 3.1 Duty of care

All NSW Health staff have a duty of care to clients, carers and other staff. They have a responsibility to identify abuse of older people and respond appropriately. This may include referring the older person to other services. A breach of duty of care may occur if staff fail to provide appropriate care or provide care that falls short of the expected standard of competent professional practice.

NSW Health staff should implement appropriate interventions to ensure safety of the older person, including reporting the matter to the NSW Police where required. Appropriate referrals to other services, including clinical services, should also be made. Staff need to consider capacity, consent, and confidentiality in their approach and NSW Health organisations are required to ensure that staff are trained to do this.

#### 3.1.1 Abuse by NSW Health staff

When the alleged perpetrator is a NSW Health staff member, they may have committed a criminal act and/or breached the *NSW Health Code of Conduct*. The appropriate procedures and escalation protocols for investigation of abuse should immediately be activated in these situations. Requirements for reporting serious indictable offences
under s316 of the *Crimes Act 1900* and Commonwealth mandatory reporting for aged care still apply.

Staff should report any breach or concerns to their line manager. If staff are not comfortable about reporting to their line manager, they should report the matter to a more senior staff member.

Managers have a responsibility to address alleged breaches promptly, and in a fair and reasonable manner. They need to assess the seriousness of any alleged breaches, and how the breach should be dealt with. Possible outcomes for a staff member who has breached the Code of Conduct may be:

- counselling
- performance improvement plans
- formal disciplinary action
- referral to the relevant registration board when the staff member is a registered health practitioner
- referral to the police in cases of suspected criminal activity
- referral to other Government agencies, such as the Independent Commission Against Corruption, or
- termination of employment.

Refer to resources in Attachment 3 for the links to the *NSW Health Code of Conduct (PD2015_049)* and *Managing Misconduct (PD2014_042)*.

### 3.2 Documentation

Documentation of abuse should be in accordance with NSW Health record-keeping policies and procedures. If abuse is suspected, this must be documented. If abuse has occurred and the older person has not consented to the abuse being reported, or refused other assistance or intervention, this should also be documented.

Refer to resources in Attachment 3 for links to *Health Care Records – Documentation and Management (PD2012_069)* and *Domestic Violence – Identifying and Responding (PD2006_084)*.

### 3.3 Mandatory reporting for Commonwealth funded aged care services

This policy does not replace existing NSW and Commonwealth mandatory reporting requirements for Commonwealth funded aged care services. All reportable assaults must be reported within 24 hours to NSW Police and the Commonwealth Department of Health to meet the mandatory reporting requirements in Section 63 of the *Aged Care Act 1997*. This applies to Commonwealth funded residential aged care services and the residential Transitional Aged Care Programme. This requirement does not apply to Multi-Purpose Services.
For Transitional Aged Care Programme services provided at the person’s home and Commonwealth Home Support Programme services, guidance should be sought from the most up to date Commonwealth guidelines for requirements for reporting serious risks and incidents.

Refer to resources in Attachment 3 for the link to Mandatory Reporting Protocol for State Government Residential Aged care Facilities and Residential Transitional Aged Care Programme Services (PD2017_024).

4    CAPACITY AND CONFIDENTIALITY

4.1 Decision-making capacity

Where abuse is suspected, NSW Health staff may need to consider the decision-making capacity and ability of the older person to give consent about reporting or responding to the abuse. NSW Health staff should assume that adult clients have the capacity to make their own decisions and give consent unless proven otherwise. It is, however, important to acknowledge that as people age, they are more likely to have medical conditions that may affect their decision-making capacity.

A person’s capacity can change over time and determining capacity is decision-specific for example, capacity may be diminished due to stress or trauma. This means capacity should be assessed throughout the reporting process and as support is provided. The capacity assessment principles are:

1. ‘Always presume a person has capacity
2. Capacity is decision specific
3. Don’t assume a person lacks capacity based on appearances
4. Assess the person’s decision-making ability – not the decision they make
5. Respect a person’s privacy
6. Substitute decision-making is a last resort’

Refer to resources in Attachment 3 for a link to the NSW Government Capacity Toolkit.

4.2 Substitute decision-making

Where an older person lacks decision-making capacity to determine the response to abuse, consent needs to be obtained from the substitute decision maker. This should not be the suspected perpetrator of abuse.

If there is uncertainty about the older person’s decision-making capacity, a referral should be made to the appropriate specialist service or professional to make a capacity assessment, for example, their general practitioner, a geriatrician or psychologist. This may result in an application to the Guardianship Division of the NSW Civil and Administrative Tribunal, whose role is to appoint substitute decision makers.

Refer to Attachment 4 for the Person Responsible Hierarchy and the glossary in Attachment 1 for definitions.
4.3 Consent

Older people and their substitute decision maker have the right to refuse assistance and not report abuse. The older person should determine if they would like to address the abuse and consent to do so. Where the older person does not provide consent, the older person should be given information and contact details on the available resources and helplines, in case they change their mind.

Consent of the older person or substitute decision maker is not required in situations requiring emergency services or mandatory reporting.

4.4 Confidentiality and reporting obligations

All NSW Health staff must adhere to the requirements in the NSW Health Privacy Manual that staff maintain client privacy and confidentiality. Information can be disclosed if there are reasonable grounds to believe there is a serious and/or imminent threat to the safety of the older person or another individual.

The Privacy Manual states that for staff to disclose health information to law enforcement agencies:

> ‘the disclosure must be reasonably necessary to the functions of the law enforcement agency and there are reasonable grounds to believe that an offence may have been or may be committed.’

In the first instance, the older person should be encouraged and offered support to report the matter themselves. The older person should be told if a health professional intends to make a report on their behalf.

Refer to resources in Attachment 3 for a link to the NSW Health Privacy Manual for Health Information (Chapter 11).

5 RECOGNISING DIVERSITY OF OLDER PEOPLE

Sensitive and appropriate identification and response pathways are needed when abuse is identified for any older person. It is important to recognise that past experiences may affect a person’s decision to disclose or report abuse. It may also be pertinent to consider the relationship or perception the older person may have of government entities and how past experiences of discrimination may affect willingness to report abuse. Trauma informed approaches are important for all people who have experienced past abuse.

5.1 Aboriginal People

NSW Health organisations should provide culturally appropriate services and support to older Aboriginal people who may be experiencing abuse.

There is limited research on abuse of older Aboriginal people. A Western Australian report found that financial abuse is the most common type of abuse, consistent with the wider community, while other types of abuse also occur. However, cultural expectations about kinship structures, sharing and reciprocity may complicate the way abuse is experienced and understood in Aboriginal communities. Reasons for not disclosing
abuse may be similar to those in the broader community, but influenced by other historical, social, cultural and pragmatic factors.

NSW Health organisations should work collaboratively with Aboriginal health workers, Aboriginal family health workers and Aboriginal health units. Local programs may provide interventions and support services that are culturally sensitive and appropriate for older Aboriginal people experiencing abuse.

Refer to resources in Attachment 3 for links to the Aboriginal Family Health Workers – Operational Guidelines (GL2009_001) and the NSW Health Aboriginal Family Health Strategy.

5.2 People from culturally and linguistically diverse backgrounds

Cultural and linguistic factors may affect how someone understands abuse. For example, in many families, there are inter-generational attitudes about how the older generation should be cared for. This may relate to older generations keeping traditional beliefs and values from their country of origin, while younger generations may have adopted values and beliefs from the community they have settled in.

Access to culturally-appropriate care services is essential for ongoing health and wellbeing and for health service delivery. Research highlights the importance of being able to access services delivered in a familiar cultural context and language group. It is also important for practitioners to recognise the diversity within communities to avoid stereotyping.

Older people, their families, and carers, who do not speak English as a first language, have the right to free, confidential, and professional interpreters when they use NSW Health services. Professional interpreters must be used to promote effective communication, ensure quality and safety in care, and to minimise potential adverse events. Children and other family members should not be used as interpreters.

The NSW Elder Abuse Helpline and Resources Unit has material in a range of community languages that provides information on what support services are available.

Refer to resources in Attachment 3 for the link to Standard Procedures for Working with Health Care Interpreters (PD2017_044).

5.3 Regional/rural communities

In smaller regional/rural communities, NSW Health staff, clients and community members may have concerns about identifying perpetrators of abuse within their own community. Perpetrators may have access to personal information about the person reporting the abuse and there are potential issues such as isolation, stigma, and fear of exclusion that may prevent reporting.

NSW Health organisations should take all measures to maintain the confidentiality of staff and others involved in the identification process. District specific protocols will ensure the response is appropriate for its local community.
5.4 Carers

Carers may be vulnerable to abuse or identified as perpetrators of abuse\textsuperscript{29, 30}. NSW Health staff need to consider safety of all parties and ensure appropriate support is available, including care arrangements, when determining the appropriate response to abuse of an older person.

5.5 Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) People

Older LGBTI people may experience abuse due to their gender identity or sexual orientation\textsuperscript{31}. LGBTI older people are more likely to age alone or be socially isolated\textsuperscript{32}. They may not rely on their biological families but depend on alternative support networks, which may make them more vulnerable to abuse\textsuperscript{31-32}.

Older LGBTI people are also more likely to hide their sexual orientation or gender identity due to fear of discrimination and lack of respect\textsuperscript{31}. Older LGBTI people often experience invisibility of their gender identity or sexual orientation\textsuperscript{32}. This may lead to a reluctance to disclose and report abuse. Specific services such as Silver Rainbow LGBTI Ageing and Aged Care provide services to promote the wellbeing of LGBTI older people and raise awareness in the aged care sector.

Refer to resources in Attachment 3 for Silver Rainbow contact details.

6 LIST OF ATTACHMENTS

1. Glossary
2. References
3. Resources
4. Person Responsible Hierarchy
5. Proposed model of staff responsibilities
6. Sample NSW Health organisation Action Plan and Information to Guide Implementation
### 6.1 ATTACHMENT 1: GLOSSARY

| Abuse of older people | NSW Health has adopted the World Health Organization’s definition of abuse of older people: *

   ‘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.’

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| Clients | Patients, consumers and residential care clients in NSW Health settings. |

| Frailty | Vulnerable to increased risk of dependency in activities of daily living, hospitalisation, institutionalisation and dying when exposed to stress and physical frailty is potentially reversible. |

| Older people | All people aged 65 years or over, and Aboriginal people aged 50 years or over. |

| Serious crimes | A serious indictable offence is anything punishable by five or more years imprisonment. Serious crimes under NSW law: murder, attempted murder, sexual assault, acts of indecency, rape, sexual offences against people with cognitive impairment, physical assault, grievous bodily harm, poisoning to endanger life or inflict harm or to injure or cause distress, domestic violence, neglect, kidnapping, robbery/stealing, stealing or destroying wills, fraud, forgery, harassment and intimidation. |

| Types of abuse of older people |

| Financial abuse | The illegal or improper use of an older person’s property or finances. This includes misuse of a power of attorney, forcing or coercing an older person to change their Will, taking control of a person’s finances against their wishes and/or denying them access to their own money. |

| Psychological abuse | The infliction of mental stress involving actions and threats that cause isolation, fear of violence, deprivation and feelings of shame and powerlessness. This includes verbal intimidation, including forcing a person into making decisions against their will, humiliation and harassment, threats of physical harm and institutionalisation, and withholding affection, including refusing access to grandchildren. |

| Physical abuse | The infliction of physical pain and injury. This includes physical coercion, physical restraint or confinement, including using chemical restraints such as alcohol, medications, household chemicals or poisons. |
### Identifying and responding to abuse of older people

#### PROCEDURES

**Sexual abuse**

A range of sexual acts where the victim’s consent has not been obtained or where consent has been obtained through coercion. This includes non-consensual sexual language or behaviour, inappropriate touching, sexual assault and rough or inappropriate cleaning or treatment of genital area.  

**Neglect**

The failure of a responsible person to provide the necessities of life to an older person. Necessities of life are usually considered to be adequate food, shelter, clothing, medical or dental care. Neglect may also involve the refusal to permit others to provide appropriate care for an older person.

### Legal Definitions

**Carer**

As defined under the *NSW Carers (Recognition) Act 2010*, a carer provides ongoing, unpaid support to a family member, neighbour or friend who needs help because of disability, terminal illness, chronic illness, mental illness and/or ageing.

A person is not a carer if they care for a person as a paid employee, a volunteer or as part of education or training.

**Decision-making capacity**

A person has decision making capacity if they are able to:

- understand the facts involved in the decision
- understand the main choices that exist
- weigh up the consequences of the choices
- understand how the consequences affect them and their situation
- communicate their decision

**Enduring power of attorney**

An older person can engage an Enduring Power of Attorney to take control of their financial affairs and allowing financial and legal decisions to be made on their behalf, for example, selling their house or operating their bank account. An Enduring Power of Attorney manages an older person’s legal and financial affairs after he/she loses decision-making capacity. An Enduring Power of Attorney ceases once a person dies and the Will takes over. If an Enduring Power of Attorney is required but the person no longer has the capacity to understand the implications of using such an instrument, then an application can be made to the NSW Civil and Administrative Tribunal.

**Guardian (enduring)**

An Enduring Guardian is appointed by a person to make lifestyle, health and medical decisions for them when they are no longer capable of doing this for themselves. An Enduring Guardian can make decisions such as where the person lives, what services are provided to them at home and what medical treatment they receive. An Enduring Guardian is appointed while the person still has capacity, however, enduring guardianship only comes into effect if and when capacity to make decisions is lost and will only be effective during the period of incapacity.
### Guardian (appointed)

A guardian is a substitute decision-maker with authority to make personal or lifestyle decisions about the person under guardianship. A guardian is appointed for a specified period of time and is given specific functions (e.g. the power to decide where the person should live, what services they should receive and what medical treatment they should be given). A private guardian may be appointed - a family member or friend - provided the circumstances of the matter allow for this and they meet the criteria set out in the legislation. Otherwise, the Tribunal will appoint the NSW Public Guardian.\(^{35}\)

### Power of attorney

A power of attorney is a legal document which appoints a person or trustee organisation (the attorney) to act on behalf of another (called the principal or donor) to manage assets and financial affairs. The attorney may be a family member, close friend or trustee organisation such as NSW Trustee & Guardian. Appointing an attorney gives that person the legal authority to act on their behalf while they are alive.\(^{36}\)

### Reportable assault

A reportable assault, as defined under the *Aged Care Act 1997*, is unlawful sexual contact, unreasonable use of force, or an assault that constitutes an offence against a law of the Commonwealth or a State or Territory, that is inflicted on a person receiving residential aged care.

- Unreasonable use of force or assault on a care recipient ranges from deliberate and violent physical attacks on care recipients to the use of unwarranted physical force.
- Unlawful sexual contact on a care recipient means any sexual contact with a care recipient where consent has not been given.\(^{37}\)

### Substitute decision maker

Substitute decision maker is a person or entity who has a formal legal arrangement in place for someone to make substitute decisions by using an advanced care directive, an enduring guardianship, a power of attorney or a guardianship or financial management order by the Guardianship Division of the NSW Civil and Administrative Tribunal (NCAT) (advice received from Office of the Public Guardian 2018 May 28).
6.2 ATTACHMENT 2: REFERENCES


27. Blundell B, Clare, M. Elder Abuse in Culturally and Linguistically Diverse Communities: Developing Best Practice. Western Australia: Centre for Vulnerable Children and Families, University of Western Australia and Advocate incorporated; 2011. 156p.


6.3 ATTACHMENT 3: RESOURCES

Aged Care Complaints Commissioner
This is a free service for anyone to raise their concerns about the quality of care or services being delivered to people receiving Australian Government subsidised aged care services. Contact details: 1800 550 552 9-5 weekdays www.agedcarecomplaints.gov.au

Cancer Council
This service provides support for people with cancer and may be able to assist older people with cancer with financial and legal advice. Contact details: 13 1 120 Monday to Friday 9am-5pm https://www.cancercouncil.com.au/get-support/legal-and-financial-assistance/free-legal-services/

Carers NSW
This is the peak non-government organisation for carers in NSW and provides supports to carers across NSW. Contact details: https://www.carersnsw.org.au/

Carer Gateway
This national online and phone service provides information and resources to support carers. Contact details: https://www.carergateway.gov.au/

Health Justice Australia
This is the national centre for health justice partnerships and includes a list of existing partnerships across NSW. Contact details: https://www.healthjustice.org.au/

Legal Aid NSW
This service provides help for people with their legal problems. Contact details: 1300 888 529 www.legalaid.nsw.gov.au

Mental Health Line
This is a telephone service providing a telephone mental health triage assessment and referral service staffed by mental health clinicians. Contact details: 1800 011 511 (24 hours)

National Sexual Assault, Domestic Family Violence Counselling Service
This is a 24 hour service to support people affected by sexual assault, domestic or family violence and abuse. Contact details: 1800 RESPECT/1800 737732 (24 hours) https://www.1800respect.org.au/

NSW Civil and Administrative Tribunal (NCAT)
This is the NSW Government specialist tribunal service. Resources include the Person Responsible Fact Sheet. Contact details: 1300 006 228 http://www.ncat.nsw.gov.au/

NSW Elder Abuse Helpline and Resource Unit
This is a free service that provides information, support and referrals related to abuse of older people. It is funded by the NSW State Government through the Department of Family and Community Services. Resources available on the website include the Caregiver Strain Index and 5-step Toolkit. Contact details: 1800 628 221 (Mon - Fri 8.30am – 5.30pm http://www.elderabusehelpline.com.au/)
NSW Trustee & Guardian
The role of TAG is to act as an independent and impartial Executor, Administrator, Attorney and
Trustee for the people of NSW. Is also provides direct financial management services and
authorisation and direction to private financial managers.

NSW Police - Emergency services
This service is to report crimes in emergency situations.
Contact details: 000 (24 hours)

NSW Police - Assistance Line
This service allows you to report a crime over the phone that is not life threatening or a time
critical emergency.
Contact details: 131 444 (24 hours)

Older People’s Mental Health Services
This NSW Health service offers assessment, care planning and case management to ensure the
 provision of coordinated services to older people with mental health problems.

Seniors Rights Service
This is a community legal centre to protect the rights of older people.
Contact details: 1800 424 079 www.seniorsrightsservice.org.au

Silver Rainbow LGBTI: Ageing and Aged Care
This service provides national coordination and support activities promoting the wellbeing of
 LGBTI older people.
Contact details: https://lgbtihealth.org.au/ageing/

NSW GOVERNMENT DOCUMENTS INCLUDING POLICIES AND PROTOCOLS


Code of Conduct (PD2015_04)

Domestic Violence – Identifying and Responding (PD2006_084)

Health Care Records – Documentation and Management (PD2012_069)

IT STOPS HERE Standing together to end domestic and family violence in NSW, The NSW
Government’s Domestic and Family Violence Framework for Reform
Supporting documents:
  – It Stops Here Safer Pathway Overview
    http://www.domesticviolence.nsw.gov.au/__data/assets/file/0013/301180/Overview_Safer-
    Pathway.pdf
Identifying and responding to abuse of older people

PROCEDURES

- Safety Action Meeting Manual
- How victims are supported through Safer Pathways

Managing Misconduct (PD2014_042)

Mandatory Reporting Protocol for State Government Residential Aged care Facilities and Residential Transitional Aged Care Program Services (PD2017_024)

NSW Charter of Victims Rights (Victims Right Act 1996)

NSW Code of Practice for the Charter of Victims Rights

NSW Government Capacity Toolkit

NSW Health Aboriginal Family Health Strategy

NSW Health Privacy Manual for Health Information

NSW Interagency Policy Preventing and responding to abuse of older people (Elder Abuse)

Sexual Assault Services Policy and Procedure Manual (Adult) (PD2005_607)

Standard Procedures for Working with Health Care Interpreters (PD2017_044)

2015 Legislative Council Inquiry into Elder Abuse (NSW Government Response)
6.4 ATTACHMENT 4: PERSON RESPONSIBLE HIERARCHY

Under section 33A (4) of the Guardianship Act 1987, there is a hierarchy of people who can be the person responsible. A person responsible is one of the following people in order of priority.

1. Guardian – An appointed guardian (or enduring guardian) who has been given the right to consent to medical and dental treatments, or

2. Spouse or partner – If there is no guardian, a spouse, de-facto spouse or partner where there is a close continuing relationship, or

3. Carer – If there is no spouse or partner, an unpaid carer who provides or arranges for domestic support on a regular basis, or

4. Relative or friend – If there is no carer, a friend or relative who has a close personal relationship, frequent personal contact and a personal interest in the person’s welfare, on an unpaid basis.

The person next in the hierarchy may become the person responsible if:

• A person responsible declines in writing to exercise the function, or

• A medical practitioner or other qualified person certifies in writing that the person responsible is not capable of carrying out their functions’.

6.5 ATTACHMENT 5: PROPOSED MODEL OF STAFF RESPONSIBILITIES

**Staff responsibilities**

** Identified leads and experts:**
- support and work with the rest of the NSW Health organisation to facilitate responses to identified cases of abuse; and
- identify and organise education sessions for staff in the NSW Health organisation.

**All NSW Health staff:**
- should be able to identify abuse of an older person; and
- have a basic understanding of response options and how the older person can be supported.

**Suggested training opportunities**

- NSW Health Education Centre against Violence (ECAV) training:
  - Not seen or heard: Recognising & responding to abuse of older people; or
  - Uncovering the shame: Responding to the abuse of Aboriginal older people
- Training sessions organised in partnership with the NSW Elder Abuse Helpline and Resource Unit
- Capacity Assessment Training
- NSW Elder Abuse Helpline Tool Kit

My Health Learning:
- Identifying and responding to abuse of older people
- Recognising Domestic and Family Violence
- Capacity Workshop

Model adapted from the Hunter New England Delirium Clinical Care Standards Education Action Plan
### 6.6 ATTACHMENT 6: SAMPLE NSW HEALTH ORGANISATION ACTION PLAN AND INFORMATION TO GUIDE IMPLEMENTATION

The sample action plan and information provided below are intended as a tool to guide NSW Health organisations in the implementation of the policy and support the development of local protocols.

**Implementation of NSW Health Policy: Identifying and Responding to Abuse of Older People**

<table>
<thead>
<tr>
<th>Key Directions</th>
<th>Action Required</th>
<th>Resources/Support</th>
<th>Indicator/Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff who have lead responsibility and expertise in abuse of older people are identified</td>
<td>- Experts within the NSW Health organisations are identified and provided with appropriate training&lt;br&gt;- Promotion/dissemination across NSW Health organisation of expert/lead contacts</td>
<td>- NSW Health organisations family violence teams&lt;br&gt;- NSW Health Education Centre against Violence training:&lt;br&gt;  - Not seen or heard: Recognising and responding to abuse of older people; or&lt;br&gt;  - Uncovering the shame: Responding to abuse of Aboriginal older people&lt;br&gt;- Training sessions organised in partnership with the NSW Elder Abuse Helpline and Resource Unit</td>
<td>- Percentage of identified leads and experts who have attended training with the NSW Health Education Centre against Violence and/or the NSW Elder Abuse Helpline and Resource Unit</td>
</tr>
<tr>
<td>Develop and implement local protocols</td>
<td>- Develop NSW Health organisation protocol&lt;br&gt;- Develop interagency protocols to guide joint responses</td>
<td>- Local policies and protocols in family violence&lt;br&gt;- Sample policies and protocols developed by the NSW Elder Abuse Helpline and Resource Unit&lt;br&gt;- Existing NSW Health Organisation Protocols or Guidelines</td>
<td>- Each NSW Health organisation has a standing organisation-wide protocol on identifying and responding to abuse of older people in place</td>
</tr>
</tbody>
</table>
### Identifying and responding to abuse of older people

**PROCEDURES**

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| Identify and implement local referral pathways | - Develop local referral pathways to facilitate necessary referrals for identified cases of abuse  
- All protocols should include interagency collaborations | - Local referral pathways for family violence  
- Culturally sensitive and appropriate family mediation meetings  
- Safer Pathways and Safety Action Meetings | - Each NSW Health organisation has developed pathways for referral and response to abuse of older people, including collaboration with other agencies |

| NSW Health staff are trained appropriately | - Identified staff to complete online training module on ‘Abuse of Older People’ on the State Learning Management System (LMS): My Health Learning platform  
- NSW Health staff to participate in further training as required by their roles | - LMS: My Health Learning:  
  - ‘Abuse of Older People’  
  - NSW Health Education Centre against Violence:  
    - Not seen or heard: Recognising and responding to abuse of older people; or  
    - Uncovering the shame: Responding to abuse of Aboriginal older people  
- Training sessions organised in partnership with the NSW Elder Abuse Helpline and Resource Unit  
- Existing Local Health District training modules | - Percentage of staff who completed training within 3 months of commencement  
- Percentage of staff who have completed the online training module ‘Abuse of Older People’ on LMS: My Health Learning platform |
Identifying and responding to abuse of older people

Information to Guide Implementation
NSW Interagency Policy Preventing and responding to abuse of older people
The requirements of each NSW Government agency for the implementation are set out in appendix 3 of the NSW Interagency Policy. NSW Health organisations should use this to guide the development and implementation of local protocols.

Reporting and Data Requirements
NSW Health will be required to report to the Department of Family and Community Services on implementation of the NSW Interagency Policy. The NSW Interagency Policy requires all agencies with significant interface with older people to examine how data collection on abuse of older people can be strengthened. Work is underway by the NSW Steering Committee for the Prevention of Abuse of Older People to explore data collection which will help inform data requirements.

Identifying and responding to abuse
The NSW Elder Abuse Helpline and Resource Unit Toolkit outlines a five-step approach to identifying and responding to abuse.

1. Identify abuse
2. Assess immediate safety
3. Provide support
4. Inform manager and document
5. Respond and refer

Working with key partners
As outlined in the NSW Interagency Policy, NSW Health organisations should work with partner organisations, including government, non-government and community organisations, to develop appropriate local strategies to respond and support older people at risk of or experiencing abuse. An example of interagency management and coordination in another policy area is Safer Pathways and Safety Action Meetings (SAMs). NSW Health organisations may choose to expand these existing pathways and partnerships to include abuse of older people. Some NSW Health organisations have developed collaborative partnerships with local community legal services to provide legal assistance to patients of NSW Health care settings. For further information, please see the Family and Community Services website (https://www.women.nsw.gov.au/violence_prevention/Safer_Pathway) and resources in attachment 3 for the link to the IT STOPS HERE Standing together to end domestic and family violence in NSW, The NSW Government’s Domestic and Family Violence Framework for Reform.