

# NSW Elder Abuse Toolkit

Identifying and responding to  
the abuse of older people:

the **5-step** approach

Prepared by:

NSW Elder Abuse Helpline & Resource Unit (EAHRU)

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This toolkit is provided for your information only. This toolkit is not intended to be comprehensive, and it does not constitute and must not be relied on as legal advice. No responsibility is taken for any loss suffered as a result of the information given herein. The case scenarios used in this toolkit are fictitious and developed for training purposes only.

The 5-step approach should only be used if this is within your professional capability and job role.

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# Contents

INTRODUCTION.....	5
THE 5-STEP APPROACH TO IDENTIFYING AND RESPONDING TO THE ABUSE OF OLDER PEOPLE.....	7
SECTION 1: THE TOOLS.....	9
STEP 1: IDENTIFY ABUSE (suspected, witnessed or disclosed).....	9
Key messages.....	9
Step 1: Tools.....	9
Tool 1.1 Financial abuse: behaviours and signs.....	11
Tool 1.2: Psychological abuse: behaviours and signs .....	12
Tool 1.3: Neglect: behaviours and signs.....	13
Tool 1.4: Physical abuse: behaviours and signs.....	14
Tool 1.5: Sexual abuse: behaviours and signs.....	15
Tool 1.6: Abuse types - behaviours and signs.....	16
Tool 1.7: Risk factors for abuse.....	18
Tool 1.8: Elder abuse risk factor assessment checklist.....	19
Tool 1.9: Effective questioning: tips and suggestions.....	20
Tool 1.10: Red flags.....	23
Tool 1.11: Elder Abuse Suspicion Index (EASI).....	24
Tool 1.12: The Modified Caregiver Strain Index (MCSI).....	25
Tool 1.13: Domestic Violence Safety Assessment Tool (DVSAT).....	27
STEP 2: ASSESS IMMEDIATE SAFETY.....	29
Key messages.....	29
Step 2: Tools.....	29
Tool 2.1: Responding to risks.....	31
Tool 2.2: What to do in an emergency: Q & A.....	32
Tool 2.3: Worker safety tips for home visits.....	33
Tool 2.4: Police reports.....	34
STEP 3: PROVIDE SUPPORT.....	35
Key messages.....	35
Step 3: Tools.....	35
Tool 3.1: Recommendations for communicating with older adults .....	36
Tool 3.2: Checklist - triggers that might indicate a need for a capacity assessment.....	37
Tool 3.3: Communication tips - talking to a person with dementia.....	38
Tool 3.4: Responding with compassion - talking to a person who has been sexually assaulted.....	39
Tool 3.5: Communication with older people from a CaLD background.....	40
Tool 3.6: Communicating effectively with Aboriginal and Torres Strait Islander people.....	42
STEP 4: INFORM MANAGER & DOCUMENT.....	47
Key messages.....	47
Step 4: Tools.....	47
Tool 4.1: The general principles of documentation.....	49
Tool 4.2: Sample report form.....	50
Tool 4.3: Barriers to reporting.....	51

STEP 5: RESPOND & REFER.....	53
Key messages.....	53
Step 5: Tools.....	54
Tool 5.1: Flow chart: responding to the abuse of older people.....	55
Tool 5.2: Key financial support agencies.....	56
Tool 5.3: Key health agencies.....	57
Tool 5.4: Key social and welfare agencies.....	59
Tool 5.5: Key legal and justice agencies.....	60
Tool 5.6: Difference between Power of Attorney and Enduring Guardianship: it's important you know the difference.....	62
Tool 5.7: Revoking a Power of Attorney.....	63
Tool 5.8: Assessing needs of an older person.....	64
Tool 5.9: Example of a safety plan for a person experiencing abuse.....	65
Tool 5.10: Policy checklist.....	66
Case studies.....	71
SECTION 2: SUPPORTING INFORMATION.....	75
What is elder abuse?.....	75
Glossary.....	75
Principles that guide the way we work with older people.....	76
Ageism and discrimination.....	76
Charter of Victims' Rights.....	77
Capacity and consent.....	77
Carers.....	78
Confidentiality.....	79
Dementia.....	79
Working with people from culturally and linguistically diverse backgrounds ..	79
Working with Aboriginal and Torres Strait Islander people.....	81
Working with Lesbian, Gay, Bisexual, Transgender and Intersex older people..	82
Domestic and family violence.....	84
Enduring Guardianship.....	85
Powers of Attorney and Enduring Powers of Attorney.....	85
United Nations Principles for Older Persons.....	86
APPENDICES.....	87
Appendix 1: Legislation and guidelines.....	87
Appendix 2: Bibliography.....	88



# Introduction

Welcome to the toolkit, 'Identifying and Responding to the Abuse of Older People: the 5-step Approach'.

The 5-step approach to identify and respond to abuse of an older person provides a framework for agencies that have staff, including volunteers, in positions where the abuse of an older person may be suspected, witnessed, or disclosed. This approach is aligned to the NSW Interagency Policy. Each section of the toolkit will focus and expand on these steps.

While there is no mandatory reporting of abuse of older people living in the community, it is expected that agencies will have policies and procedures in place that guide an appropriate response. There are some circumstances where agencies are required to report abuse to the NSW Police.

Where the abuse of the older person is reported to have occurred in a Commonwealth-funded Residential Aged Care setting, mandatory reporting applies and agencies should report to the Australian Government Department of Health on 1800 081 549.

## **The NSW Elder Abuse Helpline & Resource Unit (EAHRU)**

The release of the NSW Ageing Strategy 2012 provided an impetus for establishing a state-wide specialist helpline and resource unit, which commenced in February 2013. The EAHRU is a key body that supports the implementation of the NSW Interagency Policy.

The Helpline provides a free, confidential telephone service for anyone with a concern about an older person who lives in the community and believes the older person is being abused or is at risk of abuse.

The Helpline is available Monday to Friday, 8.30 am to 5 pm. Call 1800 628 221. Anyone can make the call.





"We all have the right to live free from abuse of any kind. Our age or circumstances should have no bearing or effect on this basic right."

*Age UK Fact Sheet, Safeguarding older people from abuse, Fact Sheet 78, December 2015*



# The 5–step approach to identifying and responding to the abuse of older people

## **STEP 1: IDENTIFY ABUSE (suspected, witnessed or disclosed)**

- Ask questions and gather further information.

## **STEP 2: ASSESS IMMEDIATE SAFETY**

- Determine the level and urgency of safety concerns for the older person and others.
- In the event of an emergency, contact emergency services.
- Consent of the older person is not necessary in emergency situations.
- Protect evidence.
- Follow your workplace policy and procedures for internal reporting.
- If not an emergency, continue to step 3.

## **STEP 3: PROVIDE SUPPORT**

- Listen to the older person.
- Acknowledge what they tell you.
- Validate their experience.
- Check for capacity indicators.

## **STEP 4: INFORM MANAGER & DOCUMENT**

- Report suspected, witnessed or disclosed abuse to your manager or supervisor.
- Document the abuse and action/s taken, following your own workplace policy and protocols.
- Document if the older person has capacity and refuses intervention.

## **STEP 5: RESPOND & REFER**

- Ask the older person what they want to do about their situation. If the older person lacks capacity, include the substitute decision-maker (if this person is not the abuser) in the conversation.
- Discuss referral options.
- Seek consent from the older person or, when lacking capacity, the appropriate substitute decision-maker to make a referral.
- Make appropriate referrals.
- Leave information (if safe to do so) if the older person refuses assistance, and keep the lines of communication open.
- Consider implementing any local or regional protocols, interagency protocols and service coordination plans.
- Ensure procedures are in place for coordination and/or monitoring, and follow-up as required.







# Section 1: The Tools

1

## STEP 1: IDENTIFY ABUSE (suspected, witnessed or disclosed)

- Ask questions and gather further information.

### Key messages

Identifying that an older person is, or may be experiencing abuse is the first step in preventing abuse reoccurring. The relationship between staff and the older person means staff are often best placed to recognise changes that may suggest a client is being abused. Staff should remain observant and aware to the indicators of abuse, especially where there is no disclosure or witnessing of the abuse.

In NSW, five forms of abuse of older people are recognised:

- Financial abuse.
- Psychological abuse (including social isolation).
- Neglect - intentional or unintentional. (This does not include self-neglect or self-harm).
- Physical abuse.
- Sexual abuse.

It is important to recognise that different forms of abuse may co-exist. For example, psychological abuse often underpins several other types of abuse, e.g. coercing a person to sign a document or threatening them to hand over money is both financial and psychological abuse.

Discussing what was observed with a manager can help determine the health and safety of an older person.

The presence of one or more indicators of abuse does not necessarily mean abuse has occurred. Indicators of abuse are not always obvious and can vary.

### Step 1: Tools

*Tool 1.1: Financial abuse: behaviours and signs.*

*Tool 1.2: Psychological abuse: behaviours and signs.*

*Tool 1.3: Neglect: behaviours and signs.*

*Tool 1.4: Physical abuse: behaviours and signs.*

*Tool 1.5: Sexual abuse: behaviours and signs.*

*Tool 1.6: Abuse types - behaviours and signs.*

*Tool 1.7: Risk factors for abuse.*

*Tool 1.8: Elder abuse risk factor assessment checklist.*

The risk assessment checklist can be used when abuse is suspected. The checklist proposes a number of questions about the older person's circumstances.

*Tool 1.9: Effective questioning: tips and suggestions.*

Provides examples of open and direct questions with some additional tips and suggestions.

*Tool 1.10: Red flags.*

This tool illustrates a range of behaviours from both the older person and the abuser that may indicate abuse is occurring.

*Tool 1.11: Elder Abuse Suspicion Index (EASI).*

The EASI is a validated tool developed to raise a doctor's awareness about elder abuse.

*Tool 1.12: Modified Caregiver Strain Index (MCSI).*

The MCSI is a tool that can be used to quickly screen for caregiver strain. It is a tool that measures strain related to care provision. There is at least one item for each of the following major domains: financial, physical, psychological, social and personal. The higher the score on the MCSI, the greater the need for more in-depth assessment to facilitate appropriate intervention.<sup>1</sup>

*Tool 1.13: The Domestic Violence Safety Assessment Tool (DVSAT).*

"The DVSAT has been developed to help service providers consistently and accurately identify the level of threat to domestic violence victims. Consistent identification of threat through use of a common tool by service providers across NSW promotes a shared understanding of domestic violence, its indicators, dynamics and consequences. Effective identification of threat allows service providers to offer victims appropriate tailored support; prioritise victims at greater risk of harm; and take action to prevent violence from escalating."<sup>2</sup>

1 Try this: Best practices in nursing care to older adults, Issue 14 revised 2013. The Modified Caregiver Strain Index (MCSI).

2 [rlc.org.au](http://rlc.org.au), Using DV Safety Assessment Tool in client interviews.



"Any form of abuse is unacceptable, no matter what justification or reason may be given for it, and it is very important that older people are aware of this and that they know that support is available."

*Age UK Fact Sheet (2015)  
'Safeguarding older people from abuse',  
December 2015*



## Tool 1.1 Financial abuse: behaviours and signs

**Financial abuse** is the illegal or improper use of an older person's assets.<sup>3</sup> Assets can include property and finances.

### Behaviours:

- Threatening, coercing or influencing a person to change their Will or sign documents relating to their assets.
- Taking control of a person's finances against their wishes and denying access to their own money.
- Abusing Powers of Attorney by taking money or property.
- Stealing goods, e.g. jewellery, credit cards, cash, food or other possessions.
- Stealing money such as pension-skimming and selling belongings without the person's permission.
- Recent addition of a signature on a bank account.

### Signs:

- Unexplained disappearance of belongings.
- Unauthorised use of banking and financial documents.
- Inability to pay bills.
- Significant bank withdrawals.
- Changes to Wills.
- Inability of a person to access bank accounts or statements.
- Stockpiling of unpaid bills.
- Insufficient food in the fridge.
- Disparity between living conditions and money.
- No money to pay for essentials for the home including food, clothing or utilities.
- Cancelling or refusing community services.

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### Anna's story

Anna is an 82-year-old woman who has a chronic illness and poor mobility. Her son, Tom moved in to be Anna's carer after his marriage broke down.

Tom does the shopping using Anna's ATM card and never shows her the receipts when she asks.

There are unpaid bills piled on the table and Anna tells you that she cannot afford community services any more.

*Behaviours – Tom never shows Anna the ATM receipts.*

*Signs – Unpaid bills on the table and Anna wants to cancel community services.*

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3 Family & Community Services, *NSW Interagency Policy*.





## Tool 1.2: Psychological abuse: behaviours and signs

**Psychological abuse** is the infliction of mental stress, fear or feelings of shame and powerlessness. It may be verbal or non-verbal, and is usually a pattern of behaviour repeated over time and intended to control the person. Psychological abuse includes social isolation.<sup>4</sup>

### Behaviours

- Pressuring, bullying, intimidating and harassing a person.
- Verbal abuse, including name-calling.
- Frightening and/or threatening to harm someone, or break belongings.
- Threats to harm someone's pet.
- Threats of placing a person into an aged-care facility.
- Treating an older person as if they are a child.
- Engaging in emotional blackmail.
- Preventing contact with family and friends.
- Denying access to services, religious (spiritual) and/or cultural events.
- Misusing the function of Enduring Guardianship.
- Screening telephone calls, listening in to calls or disconnecting the telephone without the person's consent, or withholding mail.
- Taking control of the person's home without their consent.
- Moving a person far away from family or friends or otherwise socially isolating a person.
- Withholding affection.

### Signs

- Feelings of helplessness, shame and powerlessness.
- Changes in levels of self-esteem.
- Sadness or grief at the loss of important relationships.
- Depression, withdrawal or listlessness due to a lack of social interaction.
- Worry or anxiety after a visit by a specific person.
- Confusion, agitation and social withdrawal.
- Unexplained paranoia or excessive fear and anxiety.
- Disrupted appetite or sleep patterns.
- Unusual passivity or anger.

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### Maria's story

Maria is an 80-year-old woman with limited English. She has a recent diagnosis of depression. Maria lives with her husband, Vincent and daughter, Theresa who moved in 4 months ago. Theresa notices that her father is very controlling, puts her mother down; he also refuses to take Maria to church, despite her asking repeatedly.

Theresa has concerns about her mother's safety and thinks she is becoming quite withdrawn. There is a history of domestic and family violence.

*Behaviours – Vincent is verbally abusive, and is socially isolating Maria.*

*Signs – Maria is becoming withdrawn.*

---



## Tool 1.3: Neglect: behaviours and signs

**Neglect** is a term used to describe the failure of a carer or responsible person to provide the necessities of life to an older person. Some examples are adequate food, shelter, clothing, medical or dental care and neglecting to meet a person's emotional needs.<sup>5</sup>

### Behaviours

- Failure to provide adequate: food; shelter; clean clothing; heating/cooling; medicines; medical or dental care.
- Under- or over-medicating.
- Refusal to permit others to provide assessments or appropriate care.
- Preventing the person from accessing services and/or equipment and support.
- Exposure to danger or lack of supervision.
- An overly attentive carer in the company of others; the “hovering carer”.
- Misusing the role of Guardian.

### Signs

- Inadequate clothing; complaints by the person of being too cold or too hot.
- Poor personal hygiene; unkempt appearance.
- Lack of medical or dental care.
- Injuries that have not been properly cared for.
- Absence of required assistive technologies.
- Exposure to unsafe, unhealthy or unsanitary conditions.
- Unexplained weight loss; dehydration; and malnutrition.
- Poor skin integrity, e.g. pressure sores.

Self-neglect is not considered a form of elder abuse, although it can be a sign of abuse if, for example, the person is feeling hopeless or depressed from an abusive situation. Self-neglect may include living in unsafe or unhygienic conditions, refusing to seek or comply with treatment for injury or illness or failing to eat or drink adequately.

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### Joe's story

Joe is a 79-year-old gentleman; he has a diagnosis of dementia and other chronic illnesses. He lives in social housing with his son, Ben who is his carer and Power of Attorney.

Ben has cancelled Joe's aged-care services. Joe's clothes are soiled and dirty and he appears to have lost weight.

*Behaviours – Joe's son has cancelled aged-care services.*

*Signs – Joe has lost weight and has soiled, dirty clothes.*

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## Tool 1.4: Physical abuse: behaviours and signs

**Physical abuse** involves the infliction of physical pain or injury, or physical coercion.<sup>6</sup>

### Behaviours

- Pushing, shoving or rough-handling.
- Kicking, hitting, punching, slapping, biting, or burning.
- Restraining: physically or medically.
- Locking the person in a room or home.
- Intentional injury with a weapon or object.
- Overuse or misuse of medications.

### Signs

- Internal or external injuries (sprains; dislocations and fractures; pressure sores; unexplained bruises or marks on the body; pain on touching or injuries at different stages of healing).
- Broken or healing bones.
- Lacerations to mouth, lips, gums, eyes or ears.
- Missing teeth and eye injuries.
- Evidence of hitting, punching, shaking or pulling (e.g. bruises, lacerations, choke marks, hair loss or welts).
- Burns (e.g. rope, cigarettes, matches, iron, or hot water).
- Discrepancies between an injury and the explanation of how it happened.

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### George's story

George is a 78-year-old gentleman. While undergoing rehabilitation for a knee replacement, he has resided with his son, Ken and Ken's family.

George has bruising on his arms and says that Ken gets angry and has grabbed him but doesn't mean anything by it.

*Behaviours – George disclosed that Ken gets angry and has grabbed him.*

*Signs – Evidence of bruising on George's arms.*

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## Tool 1.5: Sexual abuse: behaviours and signs

**Sexual abuse** is a term used to describe a range of sexual acts where the victim's consent has not been obtained or where consent has been obtained through coercion.<sup>7</sup>

### Behaviours

- Sexual assault: touching or penetration of the vagina or anus.
- Indecent assault: any unwanted sexualised behaviour such as grabbing someone's breast or penis; exposing genitals.
- Aggravated sexual assault: indicates use of a weapon, force or threat.
- Non-consensual sexual contact and other sexual behaviours.
- Cleaning or treating the older person's genital area roughly or inappropriately.
- Unwanted exposure to pornography.
- Enforced nudity of an older person.
- Sexual harassment: any unwanted or unwelcome sexual behaviours.
- Any behaviour that makes an older person feel uncomfortable about their body or gender.

### Signs

- Unexplained STD or incontinence (bladder or bowel).
- Injury and trauma (scratches, bruises etc.) to face, neck, chest, abdomen, thighs or buttocks.
- Trauma including bleeding around the genitals, chest, rectum or mouth.
- Torn or bloody underclothing or bedding.
- Human bite marks.
- Difficulty walking, sitting or pain when toileting.
- Anxiety around the perpetrator and other psychological symptoms.
- Fear of being touched.

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### Tess's story

Tess is an 83-year-old woman. She lives in a granny flat adjoining her daughter, Jackie and son-in-law, John's property.

Unbeknownst to Jackie, John has been making unwelcome visits to Tess. John exposes himself and talks about what he would like to do with Tess in a sexually explicit way.

Tess wants to move away but worries if she tells her daughter, it will ruin their relationship.

*Behaviours – John is exposing himself and using sexually explicit language.*

*Signs – Tess is worried and wants the behaviours to stop.*

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## Tool 1.6: Abuse types - behaviours and signs

Financial	Psychological	Neglect	Physical	Sexual
<p><b>Behaviours:</b> Threatening, coercing re: assets or Wills; Taking control of the older person's finances against their wishes and denying access to their own money; Abusing Powers of Attorney; Stealing goods, e.g. jewellery, credit cards, cash, food, and other possessions;</p> <p>Unauthorised use of banking and financial documents; and The recent addition of a signature on a bank account.</p>	<p><b>Behaviours:</b> Pressuring, intimidating or bullying; Name-calling, and verbal abuse; Treating an older person like a child; Threatening to harm the person, other people or their pets. Engaging in emotional blackmail such as threatening to withdraw access to grandchildren, family, friends, services, or placement in an aged-care facility. Preventing contact with family and friends, or denying access to the phone or computer; Withholding mail; Preventing an older person from engaging in religious or cultural practices; and Moving an older person far away from family or friends.</p>	<p><b>Behaviours:</b> Failure to provide basic needs, e.g. food, adequate or clean clothing, heating, medicines; Under- or over-medication; Exposure to danger or lack of supervision, such as leaving the older person in an unsafe place or in isolation; An overly attentive carer in the company of others; and Refusal to permit others to provide appropriate care.</p>	<p><b>Behaviours:</b> Pushing, shoving, or rough-handling; Kicking, hitting, punching, slapping, biting, and/or burning; Restraining: physical or medical; Locking the person in a room or home or tying a person to a chair or bed; Intentional injury with a weapon or object; and Overuse or misuse of medications.</p>	<p><b>Behaviours:</b> Non-consensual sexual contact, language or exploitative behaviour; Rape and sexual assault; Cleaning or treating the person's genital area roughly or inappropriately; Unwanted exposure to pornography; Enforced nudity of a person; and Any behaviour that makes an older person feel uncomfortable about their body or gender.</p>

Financial	Psychological	Neglect	Physical	Sexual
<p><b>Signs:</b>                      Unexplained disappearance of belongings;                      Inability to pay bills;                      Significant bank withdrawals and/or changes to Will.                      Inability of an older person to access bank accounts or statements.                      Stockpiling of unpaid bills.                      Disparity between living conditions and money; and                      No money to pay for essentials for the home including food, clothing, and utilities.</p>	<p><b>Signs:</b>                      Resignation, shame;                      Depression, tearfulness;                      Confusion, agitation, and social isolation;                      Feelings of helplessness;                      Unexplained paranoia or excessive fear;                      Disrupted appetite or sleep patterns;                      Unusual passivity or anger;                      Sadness or grief at the loss of interactions with others;                      Social withdrawal;                      Changes in levels of self-esteem; and                      Worry or anxiety after a visit by specific person/people.</p>	<p><b>Signs:</b>                      Inadequate clothing; complaints of being too cold or too hot;                      Poor personal hygiene; unkempt appearance;                      Lack of medical or dental care, or injuries that have not been properly cared for;                      Absence of required aids;                      Exposure to unsafe, unhealthy, and/or unsanitary conditions; and                      Unexplained weight loss, dehydration, poor skin integrity, malnutrition.</p>	<p><b>Signs:</b>                      Internal or external injuries (sprains, dislocations and fractures, pressure sores, unexplained bruises or marks on different areas of the body, pain on touching);                      Broken or healing bones;                      Lacerations to mouth, lips, gums, eyes or ears; missing teeth and/or eye injuries;                      Evidence of hitting, punching, shaking, pulling, e.g. bruises, lacerations, choke marks, hair loss or welts; and                      Burns, e.g. rope, cigarettes, matches, iron, and/or hot water.</p>	<p><b>Signs:</b>                      Unexplained STD or incontinence (bladder or bowel).                      Injury and trauma, e.g. scratches, bruises etc. to face, neck, chest, abdomen, thighs or buttocks.                      Trauma including bleeding around the genitals, chest, rectum or mouth.                      Torn or bloody under-clothing or bedding.                      Human bite marks; and                      Anxiety around the perpetrator.</p>





## Tool 1.7: Risk factors for abuse

Understanding the factors that contribute to abuse of older people supports agencies in identifying, responding and preventing abuse. Research refers to compounding factors such as the personality and individual circumstances of the abuser, family dynamic, medical, social, environmental and situational factors as well as understanding domestic violence theories, gender, ageism and social rights perspectives and the views of older people themselves.<sup>8</sup>

Risk factors can be present for both the older person at risk of abuse and the abuser. These factors are articulated in the NSW Interagency Policy as:

### Risk factors for the older person:

- Social isolation is a key risk factor for the abuse of older people as older people experiencing abuse often lack social connection from neighbours, family and/or community and define abuse in “societal terms including social exclusion, the belittling of their views and contribution, and violation of their rights”.<sup>9</sup>
- Confused about their property, belongings and/or surroundings.
- Vulnerable to other persons taking advantage of them because of deteriorating health, cognitive decline, dementia and capacity issues.
- Physically or verbally violent/aggressive because of progressively worsening conditions such as dementia.
- A history of family dysfunction, domestic and family violence and abuse.
- Insecure accommodation.
- Substance abuse and gambling.
- Financial difficulties.
- Personality and/or behaviour changes due to illness and/or other progressively worsening condition/s.
- Relative powerlessness because of diminished ability to advocate effectively for themselves or to modify their environment.
- Women who have experienced (often unreported) domestic violence for many years.
- Limited English.
- Cultural issues and dependency, e.g. for all financial and communication matters.

### Some of the risk factors for people that abuse older people are:

- Domestic and family violence involving violent, abusive or intimidating behaviour carried out by a partner, carer or family member to control, dominate or instil fear.
- Carers and family members play a crucial role in caring for older people and while not all perpetrators of abuse are carers, carers may become abusive in certain situations.
- Cultural/settlement issues (multiple carers, over-dependency, lack of understanding of resources, services and systems, refugee background, isolation from cultural activities or interaction).
- Other variables such as mental health, a history of drug and alcohol abuse, gambling or other behaviours.

8 Bagshaw, D., Wendt, S., Zannettino, L., *Preventing the abuse of older people by their family members*, Australian Domestic and Family Violence Clearing House, Stakeholder paper 7, 2009.

9 Family & Community Services, *NSW Interagency Policy*.



## Tool 1.8: Elder abuse risk factor assessment checklist

This risk factor assessment checklist can indicate known risk factors for abuse.<sup>10</sup>

Notes:

- Answers to the questions may result in disclosure of abuse or information that requires additional intervention initiated by your agency and/or NSW Police.
- The level of risk increases with each YES answer.

The client	Yes	No	Comment
Does the person live alone or appear to be socially isolated?			
Does the person have insecure or inadequate housing arrangements?			
Is the person in poor health, frail, or have ongoing health issues?			
Does the person lack mental competency or show signs of dementia?			
Is there a lack of services involved in the client's care?			
Is the client's personal hygiene or home cleanliness poor?			
Does the person appear to have financial difficulties (lack of food; unpaid bills)?			
Does the person have addiction or gambling issues?			
Does the person have drug or alcohol misuse issues?			
Are there signs of family dysfunction or dysfunctional relationships?			
Is there a history of domestic and family violence from a partner or carer?			
Is the person reluctant to talk about their carer/s?			
Does the person appear to be psychologically or physically dependent on their carer?			
Does the person appear to be overly anxious about their safety, or is depressed or fearful?			
Does the person show signs of abuse?			
Has the person said anything that makes you suspect abuse may be occurring?			

<sup>10</sup> Modified from Eastern Community Legal Centre, *Elder abuse toolkit*, 2012.



## Tool 1.9: Effective questioning: tips and suggestions

This tool explores a range of effective questions that demonstrate support to an older person where abuse is suspected or indicators are present. Open questions cannot easily be given a 'yes' or 'no' answer and are non-judgemental. Questions about family relationships and caring roles may bring up family or other tensions and abuse. A way to start can be to ask about how things are at home and how they spend their days.

### Key considerations

- Might the presence of others effect disclosure? Privacy is important; talk to the person alone.
- Does the person have sensory deficits? Ensure glasses and hearing aids are used and eliminate background noises. Ensure the area is well lit. Arrange seating face-to-face, use familiar words and repeat questions.
- Are reactions slowed? Allow extra time for responding and pace questions.
- Are questions culturally sensitive? Where English is a second language, offer the use of professional interpreters. Ensure that you speak clearly and avoid jargon.
- Is it feasible to talk to the person in their own home? Most older people feel safer in familiar surroundings, and the living situation can also be observed.<sup>11</sup>

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11 'Elder Abuse & Neglect', *Family violence intervention guidelines*, New Zealand Ministry of Health, 2007.

## Effective questions

Open questions: use to initiate conversations	Direct questions: use when abuse is strongly suspected
<ul style="list-style-type: none"> <li>• How are things going at home?</li> <li>• How do you spend your days?</li> <li>• How do you feel about the amount of help you receive at home?</li> <li>• How do you feel your carer/family is managing?</li> <li>• How are you managing financially?</li> <li>• How do you feel when carer/family member does/says (name behaviour noticed)?</li> <li>• Lots of women put up with abuse and it can be hard to talk about. Does this sound like your situation?</li> <li>• What is happening now/how can I support you?</li> <li>• I noticed a bruise on your arm today. How did this happen?</li> <li>• You seem a little upset - what's happening for you?</li> <li>• How are you managing at home? (Or how is your carer managing?)</li> <li>• What would you like to do about your situation?</li> <li>• You seem anxious about your finances. What would it be like if I arranged someone to assist you with your banking etc.?</li> </ul>	<ul style="list-style-type: none"> <li>• Are you feeling safe?</li> <li>• Are you afraid of anyone at home?</li> <li>• Has anyone close to you tried to hurt or harm you recently?</li> <li>• Are you often sad or lonely?</li> <li>• Are you helping to support someone?</li> <li>• Has anyone touched you without consent?</li> <li>• Has anyone shouted at you or threatened you?</li> <li>• Has anyone taken anything that was yours without your consent?</li> <li>• Have you signed any documents that you didn't understand?</li> <li>• Has anyone failed to help you when you needed help?</li> <li>• Is there someone you can talk to about your situation?</li> <li>• Would you like me to talk to someone who can help or advise you?</li> <li>• Would you like to have a visit from one of our social staff?</li> <li>• Has anyone tried to hurt you recently?</li> <li>• Do you know about a free telephone service called the NSW Elder Abuse Helpline - would you like the number?</li> </ul>

## Less appropriate questions

*Do you feel as though you can't trust anyone in your family?*

This is a leading question that is not very clear and is based on an assumption. A better question may be to ask who in their family the older person can confide in.

*Why don't you tell your son not to talk to you that way?*

“Why” questions should be avoided. This question is confronting and judgemental. For many reasons, the older person may find it difficult to confront her son. They may feel fearful, disempowered or protective. A better question may be to acknowledge that you noticed their son talking to them in an abusive manner and ask how they feel about the situation, if they need support or what they may want to do about their situation. Empowering the older person and reminding them what their rights are is important.

*Why haven't you got any food in the fridge?*

This question could be changed to a statement followed by an open question: “I noticed you don't have any food in your fridge. What happened?”

*Where has your antique clock gone - it was there last week?*

This question could be reworded to include a less confrontational approach. “I noticed that your antique clock has gone. What happened?”

*You shouldn't put up with this - why don't you do something about it?*

Make a statement based on observation. Let the older person know that there is support available to stop and prevent the abuse in a non-judgemental, non-confrontational way.

*Are you feeling afraid at home?*

This questions could be reworded to a statement based on observations rather than conclusions: “You seem fearful today” or “Are you feeling safe?”.





## Tool 1.10: Red flags

There are a number of behavioural indicators of abuse that may suggest a person is being abused without indicating how the abuse is occurring. This list has been adapted from Brandl (2004).<sup>12</sup>

Note: The presence of one or more indicators of abuse does not necessarily mean abuse has occurred. Indicators of abuse are not always obvious and can vary.

An older person may:	A potential abuser may:
Have injuries that don't match explanations given.	Minimise or deny the abuse has occurred.
Have repeated injuries or bruises and call them "accidental injuries".	Blame the older person for being clumsy or difficult.
Appear withdrawn, sullen or non-communicative.	Be overly charming and/or helpful to the worker OR abusive when questioned.
Express or hint at being afraid.	Act lovingly towards the older person in the presence of others.
Consider or attempt suicide, abuse drugs and/or alcohol, and exhibit signs of depression.	Coerce or make threats such as self-harm or to withdraw affection, access to grandchildren, place in aged care or hurt the family pet.
Present as "difficult", not wishing to answer questions.	Want to be present for all interviews.
Have vague, chronic, non-specific complaints.	Answer for the older person.
Frequently missed appointments with professionals or is unable to follow through on a treatment plan.	Portray the older person as incompetent, unhealthy or suffering a mental health problem or dementia.
Delay or not seek medical help.	Agrees to a treatment plan but doesn't follow through and is reluctant to explain why.
Exhibit evidence of stress or trauma such as chronic pain or illness.	Threatens to deny access to medicines or services or withholds information. Prohibits older person from seeking help.
Not seem to know their rights or be aware of their medical plans.	Prohibits the older person from purchasing items they want or need.
Be unsure or worried about their money; cancel services; lack necessary items in the house; or suddenly be unable to buy food or other items.	Turn family members against the older person.
Complain about their situation or appear unhappy.	Expresses interest or a right to the older person's money and assets such as living in the house, not wishing to accept services or have the older person moved to residential care.
Talk about family arguments or dysfunction or not see family.	Talks about how good the older person has it and how ungrateful they are.
Withdraw from social networks or decline to attend social occasions.	Turns family members against older person. Refuses to support social interaction.

<sup>12</sup> Brandl, B. *Assessing for abuse in later life*, NCALL Coordinator, National Clearinghouse on Abuse in Later Life (NCALL), a project of the Wisconsin Coalition Against Domestic Violence, 2004.



## Tool 1.11: Elder Abuse Suspicion Index (EASI)

The EASI was developed to raise a doctor’s awareness about elder abuse to a level at which it might be reasonable to propose a referral for further evaluation by social services or adult protective services (such as the NSW Civil & Administrative Tribunal or NSW Police). While all six questions should be asked, a response of “yes” on one or more of questions 2-6 may establish concern. The EASI was validated for use by family practitioners of cognitively intact seniors in ambulatory settings.<sup>13</sup>

The Elder Abuse Suspicion Index			
EASI Questions Q.1 – Q.5 asked of patient; Q.6 answered by doctor			
Within the last 12 months:			
Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	YES	NO	Did not answer
Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?	YES	NO	Did not answer
Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES	NO	Did not answer
Has anyone tried to force you to sign papers or to use your money against your will?	YES	NO	Did not answer
Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	YES	NO	Did not answer
Doctor: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?	YES	NO	Not sure

For an online version of the EASI or additional resources about abuse and violence, review the following website: [www.racgp.org.au/your-practice/guidelines/white-book/tools-and-resources](http://www.racgp.org.au/your-practice/guidelines/white-book/tools-and-resources)

© The Elder Abuse Suspicion Index (EASI) was granted copyright by the Canadian Intellectual Property Office (Industry Canada) February 21, 2006. (Registration # 1036459). Available at <http://nicenet.ca/tools-easi-elder-abuse-suspicion-index>  
Reproduced with permission.

<sup>13</sup> The Royal Australian College of General Practitioners, *Abuse and violence: working with our patients in general practice*, 3rd edition, 2008.



## Tool 1.12: The Modified Caregiver Strain Index (MCSI)

Directions: Here is a list of things that other caregivers have found to be difficult. Please put a checkmark in the columns that apply to you. We have included some examples that are common caregiver experiences to help you think about each item. Your situation may be slightly different, but the item could still apply.<sup>14</sup>

**Yes, on a regular basis = 2**

**Yes, sometimes = 1**

**No = 0**

My sleep is disturbed (For example: the person I care for is in and out of bed or wanders around at night)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiving is inconvenient (For example: helping takes so much time or it's a long drive over to help)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiving is a physical strain (For example: lifting in or out of a chair; effort or concentration is required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiving is confining (For example: helping restricts free time or I cannot go visiting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There have been family adjustments (For example: helping has disrupted my routine; there is no privacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There have been changes in personal plans (For example: I had to turn down a job; I could not go on vacation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There have been other demands on my time (For example: other family members need me)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There have been emotional adjustments (For example: severe arguments about caregiving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some behaviour is upsetting (For example: incontinence; the person cared for has trouble remembering things; or the person I care for accuses people of taking things)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is upsetting to find the person I care for has changed so much from his/her former self (For example: he/she is a different person than he/she used to be)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There have been work adjustments (For example: I have to take time off for caregiving duties)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiving is a financial strain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel completely overwhelmed (For example: I worry about the person I care for; I have concerns about how I will manage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Score: Sum responses for “Yes, on a regular basis” (2 pts. each) and “Yes, sometimes” (1 pt. each).</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14 Thornton, M., & Travis, S. S., *Analysis of the reliability of the Modified Caregiver Strain Index*, The Journal of Gerontology, Series B, Psychological. Sciences and Social Sciences, 58(2), p.S129.

A range of other tools are available by reviewing the following websites:



*NSW Government: South Western Sydney Local Health District Carer program*  
[swslhd.nsw.gov.au/carers/assessment.html](https://swslhd.nsw.gov.au/carers/assessment.html)

*Alzheimer's Association: caregiver stress check if caring for someone with dementia*  
[alz.org/care/alzheimers-dementia-stress-check.asp](https://alz.org/care/alzheimers-dementia-stress-check.asp)



## Tool 1.13: Domestic Violence Safety Assessment Tool (DVSAT)

### The NSW Government: Domestic Violence Safety Assessment Tool (DVSAT) and Guide

The DVSAT has been developed to help agencies/service providers consistently and accurately identify the level of threat to domestic violence victims. The DVSAT has two components:

- Part A: Risk identification checklist; and
- Part B: Professional judgement.

Police should refer to their internal DVSAT procedures and guidelines.

The DVSAT Guide (15 pages) and the DVSAT tool (six pages) can be found via the links following:



[domesticviolence.nsw.gov.au/\\_data/assets/file/0003/301179/DVSAT\\_guide.pdf](https://domesticviolence.nsw.gov.au/_data/assets/file/0003/301179/DVSAT_guide.pdf)  
[domesticviolence.nsw.gov.au/\\_data/assets/file/0020/301178/DVSAT.pdf](https://domesticviolence.nsw.gov.au/_data/assets/file/0020/301178/DVSAT.pdf)





2



## STEP 2: ASSESS IMMEDIATE SAFETY

- Determine the level and urgency of safety concerns for the older person and others.
- In the event of an emergency, contact emergency services.
- Consent of the older person is not necessary in emergency situations.
- Protect evidence.
- Follow your workplace policy and procedures for internal reporting.
- If not an emergency, continue to step 3.

### Key messages

Do not engage the alleged abuser:

- If the older person or worker is in immediate danger and/or at risk of serious harm, contact emergency services immediately.

Protect evidence:

- Evidence can include, but is not limited to, items such as clothing, documents, and possessions. It would mean to not touch anything or clean the older person or their clothing and dwelling which prevents evidence from being destroyed, lost or altered for the police and other emergency services.

### Step 2: Tools

*Tool 2.1: Responding to risks.*

This tool provides a prompt about types of agencies that could be accessed depending on risk factors presented by an older person that may make them vulnerable to abuse.

*Tool 2.2 What to do in an emergency: Q & A.*

*Tool 2.3: Worker safety tips for home visits.*

This tool highlights some important tips to ensure worker health and safety.

*Tool: 2.4: Police reports.*

There are some forms of abuse that are crimes and this tool provides examples with reference to the NSW Interagency Policy and the *Crimes Act*, providing a guide in reporting to NSW Police.



“The promise of complete confidentiality cannot be given to any person who raises a concern about the abuse of an older person. This includes the older person themselves, a relative, a fellow worker or a member of the public. When information about abuse is provided to Police and other key NSW Government agencies, these agencies will act, even if consent has not been given, when:

- The vulnerable older person is believed to lack capacity to make an informed choice,
- A criminal investigation by the Police may be required,
- There is a wider public interest.”

*Family & Community Services, NSW Interagency Policy*





## Tool 2.1: Responding to risks

Where risks are identified, a response plan could be developed, using knowledge of local resources and needs. This table provides an example.

Risk factors for older person	Examples of referrals
Mobility and other health problems	Modifications and equipment
	General Practitioner
	Aged Care Assessment Team
	Community transport
Social isolation	Day programs and respite
	Community visitors
	Social support services
	Community transport
Not eating; fearful	General Practitioner and medical assessments
	Meals on Wheels
	Help with shopping; cooking
	Respite
	Social support
History of domestic violence; conflictual family relationships	Domestic and family violence services and resources
	NSW Police: Domestic Violence Liaison Officer
	Sexual assault services
	Mediation services
	Family referral services and counselling
Psychological needs	General Practitioner
	Counselling and/or mediation
	Respite
	Specialist Mental Health Services for Older People (SMHSOP)
Worried about money	Centrelink Centrepay scheme
	Bank safeguards
	Planning Ahead Tools - NSW Trustee & Guardian
	Legal advice
Carer stress identified	Carer/caregiver stress assessment
	Carers NSW
	Carer respite
Dementia, cognitive impairment and/or psychological problems	Specialists such as Geriatricians; SMHSOP
	Aged Care Assessment Team
	Alzheimer's Association
	Brain Injury Association
	Stroke Recovery
Disability	Disability advocacy organisations
	Disability information and referral services
	Mental health services



## Tool 2.2: What to do in an emergency: Q & A

### 1. What should I do in an emergency?

Call 000 without delay.

You should then work in accordance with your own agencies policies and procedures. Depending on the situation and your role, you may also need to:

- Contact other emergency services and arrange medical treatment or other emergency services.
- Arrange emergency accommodation.
- Determine capacity of an older person and make an urgent Guardianship application.
- Other support sensitive to culture, sexual identity and religious beliefs.

### 2. What if I am unsure about whether it is an emergency?

An emergency is when there is an immediate threat or risk of physical harm or serious damage to property. Workers should review their own policies about emergency situations.

- The threat or risk may be suspected or actual. If you are unsure, it is safest to treat it as an emergency.

### 3. What can the police do?

The NSW Police respond to emergencies and have powers under NSW Crimes acts. Some forms of elder abuse are crimes.

Police can:

- Conduct a welfare check
- Investigate a report that is made which may lead to criminal charges
- Under some circumstances, gain access and entry to premises
- Apply on the person's behalf for an Apprehended Domestic or Personal Violence Order which can include an Exclusion Order
- Ring an ambulance or mental health team and make referrals

### 4. What if the older person does not want help?

Older people should be involved in making decisions about their life as much as possible, including in an emergency. However, if a worker decides a person is in imminent danger, they must act, even if this goes against the person's wishes. This relates to 'duty of care' to avoid further harm.





## Tool 2.3: Worker safety tips for home visits<sup>15</sup>

<p><b>General advice</b></p> <p>If a worker is in immediate danger and/or at risk of serious harm, contact emergency services immediately.</p> <p>Pay attention to intuitive feelings.</p> <p>Be alert to your surroundings.</p> <p>Do not confront the abuser.</p> <p>Carry only enough money to get you through the day.</p> <p>Maintain your car; ensure you have enough petrol.</p> <p>Carry a mobile phone.</p> <p>Obtain history of the person you are visiting (i.e., drug and/or alcohol abuse, history of violence, non-compliance with medication, and/or known family dysfunction, etc.).</p> <p><b>Appearance is everything</b></p> <p>Dress practically and wear comfortable walking shoes.</p> <p>Avoid wearing expensive jewellery or accessories.</p> <p>Keep your purse or wallet out of sight, and keep car keys handy at all times.</p> <p><b>Protect your health</b></p> <p>Learn about any situations that might jeopardise your health.</p> <p>Carry sanitary wipes or anti-bacterial lotion.</p> <p><b>Know where you are going</b></p> <p>Plan your route.</p> <p>Go with assistance if a risk is known.</p> <p>Notify colleagues about fieldwork (updating rosters and any changes in itinerary).</p> <p>Have your supervisor or co-worker make a safety-check phone call every 10-15 minutes.</p> <p><b>Before you get out of the car</b></p> <p>If you don't feel safe, don't get out of the car. Leave.</p> <p>Park in a visible area close to the person's residence.</p> <p>Ensure your car cannot be blocked when leaving.</p> <p><b>Getting to the door</b></p> <p>Don't enter the home if an animal threatens your safety (ask the person to secure the animal).</p> <p>After knocking, stand away from the door and to one side, if possible.</p> <p><b>Entering the person's home</b></p> <p>Ensure the person who answers the door walks ahead of you when entering the residence.</p> <p>Once in the home, note the entry and exit points, making sure they are accessible.</p> <p>Consider seating orientation for your meeting/interview.</p> <p>Sit near an exit. Do not allow anyone between you and the door.</p>
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<sup>15</sup> [http://www.cdss.ca.gov/agedblindddisabled/res/SWTA/IHSS101\\_PartII.pdf](http://www.cdss.ca.gov/agedblindddisabled/res/SWTA/IHSS101_PartII.pdf)



## Tool 2.4: Police reports

Regardless of the victim's views, agencies must ensure staff report to NSW Police any instances where:

- The abusive situation results in serious injury inflicted on the older person.
- The perpetrator has access to a gun and is threatening to cause physical injury to any person.
- The perpetrator is using or carrying a weapon (including guns, knives or any other weapon capable of injuring a person) in a manner likely to cause physical injury to any person or likely to cause a reasonable person to fear for their safety.
- An immediate serious risk to individual/s or public safety exists.
- Staff are threatened.<sup>16</sup>

If in doubt, staff can also ring NSW Police for advice or speak to specialist officers such as the:

- Domestic Violence Liaison Officer
- Crime Prevention Officer
- Investigations Manager
- Aboriginal Liaison Officer
- Multicultural Liaison Officer
- Vulnerable Communities Liaison Officer
- LGBTI Liaison Officer

In some cases, information can be passed over on the basis of anonymity to ensure a vulnerable person receives assistance.

3

## STEP 3: PROVIDE SUPPORT

- Listen to the older person.
- Acknowledge what they tell you.
- Validate their experience.
- Check for capacity indicators.

### Key messages

Supporting the person is an important step requiring communication skills that conveys to them that they are being heard and believed.

### Step 3: Tools

*Tool 3.1: Recommendations for communicating with older adults.*

*Tool 3.2: Checklist – triggers that might indicate a need for a capacity assessment.*  
This tool is from the NSW Government ‘Capacity Toolkit’ and provides a series of triggers that may indicate that an older person’s capacity should be assessed.

*Tool 3.3: Communication tips – talking to a person with dementia.*

*Tool 3.4: Responding with compassion – talking to a person who has been sexually assaulted.*

*Tool 3.5: Communicating with older people from a CaLD background.*

*Tool 3.6 Communicating effectively with Aboriginal and Torres Strait Islander people.*

“The NSW Government promotes the general principle that older people have the right to:

- Be treated with dignity and respect
- Make their own decisions and choices
- Live in a safe environment
- Access the protections available to other adults
- in the community.”

*Family & Community Services, NSW Interagency Policy*





## Tool 3.1: Recommendations for communicating with older adults<sup>17</sup>

### General tips for improving interactions with older adults

1. Recognise the tendency to stereotype older adults, then conduct your own assessment.
2. Avoid speech that might be seen as patronising to an older person (“elderspeak”).

### General tips for improving face-to-face communication with older adults

3. Monitor and control your non-verbal behaviour.
4. Minimise background noise.
5. Face older adults when you speak with them, with your lips at the same level as theirs.
6. Pay close attention to sentence structure when conveying critical information.
7. Use visual aids such as pictures and diagrams to help clarify and reinforce comprehension of key points.
8. Ask open-ended questions and genuinely listen.

### Tips for optimising interactions between health care professionals and older patients

9. Express understanding and compassion to help older patients manage fear and uncertainty related to the ageing process and chronic diseases.
10. Ask questions about an older adult’s living situation and social contacts.
11. Include older adults in the conversation even if their companion is in the room.
12. Customise care by seeking information about older adults’ cultural beliefs and values pertaining to illness and death.
13. Engage in shared decision-making.
14. Strike an appropriate balance between respecting patients’ autonomy and stimulating their active participation in health care.
15. Avoid ageist assumptions when providing information and recommendations about preventive care.
16. Providing information to patients is important, but how you give information to patients may be even more important.
17. Use direct, concrete, actionable language when talking to older adults.
18. Verify listener comprehension during a conversation.
19. Set specific goals for listener comprehension.
20. Incorporate both technical knowledge and emotional appeal when discussing treatment regimens with older patients.
21. To provide quality health care, focus on enhancing patient satisfaction.
22. Use humour and a direct communication style with caution when interacting with non-Western older patients.
23. Help Internet-savvy older adults with chronic diseases find reputable sources of online support.
24. If computers are used during face-to-face visits with older adults, consider switching to models that facilitate collaborative use.

17 [http://aging.arizona.edu/sites/aging/files/activity\\_1\\_reading\\_1.pdf](http://aging.arizona.edu/sites/aging/files/activity_1_reading_1.pdf)



## Tool 3.2: Checklist – triggers that might indicate a need for a capacity assessment

The Capacity Toolkit states: “It is not always obvious when a person can’t make a specific decision. However, particular circumstances, events or behaviours might lead you to question a person’s capacity at a point in time. These are called **triggers**.”<sup>18</sup>

The following list of triggers may indicate that a capacity assessment should be conducted.

Trigger	Yes?
Repeatedly making decisions that put the person at significant risk of harm or mistreatment.	
Making a decision that is obviously out of character and that may cause harm or mistreatment.	
Often being confused about things that were easily understood in the past.	
Often being confused about times or places.	
Having noticeable problems with memory, especially recent events, and which have an effect on the person’s ability to carry out everyday tasks.	
Dramatically losing language and social skills. For example, having difficulty finding a word, not making sense when speaking, not understanding others when they speak, having wandering thought patterns, interrupting or ignoring a person when they are speaking, or failing to respond to communication.	
Having difficulty expressing emotions appropriately, such as inappropriate anger, sexual expression, humour or tears without actual sadness.	
Displaying sudden changes in personality. For example, excessive irritability, anxiety, mood swings, aggression, overreaction, impulsiveness, depression, paranoia or the onset of repetitive behaviours.	
Declining reading or writing skills.	
Having difficulty judging distance or direction, for example when driving a car.	
Not looking after him/her self or their home the way they usually do and this being bad for their health or putting them at significant risk. For example, neglecting significant personal concerns such as health, hygiene, personal appearance, housing needs or nutritional needs.	
Not paying bills or attending to other financial matters, such as running their business, repaying loans or other debts.	
Making unnecessary and excessive purchases or giving their money away, and this being out of character.	
Noticeably being taken advantage of by others, such as being persuaded into giving away large assets that they still require such as a house, car or savings, or signing contracts that disadvantage them.	
Having been diagnosed with a condition that may affect their capacity.	
Having lacked capacity to make decisions in the past.	





### Tool 3.3: Communication tips – talking to a person with dementia<sup>19</sup>

Do	Don't
Talk to the person in a tone of voice that conveys respect and dignity	Talk to the person in 'baby talk' or as if you are talking to a child
Keep your explanations short. Use clear and flexible language	Use complicated words or phrases and long sentences
Maintain eye contact by positioning yourself at the person's eye level	Glare at, or eyeball, the person you are talking to
Look directly at the person and ensure you have their attention before you speak. Always begin by identifying yourself and explain what it is you propose to do	Begin a task without explaining who you are or what you are about to do. Talk to the person without eye contact, such as while rummaging in a drawer to select clothing
Use visual cues whenever possible	Try to compete with a distracting environment
Be realistic in expectations	Provoke a catastrophic reaction through unrealistic expectations or by asking the person to do more than one task at a time
Observe and attempt to interpret the person's non-verbal communication	Disregard your own non-verbal communication
Paraphrase and use a calm, reassuring tone of voice	Disregard talk that may seem to be rambling
Speak slowly and say individual words clearly. Use strategies to reduce the effect of hearing impairment	Do not shout or talk too fast
Encourage talk about things they are familiar with	Interrupt unless it cannot be helped
Use touch, if appropriate	Attempt to touch or invade their personal space if they are showing signs of fear or aggression

<sup>19</sup> [http://www.dementiamanagementstrategy.com/Pages/ABC\\_of\\_Behaviour\\_Management/Communication\\_tips.aspx](http://www.dementiamanagementstrategy.com/Pages/ABC_of_Behaviour_Management/Communication_tips.aspx)



### Tool 3.4: Responding with compassion – talking to a person who has been sexually assaulted<sup>20</sup>

#### Three key things to say

Say...	This is heard as...
I am sorry for what has happened.	I believe you.
What happened is a crime.	This is not your fault.
I will do what I can to help.	You are not alone.

#### Initial response

Do	Do not
Listen to the story.	Tell them what to do or try to take over.
Let them express how they feel.	Ask them the ‘why’ questions, why they were there, went there, why they trusted him. <i>Why questions are blame questions.</i>
Let them cry.	Get angry on their behalf. <i>They have enough to deal with without worrying about you.</i>
Encourage them.	Assume you know how they feel. <i>Everyone experiences sexual assault differently</i>
Not worry if parts of the story don’t add up.	
Tell them you are sorry for what happened.	
Explain what you can do.	

20 Responding with compassion when someone says ‘I have been sexually assaulted’, Fact sheet, Rape and Domestic Violence Services Australia.



## Tool 3.5: Communication with older people from a CaLD background

The following checklist highlights good cross-cultural communication practice for working with people from CaLD backgrounds:

- Keep in mind that limited proficiency in English:**
  - Does not reflect an individual’s level of intellectual functioning; and
  - Has no bearing on one’s ability to communicate in one’s language of origin, nor in one’s literacy in their own language of origin.
- Make the environment conducive to communication.** Avoid places with too much background noise, distractions, and where interruptions are likely.
- Have consideration for the individuality of the person.**
- Give the speaker plenty of time in which to communicate.** Having to hurry creates tension, which affects the way people speak.
- Listen.**
- Use only qualified language interpreters** when communicating with clients and their carers who lack adequate English communication skills. This is especially important in situations wherein the information discussed is critical to the well-being of the person.
- All information relating to key service delivery contexts (e.g., care plan and service agreement)** should be provided to the client and their advocate **in their own language.**
- Speak clearly but do not raise your voice.** Speaking loudly will not necessarily ensure that you will be understood.
- Speak slowly** throughout the conversation and **repeat** when you have not been understood or **ask the person to tell you what has been said** to confirm that they understand.
- Adapt the pace of the conversation** to fit the person’s ability to comprehend.
- Use words your listener is likely to know.** Avoid jargon and popular idioms or slang.
- Use the active rather than passive voice**, e.g., “We will give you breakfast at 7 o’clock”, not “Breakfast will be given to you at 7 o’clock”.
- Give instructions in clear, logical sentences and present one topic at a time.**
- Gauge** how much people are likely to remember.
- Body language can provide important clues** for increased understanding for the carer and the client. Use empathy. Use touch – if appropriate and acceptable – and validate the person’s thoughts and feelings.
- If required, learn and use key words in the person’s own language** to improve communication during routine care and other simple service interventions.
- Accept that it may be necessary to use alternative forms of communication** for some families, (e.g., verbal, as word of mouth may be a preferred method of receiving information).

- If required, use visual aids, gestures, and physical prompts.**
- Do not speak Pidgin English.** It is not easier to understand and can unintentionally sound condescending.
- Avoid jokes,** as these may not be understood by your listener. Irony, satire, and sarcasm should be avoided for the same reasons.
- Do not exclude the client from discussion** when relatives are present. It may be easier to talk to relatives, but it is important that the individual is heard.<sup>21</sup>

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21 Adapted from the Multicultural Communities Council of SA Inc and Multicultural Aged Care Inc's *Working cross culturally guide*. <http://www.mac.org.au/docs/WCCGuide.pdf>



## Tool 3.6: Communicating effectively with Aboriginal and Torres Strait Islander people

### Demonstrating understanding

The negative impacts of racial and economic disadvantage and a series of past government policies, including segregation, displacement and separation of families has contributed to the mistrust held by Aboriginal and Torres Strait Islander people towards government services and systems.

In today's Western dominant society, Aboriginal and Torres Strait Islander people continue to be a marginalised and socially disadvantaged minority group. Compared to other Australians, Aboriginal and Torres Strait Islander people experience significantly varied outcomes related to health, education, employment and housing. Discrimination, racism and lack of cultural understanding mean that Aboriginal and Torres Strait Islander people still experience inequality and social injustice.

People's cultural beliefs, values and world views influence thinking, behaviours and interactions with others. It is important to reflect without judgement before, during and after interacting with people whose beliefs, values, world views and experiences are different to your own.

### Personal communication

#### *Rapport*

In many traditional cultures, a high sense of value is placed on building and maintaining relationships. Taking a 'person before business' approach will help form this relationship and build rapport.

- Introduce yourself in a warm and friendly way.
- Ask where people are from, share stories about yourself or find other topics of common interest.

#### *Language*

Many Aboriginal and Torres Strait Islander people do not speak English as their first language. Some also speak English in different dialects such as Kriol, Aboriginal English and Torres Strait Creole.

Some general tips to overcome language barriers may include:

- Avoid using complex words and jargon.
- Explain why you need to ask any questions.
- Always check you understood the meaning of words the person has used and vice versa.
- Use diagrams, models, DVDs and images to explain concepts, instructions and terms.
- Be cautious about using traditional languages or creole words unless you have excellent understanding.
- If required, seek help from local Aboriginal and Torres Strait Islander staff.

### *Time*

In Western culture, emphasis is placed on time to meet deadlines and schedules. Time is perceived differently in Aboriginal and Torres Strait Islander cultures, as more value is placed on family responsibilities and community relationships.

- Consider allocating flexible consultation times.
- Take the time to explain and do not rush the person.

### *Non-verbal communication*

Some non-verbal communication cues (hand gestures, facial expressions etc.) used by Aboriginal and Torres Strait Islander people have different meanings in the Western context. Be mindful that your own non-verbal communication will be observed and interpreted. For example, feelings of annoyance may be reflected by your body language and are likely to be noticed.

### *Personal space*

Be conscious about the distance to which you are standing near a person. Standing too close to a person that you are unfamiliar with, or of the opposite gender, can make a person feel uncomfortable or threatened.

### *Touch*

Always seek permission and explain to the person reasons why you need to touch them. Establish rapport first to make the person feel comfortable.

### *Silence*

In Aboriginal and Torres Strait Islander cultures, extended periods of silence during conversations are considered the 'norm' and are valued. Silent pauses are used to listen, show respect or consensus. The positive use of silence should not be misinterpreted as lack of understanding, agreement or urgent concerns. Observe both the silence and body language to gauge when it is appropriate to start speaking. Be respectful and provide the person with adequate time. Seek clarification that what was asked or discussed was understood.

### *Eye contact*

For Aboriginal and Torres Strait Islander people, avoidance of eye contact is customarily a gesture of respect. In Western society averting gaze can be viewed as being dishonest, rude or showing a lack of interest. Some (but not all) Aboriginal and Torres Strait Islander people may therefore be uncomfortable with direct eye contact, especially if unfamiliar. To make direct eye contact can be viewed as being rude, disrespectful or even aggressive. To convey polite respect, the appropriate approach would be to avert or lower your eyes in conversation.

- Observe the other person's body language.
- Follow the other person's lead and modify eye contact accordingly.
- Avoid cross-gender eye contact unless the person initiates it and is comfortable.

### *Titles*

In Aboriginal and Torres Strait Islander cultures, the terms 'Aunty' or 'Uncle' are



used to show respect for someone older than you. This person does not have to be a blood relative or necessarily an Elder.

- Only address people with these titles if approval is given and/or a positive relationship exists.

### *Shame*

'Shame' (deeply felt feelings of being ashamed or embarrassed) for Aboriginal and Torres Strait Islander people may result from sharing private or personal information, cultural beliefs and from breaches of confidentiality.

- Take a discrete approach and avoid discussions in open or public spaces.
- Build trust and rapport to help people feel safe and comfortable with you and in their surroundings.
- Ensure confidentiality and consider Men's and Women's Business.

### *Listening*

Explaining may take time because of narrative communication style or due to linguistic differences. The person may be struggling to communicate what they are trying to get across.

- Avoid selective hearing and ensure you are 'actively' listening.
- Paraphrase by summarising and repeating what the person said. This will help with clarification and signal you have been listening.
- Show empathy, be attentive and avoid continually interrupting or speaking over the person.

### *Questioning*

In Aboriginal and Torres Strait Islander cultures, indirect questioning is the approach most preferred. Direct questioning may lead to misunderstandings, discourage participation and make it difficult to obtain important information, particularly when a person is communicating in non-Standard English.

- Use indirect, 'round about' approaches (e.g. frame a question as a statement then allow time for the answer to be given).
- Clarify if the person understood the meanings of your words or questions and that you understood their answers.
- Avoid compound questions (e.g. "how often do you visit your GP and what are the reasons that you don't?").
- Use plain words (e.g. say 'start' rather than 'commence').
- Do not ask the person to continually repeat themselves.
- Avoid using hypothetical examples.

### *'Yes'*

Aboriginal and Torres Strait Islander people have a tendency to agree with the questions even when they do not understand or agree, and may answer questions the way they think others want. People may say "yes" to questions to end the conversation so they can leave, to deal with other priorities, or because they simply feel uncomfortable.

- Take the time to build rapport to make the person feel comfortable.
- Explain at the beginning how long the appointment will take and give the person the opportunity to ask questions.
- If a person repeatedly says ‘yes’ immediately after a question, ask with respect what they understood from the questions and/or to explain reasons for their decision.

#### *Clear instructions*

It is critical to provide clear and full explanations so that the person fully understands your instructions. For example, to simply say “take until finished” – this may be misunderstood as “take until you feel better” rather than “take until all the tablets are finished”.

#### *Provide options and ownership*

When people are given choices and ownership over managing their health, the likelihood of medical compliance is increased.

- Provide options for care; for example, explain how some medications can be taken orally or by injection.
- Ensure that any options are practical and realistic.
- Do not make promises that you cannot deliver as this may create mistrust.

#### *Making decisions*

Due to family kinship structures and relationships, decision-making usually involves input by other family members.

- Check with the person if their decisions requires consultation with family.
- Allow time for information to be clearly understood.
- Be respectful if you are asked to leave the room or the meeting for matters to be discussed in private by the family.

#### *Communication assistance and cultural support*

Build relationships within the local community and learn suitable and generally accepted words. Your local Aboriginal and Torres Strait Islander staff may be able to assist with cultural knowledge and interpreting information. They may also advise you of the best ways of distributing information through the community.<sup>22</sup>

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22 *Aboriginal and Torres Strait Islander cultural capability*, <https://www.health.qld.gov.au/atsi/health/documents/communicating.pdf>





4

## STEP 4: INFORM MANAGER & DOCUMENT

- Report suspected, witnessed, or disclosed abuse to your manager or supervisor.
- Document the abuse and action/s taken, following your own workplace policy and protocols.
- Document if the older person has capacity and refuses intervention.

### Key messages

Documentation is important in being able to explain more fully what was suspected, witnessed, or disclosed, noting the time, date, facts and actions. A written record supports any action that may be taken by the agency such as a service review, NSW Police report or application to the NSW Civil & Administrative Tribunal. It also provides accountability and professionalism and supports handover procedures should there be a change of agency and/or staff turnover.

Agencies should provide policy or procedural guidance regarding client documentation, and any other reporting requirements.

Record any concerns and actions taken and document current and past signs of abuse. If an older person has capacity and refuses intervention, this should be documented.

It is important to report to a manager when abuse is suspected, witnessed, or disclosed. Documenting the abuse soon after the event improves accuracy and ensures remedies are in place as soon as possible which impacts on the older person, and potentially staff safety, comfort and wellbeing.

### Step 4: Tools

*Tool 4.1: The general principles of documentation.*

*Tool 4.2: Sample report.*

This tool provides key areas to address in recording and documenting an incident of abuse. Agencies can review any existing policies about 'client documentation' or 'critical incidents' as guidance.

*Tool 4.3: Barriers to reporting.*

This tool provides a list of prompts for agencies as to common barriers staff may face in reporting abuse of an older person. The issues can be raised in a team meeting.





“Where an agency has a key role in responding to abuse of older people in NSW, it is responsible for recognising abuse of older people within its specific jurisdiction, for developing agency-specific policies and guidelines, and for maintaining appropriate records. Workers are advised to refer to their agency policies and guidelines governing documentation and record keeping.”

*Family & Community Services, NSW Interagency Policy*



## Tool 4.1: The general principles of documentation<sup>23</sup>

- Make sure you check your organisation's requirements regarding documentation.
- Be factual, concise and accurate.
- Be objective and non-judgemental.
- Make sure your writing is neat, clear and legible.
- Writing should be in black or blue ink.
- Use exact words when quoting - use quotation marks to show direct quotes.
- Never use correction fluid - draw a single line through the error, initial and date the change.
- Record the date and time, especially when relating incidents that have occurred
- Present information in a logical sequence.
- Use abbreviations approved in your organisation.
- Use correct spelling, punctuation and grammar.
- Edit your report before presenting it - get rid of errors.
- Always sign and date each entry.





## Tool 4.2: Sample report form

The following sample report form does not replace any agency’s own reporting processes and provides guidance as to information that could be captured.

- **Describe injuries** (including the type, extent, age and location). If you suspect violence is a cause, but your patient/client has not confirmed this, include your comment as to whether the explanation accurately explains the injury.
- **Record what the older person said** (using quotation marks if appropriate).
- **Record any relevant behaviour observed**, being detailed and factual rather than stating a general opinion, e.g. rather than “the patient/client was distressed”, write “the older person cried throughout the appointment, shook visibly and had to stop several times to collect herself before answering a question”.

**Report date:** *1 March 2016*

**Date of incident:** *1 March 2016*      **Time of incident:** *1:37 pm*

Abuse was witnessed     Abuse was disclosed     Abuse is suspected

Who was present when the abuse was disclosed or witnessed?  <i>Client – Joan Citizen</i> <i>Client’s son – John Citizen</i>	Record names of staff present:  <i>Mary Smith</i>
What was witnessed, disclosed or observed:  <i>I was attending Joan’s house today to help with domestic assistance tasks.</i> <i>Joan was having a coffee in the lounge room whilst I was tidying in the same room.</i> <i>When John walked past, Joan asked, “Can you take my mug to the kitchen?”.</i> <i>John responded, “Take it yourself, you lazy bitch. You’re good for nothing these days.”</i> <i>Joan was teary and stated that, “He talks to me like that all the time.”</i> <i>Joan gave consent for me to contact her care advisor to follow-up.</i> <i>- Care advisor notified 1 March 2016, 2pm</i>	

**Name and position of author:** *Mary Smith: care staff*



### Tool 4.3: Barriers to reporting

Reporting the abuse of older people supports the prevention of abuse reoccurring by providing a pathway to support and safety. The points below list some of the key barriers to reporting abuse from the perspective of the older person and staff. Understanding these reasons means that barriers can be addressed through support, training and providing information.

What are some of the reasons older people may not report abuse?	What are some of the reasons staff may not report abuse?
Dependence on the person who is abusing them.	Staff have different experiences and expectations. The abuse may resemble something that has happened in the staff member's life and they have normalised the behaviour, not recognising it as abuse.
Family conflict and fear of losing important relationships.	Staff may be unsure of procedures and don't know who to talk to or what to do.
A history of domestic and family violence, ongoing fear and difficulty talking about it.	An older person may not want to report abuse.
Cognitive impairment.	Concerns about breaching client confidentiality and privacy.
Isolation from others.	Lack of awareness about what abuse can look like - may be some cultural differences that influence how abuse is perceived.
Lack of knowledge of available support services.	Concerned that services may be cancelled.
Fear of retribution or punishment.	Unsure if it is abuse.
Fear of repercussions, e.g. being placed in residential aged care.	
Denial or disbelief that it is happening to them.	
Unaware of their rights.	
"It's private" - ashamed to tell others.	
Previous inaction or action that did not work.	
Limited English.	
Lack of awareness about what abuse can look like - may be some cultural differences that influence how abuse is perceived.	
No cultural supports or networks to turn to, particularly for Aboriginal and Torres Strait Islander Elders or people from culturally and linguistically diverse backgrounds.	





5



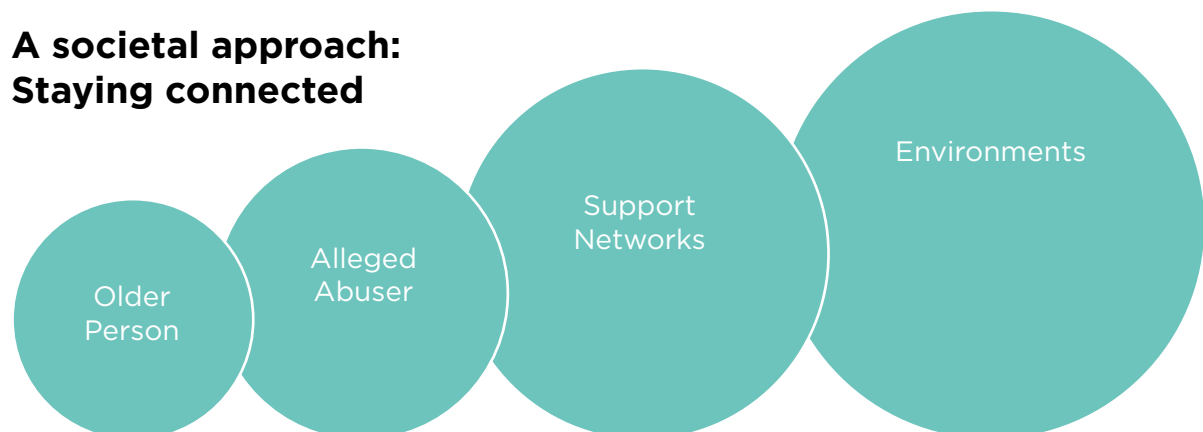
## STEP 5: RESPOND & REFER

- Ask the older person what they want to do about their situation. If the older person lacks capacity, include the substitute decision-maker (if this person is not the abuser) in the conversation.
- Discuss referral options.
- Seek consent from the older person or, when lacking capacity, the appropriate substitute decision-maker to make a referral.
- Make appropriate referrals.
- Leave information (if safe to do so) if the older person refuses assistance, and keep the lines of communication open.
- Consider implementing any local or regional protocols, interagency protocols and service coordination plans.
- Ensure procedures are in place for coordination and/or monitoring, and follow-up as required.

### Key messages

The abuse of older people is multifactorial and needs a variety of intervention strategies. Understanding the social context in which the abuse occurs helps identify the possible referral pathways. Consider what happens when an older person's world starts to shrink and the older person's only support is someone who is abusing them. Reintroducing supports to older people helps prevent abuse from reoccurring.

### A societal approach: Staying connected



Key agencies where referrals can be made can be grouped into categories as follows:

- Financial
- Health
- Social and welfare
- Legal and justice

## Step 5: Tools

*Tool 5.1: Flow chart: responding to the abuse of older people.*

*Tool 5.2: Key financial support agencies.*

*Tool 5.3: Key health support agencies.*

*Tool 5.4: Key social and welfare support agencies.*

*Tool 5.5: Key legal and justice support agencies.*

For a comprehensive list of referral agencies, go to: <http://elderabusehelpline.com.au/for-professionals/websites>

*Tool 5.6: Difference between Powers of Attorney and Enduring Guardianship.*

This table provides a snapshot of the differences between Powers of Attorney and Enduring Guardianship as some instances of abuse of older people involve the misuse of these powers.

*Tool 5.7: Revoking a Power of Attorney.*

*Tool 5.8: Assessing needs of an older person.*

*Tool 5.9: Safety plan.*

*Tool 5.10: Policy checklist.*

*Case studies: Bill, Shirley and Olivia.*

These case studies explore abuse situations and possible responses. They demonstrate that more than one abuse type can coexist.

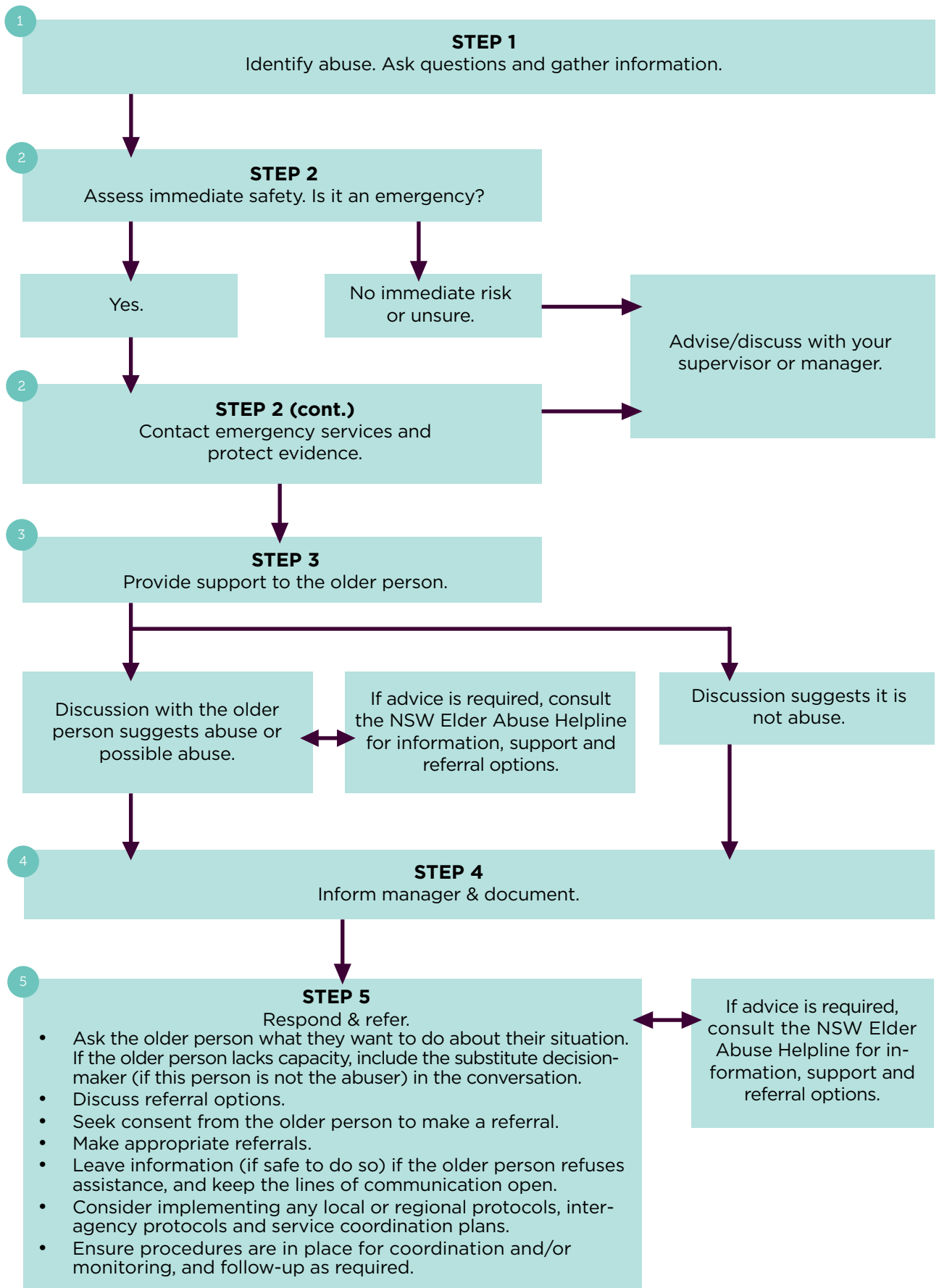
"All workers employed in NSW agencies, whether government or non-government, have a responsibility to respond to abuse of older people in our community...agency roles will vary according to the nature of the abuse and the level of independence or health status of the older person who has experienced abuse..."

*Family & Community Services, NSW Interagency Policy*





## Tool 5.1: Flow chart: responding to the abuse of older people







## Tool 5.2: Key financial support agencies

### Possible referrals

#### Australian Bankers' Association (ABA)

The [ABA](#) website has useful information for consumers about:

- Financial literacy programs
- Industry guidelines about protecting vulnerable clients
- Preventing financial abuse

The banking industry is concerned about financial abuse and crimes such as fraud. Banks have industry standards in place and a bank manager can discuss a range of options to prevent further abuse and safeguard an older person's money. The association's website also has a range of fact sheets and other useful information for consumers and can be contacted on (02) 8298 0417.

#### Centrelink

[Centrelink](#) can support older people at risk of financial abuse by organising separate partner payments, arranging bill payments through Centrepay, carer's payments and loans. Centrelink can be contacted on 13 23 00.

#### Gambling help

A free and confidential [Gambling Helpline](#) is available. Anyone can call 24 hours a day by phoning 1800 858 858 and this number will provide a gateway to other support as well as telephone counselling and self-help information.

#### Financial Rights Legal Centre (incorporating the Credit and Debt Hotline)

The [Financial Rights Legal Centre](#) is a community legal centre specialising in financial services, particularly individual cases and policy issues related to consumer credit, banking and debt recovery. The centre has a particular focus on issues that affect low income and disadvantaged consumers. Also provided is financial counselling information, advice and referral services to individual consumers in NSW on credit, debt and banking issues. This service can be contacted on 1800 007 007.

#### NSW Trustee & Guardian

[NSW Trustee & Guardian](#) provides professional and independent trustee services such as writing Wills, acting as Executor in deceased estates, administering trusts and Powers of Attorney and delivering financial management services. The NSW Trustee & Guardian can be contacted on 1300 364 103 and has a contact person if someone needs to enquire about their role as a private Power of Attorney as well as a range of publications and resources such as *A Guide for Powers of Attorney*.

#### Get it in Black & White

This website about [Planning Ahead Tools](#) lists a range of information for consumers and service providers in plain English about future legal and financial decisions such as: advanced care planning, Powers of Attorney, Guardianship, and Wills.



## Tool 5.3: Key health agencies

### Possible referrals

#### Aboriginal Medical Service (AMS)

A comprehensive list of Aboriginal Medical Services across NSW can be found on the [Better to Know](#) website.

#### Counselling

[Relationships Australia](#) offers counselling, family dispute resolution (mediation) and a range of family and community support and education programs. This service can be contacted on 1300 364 277.

#### Domestic violence and sexual assault

The website [1800Respect](#) lists a range of services that deal with domestic violence and sexual assault. 24/7 information can be provided by phoning 1800 737 732.

#### Disability advocacy

The [Department of Social Services](#) list advocacy services in NSW for people with a disability.

#### General Practitioners

GPs play an important role in talking to older people about their concerns and by making referrals. The Royal Australian College of General Practitioners have published an abuse and violence guide which includes the Elder Abuse Suspicion Index. If a person cannot visit a GP, contact the [GP Helpline](#) on 1800 022 222.

#### Mental Health Information Service

The [Mental Health Information Service](#) provides information, support and referrals regarding mental health issues via community mental health, crisis intervention, treatment services and accommodation. This service can be contacted on 1300 794 991.

#### My Aged Care

[My Aged Care](#) is an Australian government gateway (website and contact centre) to access information about aged care services in the home, residential care and respite. Services in the home can contribute to older people being less vulnerable to abuse as they can address one of the key risk factors: social isolation. My Aged Care is also the site where people can obtain information about Aged Care Assessment Teams in their area. For further information call 1800 200 422.

#### Ministry of Health

Local health districts provide a variety of services to older people, from emergency services to transitional care and rehabilitation. Professionals can utilise local health districts for a range of information from chronic disease, integrated care, safety and multicultural health. More information can be found by accessing the website [NSW Health](#)

### **NSW Refugee Health Service**

Aims to protect and promote the health of refugees and people of refugee-like backgrounds living in NSW. This service can be contacted on (02) 8778 0770.

### **Specialist Mental Health Services for Older People (SMHSOP)**

SMHSOP provides input to assessment and management of older people with severe, complex behavioural disturbances, in partnership with a range of other aged-care services. To access a SMHSOP service phone the [Mental Health Line](#) on 1800 011 511.

### **STARTTS**

[STARTTS](#) provides culturally appropriate and cutting-edge psychological treatment and support to help people heal the scars of torture and refugee trauma and rebuild their lives in Australia. This service can be contacted on (02) 9794 1900.

### **Support and counselling**

A list of support and counselling numbers is available on the [Support and Counselling](#) page of the Family & Community Services website.

### **Telecross**

[Telecross](#) provides peace of mind to people who are isolated through a daily call to check on their wellbeing and safety. This service can be contacted on 1800 812 028.



## Tool 5.4: Key social and welfare agencies

### Possible referrals

#### **ACON (Aids Council of NSW)**

ACON is a leading organisation for gay, lesbian, bisexual, transgender and intersex people (LGBTI) and provides a range of health resources and services including training to home and community care providers. Contact ACON (02) 9206 2000.

#### **Alzheimer's Australia**

Alzheimer's Australia/NSW can provide support to families caring for someone with dementia as well as education and information. Call 1800 100 500.

#### **Carers NSW**

Carers NSW is an association for relatives and friends caring for people with a disability, mental illness, drug and alcohol dependencies, illness or who are frail. Carers NSW provides information, referrals, support, and counselling to carers and can be contacted on (02) 9280 4744 or 1800 242 636.

#### **Community Justice Centre (CJC)**

The Community Justice Centre is a free government service to help people resolve disputes through professional mediation. To discuss whether mediation is suitable for a particular situation, call the CJC on 1800 990 777.

#### **Squalor and Hoarding Helpline & Resource Unit**

Catholic Community Services has a squalor and hoarding service that assists eligible people who have hoarding tendencies and who may live in domestic squalor. For further information and referrals call 1800 225 474.

#### **Tenant Advice and Advocacy Services**

Tenant Advice and Advocacy Services assist tenants of private rental housing, social housing tenants, boarders and lodgers, and residential park residents. To find where the closest service is, refer to their website.

#### **Staying Home Leaving Violence**

The Staying Home Leaving Violence program supports victims of domestic and family violence through promoting housing stability and focusing on preventing homelessness.



## Tool 5.5: Key legal and justice agencies

### Possible referrals

#### Aboriginal Legal Service (ALS)

The Aboriginal Legal Service provides free and means-tested legal services to Aboriginal and Torres Strait Islander people. The service represents people in a range of legal matters. Contact ALS on 1800 765 767.

#### Key community legal centres

- The Seniors Rights Service offers free independent legal advice about all areas of law affecting older people. The Seniors Rights Service can be contacted on 1800 424 079.
- The Domestic Violence Legal Advice Line for Women is a free, confidential legal information, advice and referrals service for women in NSW with the focus on domestic violence and Apprehended Domestic Violence Orders (ADVOs). The advice line can be contacted on 1800 800 708.
- Women's Legal Services of NSW is a community legal centre providing a range of free legal services for women across NSW.

#### Legal Aid

Legal Aid has a series of fact sheets and resources available on their website providing useful strategies to prevent and manage abuse. They include:

- Your home and the age pension: what you need to know
- They want me to leave: staying in your home when your partner dies
- Helping your family financially: understand the risks
- Why make a Will?
- Who will decide for you if you can't decide for yourself? Thinking about planning ahead

The civil division of Legal Aid NSW have regular face-to-face advice clinics in Sydney and regional areas throughout NSW. Legal Aid offers legal advice on a wide range of issues that might affect older people and their carers including housing, nursing homes, discrimination, Guardianship and financial management, grandparents and family law, Centrelink matters and consumer law. Review the following link for office locations and contact details [legalaid.nsw.gov.au/contact-us/legal-aid-nsw-office](https://legalaid.nsw.gov.au/contact-us/legal-aid-nsw-office)

#### Law Access

Law Access provides free legal information on the phone and can refer to other legal services, such as the nearest Legal Aid office or a Community Legal Centre. Law access can be contacted on 1300 888 529.

#### NSW Civil & Administrative Tribunal

An application to the Guardianship Division of the NSW Civil & Administrative Tribunal can be made about an older person. Sometimes the outcome means that the NSW Trustee & Guardian are legally appointed to protect and administer the financial

affairs and property of people unable to make those decisions for themselves. The Public Guardian can be appointed to make important health and lifestyle decisions on behalf of an older person. The contact number is 1300 006 228.

### **NSW Police**

The [NSW Police](#) website has a page related to elder abuse. Physical abuse of someone is a crime of assault. A report to the NSW Police should be made. Some strategies the police use to manage elder abuse are on policing domestic violence and other crimes via Apprehended Violence Orders (AVO). Police can request an Exclusion Order as part of an AVO.

### **NSW Trustee & Guardian**

The [NSW Trustee & Guardian](#) (TaG) are an independent and impartial Executor, Administrator, Attorney and Trustee for the people of NSW. TaG provides direct financial management services and authorisation, and direction to private financial managers. TaG can be contacted on 1300 364 103.

For managed clients: 1300 320 320.

For general information on Guardianship or the Public Guardian, contact the Information & Support Branch on (02) 8688 6070 (NSW STD callers 1800 451 510).

### **Public Guardian Support Unit**

The [Public Guardian Support Unit](#) provides a free and confidential service to legally appointed private Guardians. Guardians can contact this unit during business hours on (02) 8688 6060 or (NSW STD callers 1800 451 510).





## Tool 5.6: Difference between Power of Attorney and Enduring Guardianship: it's important you know the difference

Many instances of financial and psychological abuse result from the misuse of Powers of Attorney and confusion between the roles of an Attorney and an Enduring Guardian.

Things to Consider	Power of Attorney	Enduring Power of Attorney	Enduring Guardian
Can only be appointed by the person whilst they have capacity.	✓	✓	✓
Manages finances and assets on behalf of older person, according to older person's wishes (e.g. paying bills).	✓	✓	
Useful if older person is overseas or unwell and needs finances managed by another person.	✓	✓	
Can be in effect whilst older person has capacity.	✓	✓	
Is effective when the older person loses capacity.		✓	✓
May decide where the older person lives.			✓
May decide what health care the older person receives.			✓
May decide what other kinds of personal services are received.			✓
Can consent to medical or dental treatment being carried out.			✓

\* Note: other decisions can be made by Enduring Guardians, however they require a “special function” which must be clearly stated in the Guardianship documentation. These special functions may include an “access function” which allows the Enduring Guardian to restrict specific persons, stated in the Guardianship documentation, from having access to the older person. This is normally used when there is some discord in family or close relationships. However, without these special functions being specifically listed in the Guardianship documentation, the Enduring Guardian does not have the right to restrict access to the older person.

For more information about Powers of Attorney and Enduring Guardianships please see:



<http://www.tag.nsw.gov.au/powers-of-attorney-landing.html>

<http://www.publicguardian.justice.nsw.gov.au/agdbasev7wr/publicguardian/documents/pdf/accesssummaryweb2014.pdf>



## Tool 5.7: Revoking a Power of Attorney

**Revoking a Power of Attorney (PoA) can be easy. If you have a Power of Attorney in place you have the right to revoke that power if you no longer want that person managing your money or assets.**

### Who can revoke a Power of Attorney?

You can revoke (cancel) a PoA at any time as long as you have the capacity to do so (refer to figure 1.1). Only you can revoke the power given to your attorney.

### How do you revoke a PoA?

You can revoke a PoA simply by writing to your attorney, stating that you are revoking the PoA. You should also notify, in writing, organisations your attorney was dealing with on your behalf, e.g. banks and Centrelink. Once you have revoked the PoA it is best to destroy all copies of the original PoA document.

There is no specific form to fill out when revoking a PoA although there is a sample revocation document on the Land and Property website at [http://www.lpi.nsw.gov.au/\\_data/assets/pdf\\_file/0005/25367/Revocation\\_of\\_POA\\_Form\\_FINAL.pdf](http://www.lpi.nsw.gov.au/_data/assets/pdf_file/0005/25367/Revocation_of_POA_Form_FINAL.pdf)

A document revoking a PoA must state the following:

- your name (the name of the attorney is optional)
- the date the PoA was put in place
- the registered number of the Power of Attorney (if registered in which case the revocation must also be registered)
- the date of the revocation
- words indicating cancellation such as “I hereby revoke” (Land & Property information, 2015).



### What happens if you lack capacity?

If you lack capacity (refer to figure 1.1) you cannot revoke an Enduring PoA (EPoA). If the PoA is not enduring then it ceases once you’ve lost capacity (i.e your PoA can no longer assist with your finances or assets unless you made them Enduring PoA when you had capacity). If you lack capacity and family members or concerned others feel that your money and assets are being misappropriated by your enduring attorney, the NSW Civil & Administrative Tribunal (NCAT) have a process in place to investigate these matters once an application is lodged.

### What can the NSW Civil & Administrative Tribunal (NCAT) do?

If an application is made to the Tribunal and they find that your money and assets have been misappropriated, they may decide to allocate a financial manager to manage your funds for you. This may be the NSW Trustee & Guardian or an appropriate family member or friend.

#### 1.1 Capacity

Capacity refers to an adult’s ability to make decisions for themselves (Justice 2015). When revoking a PoA you must understand the nature and consequences of the decision you’re making. Professionals such as doctors can assist in determining your level of capacity.



## Tool 5.8: Assessing needs of an older person

**In developing a support plan, safety plan and making referrals, consider the following factors:**

<p><b>Older person</b></p> <p>Is your client at risk of harm?</p> <ul style="list-style-type: none"> <li>Refer to the risk factors listed in this toolkit and what you know about the older person.</li> </ul>	<p><b>Alleged abuser</b></p> <p>What is the relationship between the older person and the alleged abuser?</p> <ul style="list-style-type: none"> <li>What influence does the abuser have on the older person: financial, psychological, social, physical and sexual?</li> <li>Access the abuser has to the older person such as whether they live in the same house as the older person or carer.</li> <li>The risk factors for the alleged abuser, e.g. carer stress factors, mental health etc.</li> </ul>
<p><b>Support networks</b></p> <p>What support does the older person have?</p> <ul style="list-style-type: none"> <li>Family.</li> <li>Friends.</li> <li>Interests/hobbies.</li> <li>Church.</li> <li>Health and/or other social services.</li> </ul>	<p><b>Environments</b></p> <p>What is the environment like for the older person? Consider:</p> <ul style="list-style-type: none"> <li>Health factors such as mobility.</li> <li>Social isolation.</li> <li>History of domestic and family violence.</li> <li>Support networks.</li> <li>Values, experiences, decision-making.</li> <li>Belief systems and culture.</li> <li>Legal factors.</li> </ul>



## Tool 5.9: Example of a safety plan for a person experiencing abuse

A safety plan plays an important role where the person is residing with the abuser and ensures the older person is aware of emergency phone numbers, options for referral and support. Forsdike, Tarzia, Hindmarsh and Hegarty (2015) cite several key elements of safety planning<sup>24</sup>:

<p>Developing a list of emergency and other phone numbers and having access to these numbers, such as:</p> <ul style="list-style-type: none"> <li>• Emergency</li> <li>• Crime Stoppers</li> <li>• Local police stations</li> <li>• Lifeline</li> <li>• NSW Domestic Violence Line and advocacy which can also advise on refuges and court assistance</li> <li>• Legal services: women’s, Indigenous, older persons’</li> <li>• Alcohol, Drug and Information Service</li> <li>• Mental Health Line</li> <li>• Link2Home NSW</li> <li>• ACHA program</li> <li>• Safe Place Program (LGBTI)</li> <li>• ACON Anti-violence Project</li> <li>• Housing NSW contact centre</li> <li>• Family &amp; Community Services Helpline</li> </ul>	<p>Providing a safe place to store valuables and important documents, such as:</p> <ul style="list-style-type: none"> <li>• Medicare and Tax File numbers</li> <li>• Rent and utility receipts</li> <li>• Birth certificate</li> <li>• ID and driver’s licence</li> <li>• Bank account and insurance policy numbers</li> <li>• Marriage licence</li> <li>• Wills and other documents such as Powers of Attorney or Enduring Guardianship</li> <li>• Valuables such as jewellery</li> <li>• Hidden bag with extra clothing</li> </ul>
<p>Removing weapons from the house and engaging NSW Police to help with this where necessary.</p>	<p>Identifying a safe place to go and how to get there.</p>
<p>Identifying family and friends that can provide support (and establishing a signal for help).</p>	<p>Ensuring availability of money and having an extra set of house and car keys.</p>

24 Forsdike, K., Tarzia, L., Hindmarsh, E., Hegarty, K., *Family violence across the life cycle*, reprinted from Australian Family Physician Vol.43, No 11, November 2015.



## Tool 5.10: Policy checklist

This policy checklist is designed to:

- Ensure current workplace policy is aligned to the *Preventing and responding to abuse of older people: NSW Interagency Policy 2015*.
- Assist in redrafting or writing a policy in relation to the abuse of older people.
- Note: if your agency does not have a policy, see [elderabusehelpline.com.au](http://elderabusehelpline.com.au) for a policy template.

### Glossary

For the purposes of this checklist, the following terminology is used:

- ‘Agency’ is used throughout this document as a collective and generic term to mean: any government, non-government, community service organisation or service provider.
- ‘Managers’ include all senior staff such as directors, supervisors, program managers and senior coordinators/care advisors.
- ‘Staff’ includes: all staff in the agency, for example frontline and direct care staff and volunteers.

	Yes	No
<b>Introduction - a clear introduction that identifies:</b>		
The policy owner.		
How the policy will be implemented including staff awareness and training.		
Related policies and legislation.		
A policy review date.		
<b>Purpose - a clear purpose is outlined that:</b>		
Guides staff in providing a consistent response in addressing abuse of older people in the community.		
Protects and supports staff to encourage reporting.		
Upholds the rights, dignity and respect of older people.		
Values response mechanisms such as interagency and multidisciplinary approaches to manage suspected and actual cases of abuse of older people.		
Makes reference to the Preventing and responding to abuse of older people: NSW Interagency Policy 2015.		
Supports a collaborative effort aimed at achieving a unified approach to the abuse of older people within NSW.		
Articulates a commitment to prevention and early intervention strategies such as forming regional partnerships and service systems. An example could be developing an interagency collaborative at the regional or sub-regional level and where referral protocols and pathways are developed.		
Addresses systemic issues that are identified locally or within a specified region.		
<b>Definition of abuse - an overall definition of the abuse of older people is provided that:</b>		
References the World Health Organisation definition as articulated in the NSW Interagency Policy.		
Lists the forms of abuse including types and signs exemplified in the NSW Interagency Policy.		

	Yes	No
<b>Scope - the parameters of the policy outlines:</b>		
Who the policy is for.		
What the policy covers and does not cover (e.g. does not cover abuse of older people in a Commonwealth residential aged-care facility).		
The role of the agency and their overall responsibility in managing the abuse of older people.		
Procedures that will be developed to guide policy implementation.		
The limitations to the policy based on the agency role.		
Related policies or procedures within the agency and how staff can access these.		
<b>Key principles of working with older people - key principles that align to:</b>		
<ul style="list-style-type: none"> <li>NSW Interagency Policy</li> <li>United Nations Principles for Older Persons</li> <li>NSW Charter of Victims' Rights and NSW Code of Practice for the Charter of Victims' Rights</li> <li>Home Care Standards</li> </ul>		
Consider the views of the older person even when they cannot make their own decisions.		
State how older people will be supported and respected to make their own decisions, by offering choices, including the decision not to act or refuse services if they are competent to make that decision.		
When responding, focus on the safety and ongoing protection of the older person who has been abused.		
Identify the legal remedies and protections available for older people who are victims of crimes: violence, sexual assault, physical assault, domestic violence, abuse, threats, fraud, neglect, stalking, intimidation and harassment.		
Take account of the diverse needs of the older person such as Aboriginality, culture, disability, religion, gender and sexuality.		
Acknowledge that the needs of the older person at risk of abuse and the abuser should be kept separate at all times, especially if the abuser is the carer.		
Articulate that confidentiality cannot be guaranteed where the safety of others is involved.		
Support the reporting of the abuse of an older person without fear of retaliation or retribution, and in a supportive environment.		
<b>Commitment - to deal effectively with the abuse of an older person by:</b>		
Creating a climate of trust where staff are encouraged and confident about identifying and responding to abuse.		
Protecting and supporting staff from any adverse action when making a report.		
Developing a process to deal with reports thoroughly and prevent abuse from reoccurring.		
Provide training for staff about identifying and responding to abuse.		
Managing workplace issues that the allegations identify or may result from a report of abuse and/or address any other problems.		
Working collaboratively within the agency and across agencies to achieve the best outcome for the older person and prevent abuse from reoccurring.		
Reassessing/reviewing the policy periodically.		
<b>Identifying abuse - details the 5 forms of abuse outlining definitions and indicators consistent with NSW Interagency Policy as:</b>		
Financial abuse definition and signs.		
Psychological abuse (including social isolation) definition and signs.		



	Yes	No
Physical abuse definition and signs.		
Neglect definition and signs.		
Sexual abuse definition and signs.		
<b>Risk factors – vulnerability or risk factors can be present for both the older person and the alleged abuser and outlines:</b>		
Local demographics where older people are at risk (e.g. high numbers of older people, social isolation due to living in rural and remote areas, lack of services or accommodation including respite.		
Common risk factors consistent with the NSW Interagency Policy for older people such as: <ul style="list-style-type: none"> <li>Social isolation; confusion; deteriorating health; cognitive decline; dementia and capacity issues including behaviour changes such as violence and aggression; family history of abuse including domestic violence; family dysfunction; substance abuse and gambling; financial difficulties; inability to advocate or modify environment; cultural factors and dependency.</li> </ul>		
Common risk factors consistent with the NSW Interagency Policy for abusers (carers and family members especially) such as: <ul style="list-style-type: none"> <li>Financial; emotional and physical situations; sleep deprivation; challenging behaviours of the older person; lack of support from family; community and service system; cognitive decline; cultural issues; lack of skill in the caring role; family history of abuse including domestic violence.</li> </ul>		
<b>Key considerations in responding to abuse of older people – providing an appropriate, adequate and timely response with a focus on the safety of the older person, the carer and staff member by:</b>		
Outlining responsibilities of staff in relation to their duty of care.		
Developing local procedures and protocols that align to the NSW Interagency Policy.		
Responding promptly.		
Identifying what the older person wants in relation to care/case planning.		
Establishing a first point of contact within the agency.		
Considering referral options even if they fall outside the responsibility of the agency.		
Seeking opportunities to work collaboratively.		
Consideration of a case-management approach.		
Reporting and consulting a manager.		
Documenting, recording and monitoring as appropriate.		
<b>Information sharing – protecting personal information provided to the agency by:</b>		
Explaining privacy, confidentiality and duty of care.		
Listing exemptions in release of information in responding to the abuse of an older person by referencing and summarising the impact of appropriate legislation: <p>NSW legislation</p> <ul style="list-style-type: none"> <li><i>Crimes Act 1900</i></li> <li><i>Crimes (Domestic and Personal Violence) Act 2007</i></li> <li><i>Crimes (Domestic and Personal Violence) Amendment (Information Sharing) Act 2013</i></li> <li><i>Health Records and Information Privacy Act 2002</i></li> <li><i>Privacy and Personal Information Protection Act 1998</i></li> </ul>		

	Yes	No
Federal legislation <ul style="list-style-type: none"> <li>• <i>Privacy Act 1988</i></li> <li>• <i>Privacy Amendment (Enhancing Privacy Protection) Act 2015</i></li> </ul>		
<b>Emergency response - describes the types of situations and responses to an emergency:</b>		
Situations where an emergency service is contacted and where the police must be called regardless of the victims views, such as: <ul style="list-style-type: none"> <li>• serious injury</li> <li>• access to a gun and threats to cause injury</li> <li>• using or carrying a weapon and likely to cause injury or instil fear</li> <li>• an immediate and serious threat to an individual or public safety exists</li> <li>• staff are threatened</li> </ul>		
Protecting evidence for a Police investigation.		
Seeking guidance from NSW Police or other emergency service.		
Training and support to staff.		
Maintaining an up-to-date list of resources.		
<b>Mental capacity and consent - describes how capacity and consent relate to responding to the abuse of an older person in line with local guidelines and NSW Interagency Policy:</b>		
Definition of capacity as it relates to an older person.		
Assessment of capacity.		
Considerations of capacity as it relates to informed consent.		
Lack of capacity and other options such as Guardianship and Powers of Attorney.		
<b>Cultural considerations - reflect the role culture plays in understanding, identifying and responding to the abuse of older people where service delivery reflects:</b>		
Aboriginal and Torres Strait Islander older people.		
When and what type of information can be shared, consistent with legislation stated.		
Advice from the person's local Aboriginal community.		
Provision of options and service delivery that is flexible and culturally responsive to build family and community resilience.		
Support from Aboriginal-specific organisations, depending on the person's choice and circumstances.		
That elder abuse is something that can happen to any older Aboriginal person, not just Elders.		
The difference in life expectancy of Aboriginal people compared to non-Aboriginal people.		
The role of kinship in Aboriginal communities.		
Cultural and Linguistically Diverse (CaLD) older people.		
Informed and sensitive support to older people in CaLD communities, acknowledging the role of family.		
Culturally appropriate services used such as interpreter services, bilingual community or health workers, GP or specialist services.		
De-identified consultation with community development workers from the cultural background of the family concerned as well as within your agency.		
<b>Other considerations you may wish to include:</b>		
Lesbian, Gay, Bisexual, Transgender, Intersex older people.		
Women experiencing domestic and family violence.		

	Yes	No
<b>Staff roles and responsibilities - identifies staff roles with a purpose to:</b>		
Allocate key responsibilities in relation to the abuse of older people. Also refer to the <i>NSW Interagency Policy</i> .		
<b>Appendices - useful resources and references populated such as:</b>		
<b>Useful contacts</b>		
<b>Legislative and other references</b>		

## Case studies

### Meet Bill

Bill is 86 years old and a grandfather of two. When Bill's wife passed away he became forgetful, a little disorientated, confused and depressed. Bill didn't really want to move away from his friends but his daughter, Sally persuaded him to sell his house, transfer the money into her and her husband's account and move in with the family. Sally said they could both benefit from this course of action. Bill sold his house and transferred \$250,000 in exchange for his care. There was no formal record of the arrangement. Sally also held Enduring Power of Attorney for Bill. Everything was fine until Sally used the money to take her family on holidays, leaving Bill home alone, unable to buy his diabetes medication or go to the shops. Sally began verbally berating Bill and refused to give him back the money when he asked for it, claiming it was a gift and kicked Bill out of the house, leaving him homeless.

*Bill's story adapted from Senior Rights, Victoria and available from <http://www.sbs.com.au/news/article/2014/09/03/elder-abuse-victims-fear-family-backlash>*

*Note: the answers listed here are a guide only. Other options or actions may be appropriate.*

#### Types of abuse: indicators

- Financial – Bill sold his house and Sally used all the money.
- Neglect – Bill was unable to buy his diabetes medication, go to the shops and was left homeless.
- Psychological – Sally verbally berated Bill.

#### Social issues and responses

- Support Bill in finding alternative accommodation such as accessing social housing and a community support worker. Also consider short-term respite until a plan is in place.
- Ask Bill whether he wants to attend counselling and repair his relationship with his daughter and consider referrals to the Community Justice Centre or Relationships Australia for mediation.

#### Health issues and responses

- Bill has depression/confusion and may need an assessment via the Aged Care Assessment Team and/or Specialist Mental Health Services for Older People.
- Support Bill in accessing specialist medical help via referrals that can be made at a visit to his GP.
- Diabetes management.

#### Legal/financial issues and responses

- Bill has the right to legal help to try to recover his money. Referrals for Bill to the Seniors Rights Service or another community legal service could be made.
- Arrange for Bill to speak to a social worker and financial management service at Centrelink.

- Support Bill in revoking the Power of Attorney if he has the cognitive/mental capacity to do so.
- An application to the NSW Civil & Administrative Tribunal (NCAT) may be necessary for a Public Guardian to be appointed and to review Sally's Enduring Power of Attorney.

*Contact the NSW Elder Abuse Helpline & Resource Unit for further information and support.*

## **Meet Shirley**

Shirley is 79 years old and lives in social housing. Shirley has mobility problems and emphysema. Shirley relies on oxygen and finds cooking and household chores difficult. Shirley's son, Allan moved in when his marriage failed five years ago. Allan doesn't work and is on a carer's payment. Allan has a mental health problem (Bipolar I), is non-compliant with medication and has developed a gambling habit. Shirley relies on Allan for most things. Allan has Power of Attorney and is signatory to her account. Shirley has cancelled Meals on Wheels and help with her personal care because she cannot pay the accounts. Shirley doesn't ask where the money has gone because Allan gets angry.

*Note: the answers listed here are a guide only. Other options or actions may be appropriate.*

### **Types of abuse: indicators**

- Financial – Shirley doesn't ask where the money has gone and is unable to pay for necessary services.
- Psychological – Allan gets angry and Shirley is fearful.

### **Social issues and responses**

- Consider a review meeting with Shirley to discuss her cancellation of services and concerns about abuse. Check if Shirley is comfortable with Allan living at home. Discuss with Shirley the steps in the Legal Aid fact sheet: 'Adult children living at home: what to do if you want them to leave?'
- Explore what Shirley means by Allan getting angry. Provide information on safety planning for Shirley.
- Explain Shirley's right to ask Allan where her money has gone and determine what she wants to do about her situation.
- Ask Shirley if she would like a volunteer to take her shopping and help her with the banking.
- Would counselling for Allan be helpful?

### **Health issues and responses**

- Support Shirley to see her GP. Explore options for some respite for Shirley outside of the home so she can be medically assessed.
- Consider Allan's needs in relation to his mental health and make some suggestions.

### **Legal/financial issues and responses**



- Suggest to Shirley that she cancel/revoke the Power of Attorney if she is being financially abused. Shirley could seek support from a legal service.
- Suggest Shirley consider paying her bills using Centrelink's Centrepay service.
- Suggest Shirley monitor her bank balance via bank statements. The bank manager could be informed of potential financial abuse and put some safeguards in place for Shirley.
- Consider your duty of care to report physical abuse if it has occurred to NSW Police and/or explain to Shirley about gaining an Apprehended Domestic Violence Order for personal protection.

*Contact the NSW Elder Abuse Helpline & Resource Unit for further information and support.*

## **Meet Olivia**

Olivia is 86 years old and has dementia. Two years ago, Olivia moved in with her son, Tommy, his wife, Sarah and their two children. Olivia speaks English well but it is her second language and at times she reverts to Italian. Tommy has Enduring Guardianship and Enduring Power of Attorney. Sarah is in receipt of the carer's payment and in the past Tommy has been reluctant to accept aged-care community services for his mother so support is minimal. Over time, Olivia, has told workers that Sarah screams at her and Olivia keeps pointing to her head saying there is a lump. Olivia's clothes are dirty and Olivia appears to be losing weight. The house is very untidy with bills piled on the table. Sarah tells workers she is coping well, although Olivia had been admitted to hospital a couple of times for falls.

*Note: the answers listed here are a guide only. Other options or actions may be appropriate.*

### **Types of abuse: indicators**

- Psychological – Sarah screams at Olivia.
- Physical – Olivia indicates she has a lump on her head and has been admitted to hospital for falls.
- Neglect – Olivia is losing weight, her clothes are dirty, bills are piled on the table and Sarah's past reluctance to accept services.

### **Social issues and responses**

- Arrange a meeting with Olivia to ask her questions about her situation at home and if she is comfortable with her living arrangements.
- Arrange a service review and involve Olivia's family. Explain your concerns to them about what can constitute abuse and discuss any additional support services such as dementia care, day respite, and personal care.
- Inform Sarah and her family of support offered by Carers NSW as well as financial support services.

### **Health issues and responses**

- Review files from aged-care service provider and the hospital to see if there have

been prior concerns about Olivia and speak to the hospital social worker, if appropriate.

- Arrange for Olivia's GP to go through the Elder Abuse Suspicion Index questions. Also arrange for a full physical assessment of Olivia, as well as a capacity assessment.
- A referral for a new Aged Care Assessment may be needed as well as some temporary respite outside of the home.
- After the assessments, discuss the future accommodation options for Olivia and convene a case conference.

### **Legal/justice issues and responses**

- If physical abuse is evident, report to NSW Police.
- An application to the NSW Civil & Administrative Tribunal (NCAT) may be necessary to have Guardianship and Powers of Attorney reviewed.

*Contact the NSW Elder Abuse Helpline & Resource Unit for further information and support.*



## Section 2: Supporting information

### What is elder abuse?

The World Health Organisation's (WHO) definition of the 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".<sup>25</sup>

Elder abuse can take various forms such as physical, psychological or emotional, sexual and financial abuse. It can also be the result of intentional or unintentional neglect. In this context, abuse is generally perpetrated by a relative of the older person where the trust relationship involves dependency and proximity to the older person such as an adult child or spouse.

Supporting and educating the older person, no matter what their choices are in relation to their situation is paramount. Providing information about available support and options can support the older person in their decision-making and in making referrals.

### Glossary

For the purposes of this toolkit the following terminology is used:

'Older person' is used to mean people over the age of 65 and Aboriginal and Torres Strait Islander people over 50 years of age.

'Agency' is a collective and generic term to mean: any government, non-government, community service organisation or service provider.

'Manager' includes: all senior staff such as directors, supervisors, program managers and senior coordinators/care advisors.

'Staff' includes: all staff in the agency, for example frontline and direct care staff, professionals and volunteers.

'CaLD' will be used to mean culturally and linguistically diverse and is in common usage as a broad descriptor for groups and individuals according to religion, race, language and ethnicity, but excluding those whose ancestry is Anglo-Saxon, Anglo-Celtic, Aboriginal or Torres Strait Islander (Community Relations Commission for a Multicultural Society Terminology).

## KEY FACTORS IN RESPONDING TO THE ABUSE OF OLDER PEOPLE

### Principles that guide the way we work with older people

The following principles are an extract from the NSW Interagency Policy which guides the way service providers work with older people who may be experiencing abuse.<sup>26</sup>

- Older people who are at risk or have experienced abuse are to be:
  - Provided with information about all relevant options available to them, including services trained to support and empower them and equipped to help them end abuse when it occurs.
  - Encouraged and assisted to make decisions, including a decision not to act.
  - Respected and given the choice to accept or refuse services if they are competent to make that decision.
- Every effort must be made to ensure the views of the older person are taken into account even when they cannot make their own decisions.
- Responses to the abuse of older people will be in the interests of the older person at risk or who has been abused and focused on ensuring safety and ongoing protection from violence and abuse.
- Many forms of abuse of older people are crimes. Legal remedies and protections are available for older people who have experienced: violence, sexual assault, physical assault, domestic violence, abuse, threats, fraud, neglect, stalking, intimidation and harassment.
- Responses to the abuse of older people will be consistent with the *NSW Charter of Victims' Rights*, which is accompanied by the *NSW Code of Practice for the Charter of Victims' Rights*.
- Responses to the abuse of older people will as far as possible take into account of the needs of the older person in relation to Aboriginality, culture, disability, language, religion, gender and sexuality.
- The needs of the older person at risk of abuse or who has been abused and the abuser must be kept separate at all times. This is particularly important in situations where the abuser has been the victim's carer or has complex needs.
- When the safety of others is involved, confidentiality cannot be offered unconditionally. In situations where a report to NSW Police is required, the consent of the person involved is not necessary.
- Any person should be able to report abuse of older people without fear of retaliation or retribution and in a supportive environment.

### Ageism and discrimination

Promoting the dignity and inherent value of older people is a crucial component of elder abuse identification, intervention and prevention. Ageism is pervasive and often facilitates poor decision-making on behalf of the older person. Ageism excuses or discredits abuse, often resulting in devastating outcomes for the older person.

<sup>26</sup> Family & Community Services, *NSW Interagency Policy*.

As advocates for the rights of older people, avoid cliches and stereotypes which perpetuate ageism and ageist attitudes. It's not simply about accepting older people, but embracing, valuing and involving older people in all generational levels of our society.

For additional information about ageism and other forms of discrimination, review the following websites and associated publications:



*Australian Human Rights Commission*

[humanrights.gov.au/our-work/age-discrimination/about-age-discrimination](https://humanrights.gov.au/our-work/age-discrimination/about-age-discrimination)

*World Health Organisation Missing Voices (2002) report*

[who.int/ageing/publications/missing\\_voices/en/](https://who.int/ageing/publications/missing_voices/en/)

*NSW Ageing Strategy*

[ageing.nsw.gov.au](https://ageing.nsw.gov.au)

*NSW Elder Abuse Helpline & Resource Unit (EAHRU)*

[elderabusehelpline.com.au](https://elderabusehelpline.com.au)

## Charter of Victims' Rights

A victim of crime has rights; these are called the Charter of Victims' Rights. Under the charter a victim is a person who suffers harm as a direct result of a criminal offence. The charter requires NSW Government agencies to ensure that a victim has rights to:

- Respect and compassion.
- Information about and access to welfare, health, counselling and legal services.
- Protection, privacy and safety.
- Information about investigation and prosecution of the crime.
- Help with preparing victim impact statements.
- Make submissions about offenders in custody.
- Information about compensation.

For additional information about the *Charter of Victims' Rights* and accompanying *NSW Code of Practice for the Charter of Victims' Rights*, review the following website:



*NSW Justice - Victims Services and Support page*

[victimsservices.justice.nsw.gov.au](https://victimsservices.justice.nsw.gov.au)

## Capacity and consent

One of the key considerations for agencies is determining if a person has mental/cognitive capacity to make decisions. 'Capacity' refers to an adult's ability to make a decision for themselves about their daily life.<sup>27</sup>

According to the Capacity Toolkit and the NSW Interagency Policy:

"A person has capacity to make a decision or to give their consent if they can:

- Understand the nature and effect of a particular act or decision;
- Weigh up the consequences of the act or decision; and
- Communicate their decision."<sup>28</sup>

27 NSW Government, and Attorney General's Department, *Capacity toolkit*.

28 Family & Community Services, *NSW Interagency Policy*.



In NSW there is a legal presumption that all adults have decision-making capacity and can give consent until proven otherwise.

Issues of consent and capacity should be assessed and decided in consultation with professionals, such as a medical practitioner or specialist medical officer, Aged Care Assessment Team or the Guardianship Tribunal.

Before taking any steps to have a substitute decision-maker appointed, agencies need to be sure that a client does not have capacity.

For additional information, review the following websites and/or associated publications:



*NSW Department of Justice Capacity Toolkit*

[justice.nsw.gov.au/diversityservices/Pages/divserv/ds\\_capacity\\_tool/ds\\_capacity\\_tool.aspx](http://justice.nsw.gov.au/diversityservices/Pages/divserv/ds_capacity_tool/ds_capacity_tool.aspx)

*Law Society of NSW – When a client's capacity is in doubt – a practical guide for solicitors*  
[lawsociety.com.au/cs/groups/public/documents/internetcontent/023880.pdf](http://lawsociety.com.au/cs/groups/public/documents/internetcontent/023880.pdf)

Capacity Australia

[capacityaustralia.org.au/wp-content/uploads/2013/10/NSW-Legal-kit-8pp-sept-2013-version-.pdf](http://capacityaustralia.org.au/wp-content/uploads/2013/10/NSW-Legal-kit-8pp-sept-2013-version-.pdf)

## **Carers**

Carers play an important role in the lives of older people living in the community. Whilst the caring role can be rewarding and fulfilling, it can also be stressful.

Some stress factors include:

- Physical and emotional demands of caring.
- Lack of skill in the caring role and/or lack of knowledge regarding resources.
- Lack of choice about being a carer which may lead to feelings of resentment.
- Conflict and frustration under the pressures of illness and adversity, or where the carer has a history of poor relations with the person they are caring for.
- Lack of support as a carer, feeling alone, isolated and finding it difficult to access services and supports.
- Social isolation because of the caring role, having to give up other employment or finding it difficult to visit friends and participate in activities.
- Cognitive decline of the carer.
- Other causal factors such as geographical isolation.<sup>29</sup>

“Cultural factors impact on caring. People from culturally and linguistically diverse backgrounds may have different expectations about how and who will provide care.

“Caring is an important cultural value for Aboriginal people. Aboriginal concepts of care are based on the notion of family obligations, so Aboriginal carers often take on a large caring role. Poorer health and intergenerational disadvantage have also led to a higher proportion of Aboriginal people relying on unpaid care. Aboriginal carers are more likely to be caring for children who cannot live with their parents, as well as family members who are ageing or have a disability,

chronic condition or mental illness.”<sup>30</sup>

For additional information, review the following websites and associated publications:



*Australian Government website – Carers page*

[australia.gov.au/information-and-services/benefits-and-payments/carers](http://australia.gov.au/information-and-services/benefits-and-payments/carers)

*Carers Australia*

[carersaustralia.com.au](http://carersaustralia.com.au)

*Carers NSW*

[carersnsw.org.au](http://carersnsw.org.au)

## Confidentiality

Confidentiality refers to the relationship between staff/agencies and a client, with an obligation not to disclose personal information unless consent of the person concerned is given. However, there will be situations where confidentiality is lawfully overridden. In these circumstances, workers should always consult their supervisors who will act in accordance with their agency’s policies and guidelines.<sup>31</sup>

## Dementia

People with dementia are at higher risk of elder abuse (Cooper et al, 2008) due to their cognitive impairment, loss of capacity, communication challenges and increasing dependence on their caregivers.<sup>32 33</sup>

Dementia can also make it harder to detect abuse as common reactions to abuse, such as withdrawal from communication, can also be symptoms of dementia. The person with dementia may also abuse the caregiver either due to lifelong habits or impact of the disease.<sup>34 35</sup>

For additional information about dementia and support available, review the following website or contact the Helpline:

*Alzheimer’s Australia*

<https://fightdementia.org.au/>

*National Dementia Helpline*

Ph 1800 100 500 (9 am–5 pm, Monday to Friday)

## Working with people from culturally and linguistically diverse backgrounds

“International research indicates that the traditional ethnic family is characterised by extended family systems with an emphasis on interdependence of family members, continuity between generations and familial duty. Older people in traditional ‘age-honouring’ cultures hold a position of prestige within the family, and obligation to older members is emphasised. Ethnic families often prefer to care for older family members at home (Ministry of Social Development, 2002). It is important to ac-

30 Family & Community Services, *NSW Carers Strategy 2015 - 2019*, NSW Government, p. 4.

31 Family & Community Services, *NSW Interagency Policy*, Section 5.

32 [alzheimers.org.uk](http://alzheimers.org.uk), Mistreatment and abuse of people with dementia.

33 [alzheimer.ca](http://alzheimer.ca), Elder abuse.

34 [alzheimers.org.uk](http://alzheimers.org.uk), Mistreatment and abuse of people with dementia.

35 [alzheimer.ca](http://alzheimer.ca), Elder abuse.

knowledge, however, that generalisations across cultures are risky and issues for ethnic communities are complex.

“Increased numbers of nuclear ethnic families and higher participation by women in the workforce can compromise traditional care-giving practices and may contribute to intergenerational conflict. Inadequate resettlement processes can prevent participation within the individual’s own ethnic group and limit integration into the wider community. Support networks can therefore be limited and the responsibilities of carers can be greater.

“There can be cultural, structural and economic barriers to using mainstream services, as well as language barriers, which can contribute to social isolations and inactivity. Differences in beliefs about health and illness and stigma attached to the use of particular health and community services are additional factors for some ethnic groups.

“Research indicates that a range of flexible, culturally appropriate services are required to meet the needs of ethnic older people and their families. The use of interpreting services, translated materials and multilingual staff are features of culturally appropriate services. Addressing structural and economic barriers to access and raise cultural awareness of service providers will also be required (Ministry of Social Development, 2002; Brownell, 1997; Kosberg and Garcia, 1995; Charlesworth, 1986).”<sup>36</sup>

The abuse of older people or terms such as ‘elder abuse’ may take on a different context or lack meaning by people from culturally and linguistically diverse backgrounds. The concept of individual rights is an Anglo-mainstream way of thinking, where for many CaLD communities, collective decision-making in families is strong and may also include family members living overseas. Cultural traditions regarding family roles and responsibility may affect the way abuse is perceived and or understood. The notion of individual rights may inhibit appropriate help for the older person as they fear actions that separates them from their family.

The settlement process brings further barriers for people from CaLD backgrounds including low English language competencies, lack of knowledge of service systems and how to access them, and greater dependency on younger family members that have already integrated in to the Australian system and culture.<sup>37</sup>

### **Implications for practice**

The following points can guide working with CaLD people where abuse may be present:

- Understand the different cultural world views that can affect the way the abuse of older people is perceived.
- Awareness that there may be issues of shame.<sup>38</sup>
- Cultural expectations of family and collective decision-making.
- Economic and social dependency.
- Cultural and experiential issues that relate to older age and a loss of status, as well as needing support in understanding the Australian legal system.
- Cognitive impairment results in less capacity to communicate in English.

36 ‘Elder Abuse & Neglect’ *Family violence intervention guidelines*, New Zealand Ministry of Health.

37 Family & Community Services, *Planning ahead in culturally and linguistically diverse communities (CaLD)*.

38 Bagshaw, D., Wendt, S., Zannettino, L., *Preventing the abuse of older people by their family members*, Australian Domestic and Family Violence Clearing House, 2009, Stakeholder paper 7.

- Seek advice from bilingual people experienced with the particular cultural background of the family concerned.
- Provide a safe environment so trust can be developed.
- Respond sensitively where actions reflect the important role of family and that separating older people from their family may be an inappropriate response.
- Provide appropriate support to older people from a CaLD background such as professional interpreter services as the lack of English language skills and cultural influences can mean that an older person is more vulnerable to abuse where it occurs, and that they are less likely to identify abuse or seek support. It is advisable not to use family members to interpret.
- Problems for women and new arrivals can be compounded by social isolation.
- Carers from culturally and linguistically diverse (CaLD) backgrounds may not identify as carers and therefore fail to recognise the services available to support them. With limited proficiency in English, for example, CaLD carers also face barriers in accessing services available to them and the person for whom they care.
- No culture is homogenous. Values, attitudes and practices to old age can be different from family to family and across and within cultures. Staff should be aware of their own values and belief system so they are not imposed on others.
- The concept of individual rights is an Anglo-mainstream way of thinking so consulting and engaging with members of the older person's community is important.
- Different cultural world views may affect the way that abuse is perceived, and a lack of understanding regarding the notion of 'individual' rights may inhibit appropriate help for the older person as they fear action that separates them from their family.
- Cross-cultural training assists staff to develop closer working relationships with older people and builds cultural competency. This means older people are more likely to disclose abuse as trust is built.



*Multicultural NSW*

[multicultural.nsw.gov.au/about\\_us/](http://multicultural.nsw.gov.au/about_us/)

*Telephone Interpreter Service (TIS: 131 450)*

[tisonline.gov.au/en/Interpreters](http://tisonline.gov.au/en/Interpreters)

*Ethnic Communities Council (02) 9319 0288*

[Ethnic Communities Council](http://Ethnic Communities Council)

*Cross cultural and working with interpreter training*

[startts.org.au/resources/resources-for-free/](http://startts.org.au/resources/resources-for-free/)

*Brochures in other languages such as from NSW Legal Aid and NSW Trustee & Guardian.*

*Multicultural health services – local health district multicultural contacts*

[health.nsw.gov.au/multicultural/pages/default.aspx](http://health.nsw.gov.au/multicultural/pages/default.aspx)

*Australian Human Rights Commission*

[humanrights.gov.au/](http://humanrights.gov.au/)

## **Working with Aboriginal and Torres Strait Islander people**

Aboriginal and Torres Strait Islander people should be provided with culturally appropriate services and support by acknowledging the impact of change, dispossession-

sion of land and culture, stolen generation and the breakdown of traditional ways of life in Aboriginal communities that contributes to the vulnerability of older Aboriginal people in the community.<sup>39</sup>

### Implications for practice

The following points can guide agencies in working with Aboriginal people where abuse may be present:

- Seek advice from Aboriginal people such as community leaders, exercising special sensitivity in relation to the abuse of older people in Aboriginal communities, issues of economic and social marginalisation, and shame.
- Decision-making may be collective, within communities.
- Provide service delivery that is flexible, provides choice and is culturally responsive to build family and community resilience.
- Recognise that service support should be provided from an Aboriginal-specific worker or organisation, depending on the person's choice and circumstances such as an Aboriginal Health Worker or Aboriginal Police Liaison Officer, where possible.
- Recognise that the term 'Elder' has different meanings for different Aboriginal communities. In some, an 'Elder' can be any respected member of the community regardless of age. It is important to recognise that Elder abuse is something that can happen to any older Aboriginal person, not just Elders.
- Understand that the average life expectancy of Aboriginal people is 17 years shorter than non-Aboriginal people and account for this difference in accessing aged care support as well as the expected increase in the Aboriginal population.
- The important role of kinship in Aboriginal communities where members of the community, including older members take on responsibility for multiple roles, such as caring for children who have been removed from parents.
- Aboriginal people who live in rural and remote areas can be isolated by geography as well as lack available services and therefore the risk factors for abuse are compounded. Aboriginal people are more likely to have family living with them as carers.<sup>40</sup>



*Aboriginal Medical Services*

[health.nsw.gov.au/aboriginal/Pages/contact.aspx](http://health.nsw.gov.au/aboriginal/Pages/contact.aspx)

[bettertoknow.org.au/AMS](http://bettertoknow.org.au/AMS)

*Aboriginal specialist staff in NSW Police, Family & Community Services, Aged Care, Health NSW.*

*Aboriginal Housing Office* [aho.nsw.gov.au/](http://aho.nsw.gov.au/)

*Aboriginal cultural awareness training and resources*

[community.nsw.gov.au/\\_data/assets/pdf\\_file/0017/321308/working\\_with\\_aboriginal.pdf](http://community.nsw.gov.au/_data/assets/pdf_file/0017/321308/working_with_aboriginal.pdf)

[heti.nsw.gov.au/courses/aboriginal-culture---respecting-the-difference/](http://heti.nsw.gov.au/courses/aboriginal-culture---respecting-the-difference/)

### Working with Lesbian, Gay, Bisexual, Transgender and Intersex older people

Australia has an ageing population which means that there are increasing numbers

39 NSW Government, Health, *Responding to family violence in Aboriginal communities*, 2011-2016. Aboriginal Family Health Strategy.

40 <http://www.health.nsw.gov.au/aboriginal/Publications/pub-family.pdf>



of older people who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI). Up to 11% of Australians may be of diverse sexual orientation, sex or gender. The Australian Human Rights Commission states:

“Sexual orientation and sex and/or gender identity are integral to every person's dignity and humanity and must not be the basis for discrimination or abuse”.<sup>41</sup>

The Australian Human Rights Commission also states that the prevalence of violence, harassment and bullying in the LGBTI community is proportionally higher than that experienced in the general community citing a study where over 85% of the LGBTI community in NSW had experienced homophobic abuse, harassment or violence during their life. Workers must be particularly sensitive when working with older people experiencing abuse who identify as LGBTI.

### Implications for practice

- Negative attitudes and discrimination towards LGBTI people may make them more vulnerable to abuse.
- Discrimination and invisibility are two key issues. It's a mistake to see all LGBTI people as being alike.
- Not everyone will be open about their orientation or identity, others may prefer to keep this part of their lives private and this can often be due to experiences of discrimination or stigma.
- Someone's sexual orientation or gender identity may not always be clear, so avoid making assumptions.
- Don't assume all clients are heterosexual or that they identify as one of two genders.
- Working in ways that are inclusive of gender and sexual diversity can help to ensure your LGBTI clients get the services they need.
- Discrimination against LGBTI people is unlawful under the *NSW Anti-discrimination Act (1977)* with some exceptions and exemptions.
- Legislation exists across Australia recognising some (but not all) of the rights and responsibilities of LGBTI people and same-sex couples in relation to tax, social security and family.
- Government services, including health care and community services are required to respect people's basic rights and make sure that people are not treated unfairly.
- Access resources from ACON such as the community visitor scheme to support socially isolated people, and safety planning and relationship planning to address domestic violence.



ACON (AIDS Council of NSW) – Anti-violence Project  
<http://www.acon.org.au/lgbti-health/safety/>

Australian Human Rights Commission  
<https://bullying.humanrights.gov.au/lesbian-gay-bisexual-trans-and-intersex-equality-1>

LGBTI Health Alliance  
[lgbtihealth.org.au](http://lgbtihealth.org.au)

Q & A for LGBTI – Top ten legal issues to consider for older lesbian, gay, bisexual, transgender and intersex people  
[seniorsrightsservice.org.au/wp-content/uploads/2014/08/qa-for-lgbti-booklet-.pdf](http://seniorsrightsservice.org.au/wp-content/uploads/2014/08/qa-for-lgbti-booklet-.pdf)

41 Australian Human Rights Commission, <https://bullying.humanrights.gov.au/lesbian-gay-bisexual-trans-and-intersex-equality-1>

*We live here too: A guide to lesbian inclusive practice in aged care.* Matrix Guild Vic.  
[matrixguildvic.org.au/docs/booklet\\_WeLiveHereToo.pdf](http://matrixguildvic.org.au/docs/booklet_WeLiveHereToo.pdf)

## Domestic and family violence

The current definition of domestic violence, under Section 5 of the *Crimes (Domestic and Personal Violence) Act 2007*, includes relationships involving those dependent on the ongoing paid or unpaid care of the other person, as well as family members, partners, those living in the same household, and those in an intimate relationship. The legal protections and services available to people who experience family violence apply equally to older people.

“Elder abuse shares a number of characteristics with other forms of family violence (Fanslow, 2005; Dunlop et al, 2000; Korbin et al, 1989). As with partner abuse and child abuse, elder abuse is largely hidden, private and underreported (see Fallon, 2006). Victims and families are often isolated, and in a weakened, powerless and dependent position, and families often lack support. There is often a history of family conflict, alcohol and/or drug abuse, psychological problems, low self-esteem and/or unemployment (Lachs and Pillemer, 2004; Gnaedinger, 1989).

“There are also a number of differences; gender differences, for example, are less clear-cut than in cases of partner abuse. In elder abuse both men and women may abuse or neglect (Thompson and Atkins, 1996). Similarly, both older men and older women are at risk of being abused, although older women are at greater risk according to most studies (Fallon, 2006).

“Issues of power and control can also be more complex. The older person may be dependent on others, making them vulnerable to abuse. However, the abuser may also be financially and emotionally dependent on the older person (Wolf, 2000; Anetzberger, 1987; Pillemer, 1986).

“In comparison with child abuse, older people are (generally) legally competent adults, able to make their own decisions about where they live, with whom they live and how they live. Older people may choose to remain in a living situation which is not physically, psychologically or financially safe for them. Such a decision made by a competent adult needs to be respected and options for improving safety within this context need to be explored.

“Other issues may complicate the picture in situations of elder abuse. For example, it may be a situation where there is pre-existing family conflict, or it may be partner abuse occurring between older people. Sometimes an older person may be abusing their partner and/or caregiver due to dementia or other conditions. There can also be specific elements that require specialist services, such as issues of consent and assessment of mental capacity, occurrence of abuse with rest homes and institutions, and/or responding to financial and material abuse.”<sup>42</sup>



NSW Government  
[dvnsw.org.au/](http://dvnsw.org.au/)

[domesticviolence.nsw.gov.au/\\_data/assets/file/0019/301177/DV-info-Sharing-Protocol.pdf](http://domesticviolence.nsw.gov.au/_data/assets/file/0019/301177/DV-info-Sharing-Protocol.pdf)

NSW Police

[police.nsw.gov.au/community\\_issues/domestic\\_and\\_family\\_violence](http://police.nsw.gov.au/community_issues/domestic_and_family_violence)

42 ‘Elder Abuse & Neglect’ *Family violence intervention guidelines*, New Zealand Ministry of Health 2007

## Enduring Guardianship

An Enduring Guardian is a person chosen to make health and lifestyle decisions on behalf of another person when they are no longer capable of making these decisions themselves. The Enduring Guardian must be appointed whilst the person has capacity and only takes effect if the person loses capacity to make their own decisions.

The Enduring Guardian can only make decisions in health and lifestyle areas. A person must choose the decision-making areas they give to their Enduring Guardian. These decision-making areas are called functions.

The most common functions (decision-making areas) are already included on the specific form of appointment. These are:

- Accommodation – to decide where you live
- Healthcare – to decide what healthcare you receive
- Services – to decide what personal services you should have to support and assist you.

### Other functions

Some situations are more complicated and may need another function to give your Enduring Guardian the authority to make other types of decisions if needed.<sup>43</sup>

While a person has mental/cognitive capacity they can cancel or change the Enduring Guardianship arrangement. Where a person has no Enduring Guardian and has impaired capacity, or where there is a dispute about the actions of the person who has Enduring Guardianship, an application to the NSW Civil & Administrative Tribunal (Guardianship Division) may be required.



NSW Justice, Public Guardian  
[publicguardian.lawlink.nsw.gov.au](http://publicguardian.lawlink.nsw.gov.au)

NSW Trustee & Guardian  
[tag.nsw.gov.au/](http://tag.nsw.gov.au/)

NSW Government: legal resources for health professionals  
[healthlaw.planningaheadtools.com.au/](http://healthlaw.planningaheadtools.com.au/)

## Powers of Attorney and Enduring Powers of Attorney

A Power of Attorney is a legal document which allows the person making the Power of Attorney (the principal), to appoint another person (the attorney) to take care of their financial affairs should the need arise. A Power of Attorney can be general or enduring.

“The term attorney in this sense does not necessarily mean a lawyer or solicitor. The attorney may be a family member, close friend or trustee organisation such as the NSW Trustee & Guardian.”<sup>44</sup>

A general Power of Attorney will terminate if the principal loses mental capacity and is useful for short-term appointments, for example, if the principal is going

43 *Enduring Guardianship in New South Wales: your way to plan ahead*, Revised 2014.

44 NSW Trustee & Guardian, *A guide for Powers of Attorney*

overseas and needs someone to look after their financial affairs or sign documents in their absence.

An Enduring Power of Attorney will not cease to operate when the principal lacks capacity. A person can cancel or change a Power of Attorney at any time while they have mental capacity to do so.

“Making a Power of Attorney does not mean that you will lose control over your financial affairs. As long as you retain mental capacity you still have capacity to deal with your assets and money just as you did beforehand.”<sup>45</sup>

Where a person has no Enduring Power of Attorney or where there is a dispute about the actions of the person holding the Power of Attorney, an application to the NSW Civil & Administrative Tribunal (Guardianship Division) may be required.



*NSW Trustee & Guardian*  
[tag.nsw.gov.au/](http://tag.nsw.gov.au/)

*NSW Government: legal resources for health professionals*  
[healthlaw.planningaheadtools.com.au/](http://healthlaw.planningaheadtools.com.au/)

### **United Nations Principles for Older Persons**

The United Nations General Assembly adopted eighteen Principles for Older Persons on 16 December 1991 (Resolution No.46/91). Governments are encouraged to incorporate these principles into national programmes whenever possible. The principles call for action in many areas. These principles recognise rights to independence, participation, care, self-fulfilment and dignity of older persons. These key principles underpin a response to older people experiencing abuse.



*United Nations Human Rights*  
[ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx](http://ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx)



# Appendices

## Appendix 1: Legislation and guidelines

### Australian

*Aged Care Act 1997*  
*Aged Care Amendment (Residential Care) Act 2007*  
*Age Discrimination Amendment Act 2004*  
*Crimes Act 1914*  
*Disability Discrimination Act 1992*  
*Disability Services Act 1986*

*Home and Community Care Act 1985*  
*National Consumer Credit Protection Act 2009*  
*National Disability Insurance Scheme Act 2013*  
*Privacy Act 1988*  
*Work Health and Safety Act 2011*  
*World Health Organisation Act 1947*

### NSW

*Anti-discrimination Act 1977*  
*Carers (Recognition) Act 2010*  
*Children and Young Persons (Care and Protection) Act 1987*  
*Crimes Act 1900*  
*Crimes (Domestic and Personal Violence) Act 2007*  
*Crimes (Forensic Procedures) Act 2000*  
*Disability Inclusion Act 2015*  
*Guardianship Act 1987*  
*Health Care Complaints Act 1993*  
*Health Records and Information Privacy Act 2002*

*Housing Act 2001*  
*Home Care Services Act 1988*  
*Independent Commission Against Corruption Act 1988*  
*Law Enforcement (Powers and Responsibilities) Act 2002*  
*Mental Health Act 2007*  
*Privacy and Personal Information Protection Act 1998*  
*Public Interest Disclosures Act 1994*  
*Victims Rights and Support Act 2013*  
*Work Health and Safety Act 2011*

### Policies, publications and guidelines

Capacity Toolkit, NSW Government, Attorney General's Department (2008)

NSW Code of Practice for the Charter of Victims' Rights, Attorney General and Justice (2013)

Compulsory Reporting Guidelines for Approved Providers of Residential Aged Care (2008)

Office of the Australian Information Commissioner, Chapter C: Permitted General Situations (2014)

Department of Health, Home Care Standards (2012)

Preventing Financial Abuse of People with Dementia (2015)

Domestic Violence Information Sharing Protocol (2014)

Preventing and Responding to Abuse of Older People: NSW Interagency Policy 2015

The Health Records and Information Privacy Code of Practice (2005)

Privacy and People with Decision-making Disabilities (Privacy NSW publication) (2004)

NSW Charter of Victims' Rights (2013)

United Nations Rights of the Disabled Person (1975)



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