

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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POSITION RESPONSIBLE FOR THE DOCUMENT	Clinical Stream Manager, Aged Care & Rehabilitation
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SUMMARY	This procedure outlines the appropriate steps to be taken in the identification and response to suspected or alleged abuse of older people. The procedure complements NSW Ministry of Health (MoH) policies and legislation.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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Recognising and responding to abuse and violence of older people

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1 SCOPE OF DOCUMENT

This Procedure is to be read in conjunction with the NSW Ministry of Health PD2023_023 Identifying and responding to abuse of older people. This procedure is to be used by South Eastern Sydney Local Health District (SESLHD) staff where there is suspected or reported abuse of older people who are care recipients of SESLHD services in the community, in the hospital setting or in residential aged care.

This procedure acknowledges that there are younger people who experience complex health problems requiring aged care services. This includes younger people living in residential care with aged related care needs which may include early onset dementia. This procedure can be used to provide guidance in those populations as well.

Domestic and family abuse includes behaviour in an intimate or family relationship which is violent, threatening, coercive or controlling and causes a person to live in fear. Where the risk of abuse arises from a context of domestic and family abuse the following policies and procedures should also be followed – [NSW Health Policy Directive PD2006_084 - NSW Health Domestic Abuse: Identifying and Responding](#).

2 DEFINITIONS

Elder Abuse

SESLHD has adopted the World Health Organisation definition of elder abuse as cited in the [NSW Health PD2023_023 - Identifying and responding to abuse of older people](#). Elder abuse can be defined as “a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person”.

Older Person

For the purpose of this document an ‘older person’ is 65 years or older or 50 years and older for Aboriginal and Torres Strait Islander clients.

SESLHD Staff Member

For the purpose of this document, a SESLHD staff member includes paid employees of SESLHD, contractors (including VMOs), clinical academics, students on clinical placement and volunteers.

3 RESPONSIBILITIES

3.1 SESLHD Staff Members are responsible for:

- Reporting the suspected/reported abuse to their line manager and seeking further guidance on the matter
- Referring the suspected/reported abuse to a social worker or appropriate senior clinician
- Working as part of an inter-disciplinary team to identify, assess and respond to the abuse in accordance with skills and expertise.

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- If immediate risk of harm or suspected criminal actions have occurred, contacting NSW Police and/or other emergency services and providing evidence as required.
- Ensuring that the incident has been documented in the IIMS system where appropriate, for example was witnessed or reported, in accordance with the [NSW Health Policy Directive PD2020_047 - Incident Management](#).
- NOTE: where a SESLHD staff member is the abuse perpetrator, any entry in IIMS should be restricted to any clinical harm caused to the patient, for example, if a patient was shoved, fell and sustained an injury, the fall and the injury should be recorded in IIMS. If there is no such injury, a report in IIMS is not required. The IIMS system is not intended as a system for managing or recording issues related to the conduct of individual staff members.
- Staff who predominately work in aged care should complete appropriate training in abuse of older persons and domestic abuse. The My Health Learning course, *Abuse of older people* (course code 204136280) is suggested as a minimum. Organisations and services may require training to be mandatory and may choose to provide additional training options for staff. This could include courses provided by the [Education Centre Against Violence](#) such as *Not seen or heard: Recognising and responding to abuse of older people* (course code IN1004).

3.2 Line Managers are responsible for:

- Ensuring staff are aware of [NSW Health PD2023_023](#) and this procedure.
- Ensuring that staff who work primarily with older people complete appropriate training in abuse of older persons.
- Providing consultation, guidance and support to staff when abuse is identified.
- Ensuring that NSW Police and/or other emergency services have been contacted when required.
- Ensuring compliance with mandatory reporting requirements to the Commonwealth where these requirements apply.
- Where there is an IIMS report: ensure the content is appropriate and that the management section of any IIMS report is acted upon and the management section completed in accordance with the [NSW Health Policy Directive PD2020_047 - Incident Management](#).
- Promptly managing situations where an SESLHD staff member is the suspected or alleged abuse perpetrator in accordance with the [NSW Health Policy Directive PD2018_031 – Managing Misconduct](#). Workforce Services must be consulted where SESLHD staff are the alleged or suspected perpetrators.

3.3 Social Workers and Senior Clinicians are responsible for:

- Prioritising and responding to referrals regarding abuse of older people in a timely manner to reduce further harm and distress to the older person.

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- Developing a case plan and following through with all agreed actions to address the allegations of abuse in consultation with the, inter-disciplinary team and the individual's family/carer (where appropriate).
- Follow workplace documentation requirements and policies.
- Facilitating and participating in debriefing where appropriate.
- Ensuring that the older person has access to appropriate support and ensuring they are involved in the decision making process.

4 PROCEDURE – Five Step Approach to Identifying and Responding to Abuse of Older People

Initial intervention should focus on the immediate safety of the older person and others involved, including staff. The overall aims are to ensure:

- The older person is supported, protected and informed throughout the process
- Other vulnerable adults and the public are protected
- The risk of further abuse is minimised
- The older person's life is disrupted as little as possible.

[Refer to Appendix 1 - Flowchart](#) Responding to Abuse of Older Persons

Identifying and responding to suspected abuse is the responsibility of all SESLHD staff and multi-disciplinary team members need to work collaboratively.

Five Step Approach to Identifying and Responding to Abuse of Older People

1. Identify abuse & escalate
2. Assess risk & establish safety
3. Provide support, assessment & investigation
4. Record, document & report
5. Refer & respond

4.1 Step 1: Identify Abuse & Escalate

- SESLHD staff should report any suspected or reported abuse to their direct line manager at the earliest possible time to seek guidance on addressing the concerns.
- The staff member and their line manager should refer to a social worker or senior clinician. This should be done at the earliest possible time after identifying the abuse.

As outlined in the [NSW Elder Abuse Toolkit 2022](#), the following open questions can be used to help identify risk factors and indicators of abuse:

- How are things going at home?
- How do you spend your days?
- How do you feel about the amount of help you receive at home?

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- How do you feel your carer/family is managing?
- How are you managing financially?
- Are you feeling happy and comfortable with your current situation?

For further tips and suggestions of affective questioning refer to the [NSW Elder Abuse Toolkit 2022 \(Tool 1.9 Page 21\)](#).

For details on types of abuse and indicators refer to [Appendix 2](#).

For details on risk factors refer to [Appendix 3](#).

4.2 Step 2: Assess Risk and Establish Safety

- The social worker or senior clinician will complete an assessment of the patient's/client's situation to identify areas that urgently need to be addressed.
- The alleged or suspected abuse perpetrator must not be present when interviewing the older person and/or their representative.
- An interpreter must be used where the client requires interpreting services.
- Staff must establish whether there is an immediate risk of serious harm to the victim, SESLHD staff and others.
- If appropriate, contact the local police station and attempt to establish whether there is an existing Apprehended Abuse Order (AVO) in place to protect the older person and the conditions associated with this.
- Protection of evidence may be required; refer to [NSW Health Policy Directive PD2020_006 – Responding to Sexual Assault \(adult and child\) Policy and Procedures](#).
- Staff must consider the decision-making capacity of the older person to consent to reporting or responding to the abuse.

Where high risk of harm is identified: Implement immediate safety planning

- *In the hospital setting:* notify and work collaboratively with the Nurse Unit Manager to implement strategies to reduce harm. This may include monitor/review visitors to the ward, alert security if appropriate, notify NSW Police if there is immediate danger to the client and/or staff or where a serious indictable offence has occurred.
- *In the community setting:* contact appropriate emergency services; such as NSW Police and/or ambulance services.
- *In the Residential Aged Care setting:* notify the Residential Aged Care Facility Manager or delegated person in charge immediately; monitor/review visitors to the facility; notify NSW Police if there is immediate danger to the client and/or staff or a serious indictable offence has occurred i.e. an offence which is punishable by imprisonment for 5 or more years.

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4.3 Step 3: Provide Support, Assessment & Investigation

- Once any urgent matters have been addressed, a planning meeting should be conducted with all relevant members of the inter-disciplinary team to:
 1. Establish the specific concerns to be investigated.
 2. Establish the role each member will play in responding to the concerns.
 3. Determine the tasks each member will be responsible for.
 4. Determine whether NSW Police or other agencies should be involved. For example the [Aged Crime Prevention Officer](#) (ACPO)
 5. Ensure appropriate safety plans are in place.
- Advise the older person of the concerns. Use an interpreter if required.
- Provide information and education on the [services available](#) to support the older person.
- Involve the older person in safety planning where appropriate.
- Consider whether a referral to the [Safety Action Meeting](#) (SAMs) is suitable.
- Consult with the Abuse, Abuse and Neglect Service for consultation on Domestic and Family Abuse concerns if required.
 - For sexual assault: consult with the [Sexual Assault Service](#) at Royal Prince Alfred Hospital; consult locally if there are broader Domestic Abuse issues.
 - For Domestic Abuse: escalate to social work who may reach out to the Safer Pathway clinician to determine if a high-risk Domestic Abuse consult or a Health Safety Action Meeting (SAM) referral is required.
 - For any situation that may also involve a child: refer to social work and consider mandatory reporter responsibilities
- In situations where staff do not work as part of an inter-disciplinary team, case planning should be done with a supervisor or manager.

4.4 Step 4: Record, Document & Report

Record and document:

- All interventions by staff relating to the older person and reported abuse need to be documented in the older person's health care record.
- Records should be evidenced based i.e. *what was told or witnessed*.
- Staff members should refer to the [NSW Health PD2012_069 - Health Care Records: Documentation and Management](#) when entering information into medical records.
- Incidents of reported or suspected abuse perpetrated by a SESLHD staff member must be reported immediately to the SESLHD staff member's line manager for investigation and management.

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- Develop formal reports if required; such as reports for the NSW Civil and Administrative Tribunal, *NSW Ageing and Disability Commission* or the *Aged Care Quality and Safety Commissioner*

4.5 Step 5: Refer and Respond

- A further planning meeting should be held with the inter-disciplinary team to consider:
 1. The outcome of the team's assessment and findings in regard to the abuse.
 2. The actions to be taken by individual team members.
 3. What the older person has consented to.

Consent is required for referral to aged care services; however not required for notification of criminal matters to NSW Police or referrals to NSW Civil and Administrative Tribunal.

- Develop a long term safety plan (in conjunction with the older person) to increase safety and minimise any risk to the older person.
- Refer to appropriate services for the immediate and long-term protection of an older person.
- Family conferences may be useful and can be arranged where required and appropriate.
- If further guidance is needed staff may consult with the *Ageing and Disability Abuse Helpline* (<https://www.ageingdisabilitycommission.nsw.gov.au/> Ph: 1800 628 221). The helpline can support staff to develop an appropriate action plan and suggest possible referral options.

For further useful community services refer to [Appendix 4: Useful Contacts for Addressing Abuse of Older People](#).

5 SAFETY PLANNING**5.1 Safety Planning for the Older Person**

Safety planning for the older person needs to include plans to address immediate and long term safety.

Safety planning strategies include:

- Encouraging and supporting the older person to talk about their situation with people they trust in their lives.
- Establishing a plan on who the older person will contact and where they will go if the abuse escalates.
- Determining who will support the older person in the short term i.e. appropriate family/friends or community agencies.
- Ensuring supportive family/friends know what the long-term safety plan is.

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- Planning how the older person would escape if necessary; such as having a list of numbers they can contact in an emergency and knowing where their local emergency services are and how to access them.
- Minimising possible social isolation for the older person by linking them with community resources/services.
- Exploring options including Apprehended Abuse Orders (AVOs), guardianship and financial management orders.

The older person's individual physical capabilities and mental capacities need to be considered when developing safety plans as these may place limits on what would be reasonable for a person to follow through with.

5.2 Prioritising Staff Safety

Staff should not risk their own safety. Strategies that can be used to minimise risk include:

- Staff advising their line manager at the earliest possible time when there is a safety concern.
- Avoid, alerting or confronting the alleged abuse perpetrator.
- In an inpatient setting, all members of the treating team and hospital security should be made aware of potential risks to staff.
- In the community setting, risk assessments should be completed prior to any home visits and actions taken to manage any identified risks. Actions may include having two staff members attend a home visit or re-scheduling the appointment to an outpatient clinic if possible.
- In situations where there remains a significant concern about the client's welfare but there are potential safety risks identified for staff, consideration needs to be given to the appropriateness of working collaboratively with NSW Police.

6 RESPONDING TO ABUSE WITHIN COMMONWEALTH FUNDED AGED CARE SERVICES**6.1 Reporting for suspected abuse within commonwealth-funded aged care services**

The Serious Incident Response Scheme (SIRS) aims to help prevent and reduce incidents of abuse and neglect in residential aged care, as well as in home care and flexible care delivered in a home or community setting, that is subsidised by the Australian Government.

Under the SIRS, providers of Home Care Packages, Short-Term Restorative Care at home, Commonwealth Home Support Programme (CHSP), National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC), Multi-Purpose Services Program and Transition Care Program services also have compulsory reporting requirements. Only NSW Health staff who deliver these services are mandatory reporters.

For information about compulsory reporting refer to the [Aged Care Quality and Safety Commission](#) website.

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When suspected abuse of an older people has occurred in a Commonwealth funded Aged Care program, a complaint to the Aged Care Quality and Safety Commissioner may be considered. (<https://www.agedcarequality.gov.au/making-complaint> or phone 1800 951 882).

7 INFORMATION SHARING**7.1 Information Sharing, Privacy and Confidentiality**

Refer to the [NSW Health Privacy Manual for Health Information \(2015\)](#).

7.2 Information Sharing with the NSW Police

Refer to Information Sharing in [NSW Interagency policy: Preventing and responding to abuse of older people 2020](#).

7.3 Information sharing with the Ageing and Disability Commissioner (ADC)

NSW Health staff are permitted to share patient health information with the ADC in relation to concerns regarding the abuse and neglect of an older person in accordance with the *Health Records and Information Privacy Act 2022* (NSW) and the *Ageing and Disability Commissioner Act 2019* (NSW). This includes client information obtained by NSW Health as part of the Aged Care Assessment Program. (Memorandum of Understanding - Ageing and Disability Commissioner and NSW Health. July 2023)

7.4 Decision Making Capacity, Guardianship and Financial Management

Refer to section 6.2.2 of the [NSW Health Policy Directive PD2023_023 - Identifying and responding to abuse of older people](#).

7.5 Communicating with people from Language other than English backgrounds or with a hearing or speech impairment

Staff can contact the [Sydney Health Care Interpreter Service](#) (SHCIS) for free professional health care interpreters in community languages including Auslan for people who are Deaf. For more information see [NSW Health Policy Directive PD2017_044 - Interpreters – Standard Procedures for Working with Health Care Interpreters](#).

Staff can phone the free [National Relay Service](#) (NRS) to contact people who are deaf or have a hearing or speech impairment.

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8 RELATED POLICIES / PROCEDURES / GUIDELINES / PROCEDURES

Name of resource
NSW Government. Preventing and responding to abuse of older people (Elder Abuse). NSW Interagency Policy. June 2020
NSW Government. Capacity Tool Kit
NSW Government. It Stops Here standing together to end domestic and family abuse: The NSW Government's Domestic and Family Violence Framework for Reform (2014)
NSW Health Policy Directive PD2006_084 - Domestic Abuse – Identifying and Responding, NSW Health
NSW Health Policy Directive PD2013_007 - Child Wellbeing and Child Protection Policies and Procedures
NSW Health Privacy Manual for Health Information
NSW Health Policy Directive PD2020_006 - Responding to Sexual Assault (adult and child) Policy and Procedures
SESLHDPR/323 - Working in Isolation Risk Management
Employee Assistance Program – information and access
NSW Elder Abuse Toolkit – Identifying and responding to the abuse of older people. the 5 Step Approach
NSW Health Policy Directive PD2017_044 - Interpreters-Standard Procedures for Working with Health Care Interpreters
NSW Health Policy Directive PD2023_023 - Identifying and responding to abuse of older people
NSW Health Policy Directive PD2020_047 - Incident Management
NSW Health Integrated Prevention and Response to Abuse, Abuse and Neglect Framework (2019)

9 AUDIT

Retrospective audits of abuse of older people reported in IMS+ against compliance with procedure and compliance with any mandatory reporting requirements.

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10 VERSION AND APPROVAL HISTORY

Date	Version.	Version and approval notes
February 2021	Draft 1.9	Annabelle Bains and Jessica Worboys
August 2021	1	Approved by Executive Sponsor. Endorsed by Clinical and Quality Council.
October 2021	2	Minor review. Removal of link to <i>NSW Health Policy Directive – compulsory reporting protocol for residential aged care services</i> and addition of the OPAN to useful contacts section Approved by Executive Sponsor.
30 October 2024	2.1	Minor review, updated some information and links and references to policy directives

11 CONTRIBUTORS TO ORIGINAL DOCUMENT

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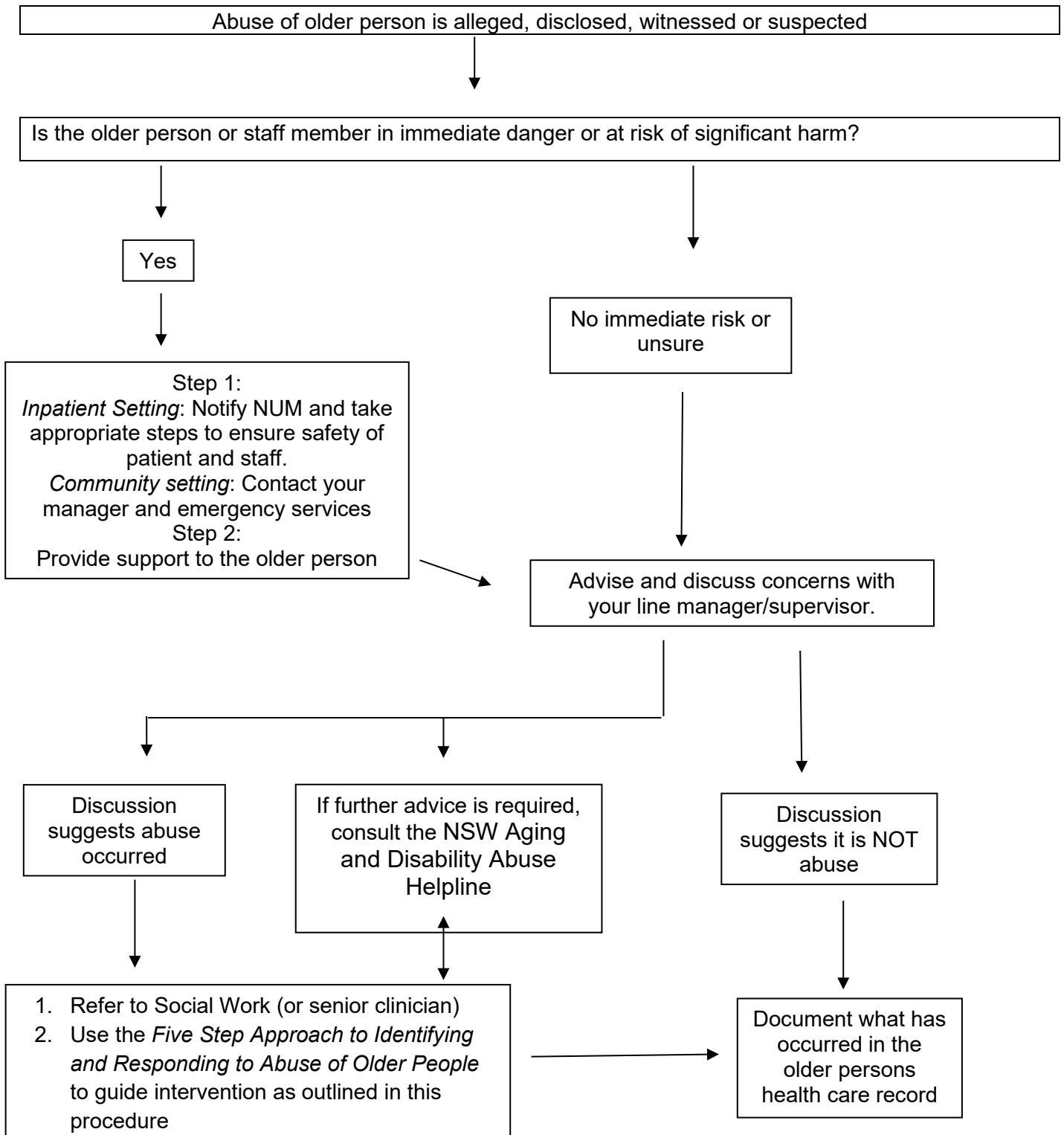
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12 APPENDIX

Appendix 1 - Flow Chart: Responding to the Abuse of Older People



Appendix 2. Types of Abuse and Indicators

Awareness of the various forms of abuse and their indicators will assist staff to be able to identify suspected abuse and protect older people from future abuse. An older person may also experience more than one abuse type. The presence of one or more indicators does not mean that abuse has occurred, but does require staff to be observant and investigate possible abuse. Indicators of abuse are not always obvious and can vary. Types of abuse include:

- Financial Abuse
- Neglect
- Psychological Abuse
- Physical Abuse
- Sexual Abuse

Financial Abuse	
<p><i>Definition:</i> Financial abuse is the illegal or improper use of an older person’s property or finances. This includes misuse of a power of attorney, forcing or coercing an older person to change their will, misuse of an older person’s finances, taking control of a person’s finances against their wishes and/or denying them access to their own money.</p>	<p><i>Indicators may include:</i> Unexplained or sudden inability to pay bills, significant bank withdrawals, and significant changes to wills, unexplained disappearance of possessions, lack of funds for food or clothing, disparity between living conditions and money, recent addition to a signature on a bank account, unusual expenditures by the alleged perpetrator, signing of contracts or powers of attorney when the older person does not have capacity to understand the implications.</p>

Neglect	
<p><i>Definition:</i> Neglect describes failure of a carer or responsible person to provide the necessities of life to an older person. Necessities of life are usually considered to be adequate food, shelter, clothing, medical or dental care. Neglect may also involve a carer refusing to permit others to provide appropriate care for an older person or not providing prescribed medication or dietary requirements.</p>	<p><i>Indicators may include:</i> Dehydration, poor skin integrity, malnutrition, inappropriate clothing, poor hygiene, unkempt appearance, under/over medicating, unattended medical or dental needs, exposure to danger or lack of supervision, absence of required aids, an overly attentive carer in the company of others.</p>

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Psychological Abuse	
<p><i>Definition:</i> Psychological abuse is the infliction of mental stress involving actions and threats that cause isolation, fear of abuse, deprivation and feelings of shame and powerlessness. Examples include treating an older person as if they are a child, engaging in emotional blackmail and preventing contact with family and friends and/or access to services.</p>	<p><i>Indicators may include:</i> Depression, demoralisation, feelings of helplessness, disrupted appetite or sleeping patterns, tearfulness, excessive fear, confusion, agitation, resignation, unexplained paranoia.</p>

Physical Abuse	
<p><i>Definition:</i> Physical abuse involves the infliction of physical pain or injury, or physical coercion. Physical Abuse can also include acts such as hitting, slapping, punching, burning, tying an older person to a chair or bed, locking an older person in a room and overuse or misuse of medications.</p>	<p><i>Indicators may include:</i> Bruises on different areas of the body; lacerations particularly to mouth, lips, gums, eyes or ears; abrasions, scratches, burns inflicted by cigarettes, matches, iron or rope; immersion in hot water; sprains, dislocations and fractures; hair loss (perhaps from pulling); missing teeth, eye injuries, scalding through immersion, pressure sores through the use of physical restraint.</p>

Sexual Abuse	
<p><i>Definition:</i> Sexual abuse is a broad 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.</p>	<p><i>Indicators may include:</i> Trauma around genitals, rectum or mouth; injury to face, neck, chest, abdomen, thighs or buttocks; presence of sexually transmitted infections; human bite marks, anxiety around the perpetrator and other psychological symptoms.</p>

Definitions and Indicators of abuse have been sourced from [NSW Government Preventing and responding to abuse of older people: NSW Interagency Policy \(2020\)](#).

Appendix 3: Risk Factors

Risk factors can be present for both the older person at risk of abuse and the alleged abuse perpetrator. Staff should be aware of risk factors to assist them to identify those at risk of abuse or experiencing abuse.

Risk Factors	
<i>Older Person who:</i>	<i>Alleged Abuse Perpetrator who:</i>
<ul style="list-style-type: none"> ○ Is socially isolated from family, friend’s neighbours, and/or community. ○ Is dependent on others for their care and requiring high level of support from a family member/carer/friend. ○ Has insecure accommodation. ○ Lacks decision making capacity and ability to self-advocate. ○ Is confused about their property, belongings and/or surroundings. ○ Has financial difficulties. ○ Is in poor physical health. ○ Experiences personality and/or behaviour changes due to an illness, disease and/or some other progressively worsening condition. ○ Has a history of family conflict or dysfunction. ○ Has been a victim of domestic abuse previously (often unreported). ○ Is a carer of an older person who becomes aggressive due to cognitive impairment or illness ○ Aboriginal and Torres Strait Islander elders who have lived in communities where there has been significant exposure to intergenerational trauma and high levels of poverty, unemployment, economic, health and social disadvantage. ○ Is from a culturally and linguistically diverse (CALD) background and is reliant on adult children/relatives to translate and conduct their financial affairs for them. 	<ul style="list-style-type: none"> ○ Feels stressed, burdened or resentful of needing to adopt a caring role. ○ Lacks skills in the caring role. ○ If appointed Power of Attorney (POA) or Guardian may be ill-equipped to hold the position of trust and/or understand their obligations in the role. ○ Is dependent on the abuse victim. ○ Has a history of drug and alcohol use. ○ Has gambling and/or financial problems. ○ Has cognitive impairment or mental health issues. ○ Experiences challenging behaviours from the person they care for. ○ Lacks the support from family, friends, community or the social service system. ○ Has a history of family abuse (as a victim or perpetrator). ○ Prevents abuse victim from accessing interpreter to use services

Risk factors have been sourced from:

1. [Preventing and responding to abuse of older people: NSW Interagency Policy \(2020\)](#).
2. Curtin (2005) Mistreatment of Older people in Aboriginal communities project.
3. Gordon, et al. (2002) Putting the Picture Together, Inquiry into Response by Government Agencies to Complaints of Family Abuse and Child Abuse in Aboriginal Communities, Department of Premier and Cabinet, Western Australia.

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Appendix 4: Useful Contacts for Addressing the Abuse of Older People

NSW Aging and Disability Abuse Helpline	Provides information and guidance to address abuse of an older person	Mon-Fri 8.30am – 5pm Ph. 1800 628 221 Website
MyAgedCare	Assists older people, their families and carers to access aged care information and services. It is the single entry point for aged care services for people living in the community across Australia.	Mon – Fri 8am-8pm Sat 10am-2pm Ph. 1800 200 422 Website
SESLHD Contacts	<p>Aged Care Assessment Team (Via MyAgedCare) ACATs are teams of nursing and allied health professionals who can assess a person’s physical, psychological, medical, restorative, cultural and social needs to help access appropriate levels of support. ACATs can assess a person for home care packages, transitional care, residential respite care and permanent residential care. Referrals for an ACAT assessments are made via MyAgedCare.</p> <p>Community Health Assessment and Treatment Team (CHATT) This team of clinicians provide specialist home based assessment, rehabilitation and support services to older people. The team includes dementia nurses, occupational therapists, physiotherapists, nurses, speech pathologists and social workers.</p> <p>Eastern and Central Sexual Assault Service (RPA) Specialist counsellors who work with people who have been sexually assaulted. Providing counselling, medical services, legal assistance and group support.</p>	<p>Mon-Fri 8am-8pm Saturday 10am-2pm Ph: 1800 200 422 Website</p> <p>Referral via Northern Network Access and Referral Centre (NNACR) Ph. (02) 9369 0400</p> <p>Ph. (02) 9515 9040</p> <p>email: ecsas@hns.ch.cs.nsw.gov.au</p> <p>After hours crisis service Ph. 9515 6111</p>

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	<p>War Memorial Geriatric Flying Squad (GFS) The GFS is a multidisciplinary team with medical, nursing and allied health support. The team provides a rapid response service to ensure timely identification and management of complex health issues and prevent hospital admissions. The GFS collaborates with NSW Police, NSW Ambulance and Justice Connect, with a lawyer available onsite. Referrals can be made via phone 7 days per week.</p>	Ph. 0408 855 156
	<p>South Sydney Sexual Assault Services Specialist counsellors who work with people who have been sexually assaulted. Providing counselling, medical services, legal assistance and group support.</p>	<p>Ph. (02) 9113 2494 Mon-Fri 8am-4.30pm</p> <p>After hours crisis service Ph. (02) 9113 1111</p>
	<p>Calvary Community Health Centre Community Social Work</p>	Ph. (02) 9553 3000
	<p>Southcare Social Work Team</p>	Ph. (02) 9540 7175
Child Protection	<p>Community Services Child Protection Helpline To be used when a child is at a high or imminent risk of significant harm.</p>	Ph. 13 21 11 7 days a week, 24 hours a day.
	<p>Child Wellbeing Unit (CWU) CWU helps reporters identify the level of suspected risk to a child or young person and whether a direct referral to the Community Services Child Protection Helpline is needed. CWU assessment officers help mandatory reporters to identify services available within their own agency, or in other organisations, which could support the family and child.</p>	Ph. 1300 480 420 Mon-Fri 8.30am-5.30pm
Domestic Abuse	<p>Domestic Abuse Line (DV Line) 24 hour state-wide telephone line for crisis counselling and referrals to accommodation and support services</p>	Ph. 1800 656 463 7 days a week, 24 hours

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	<p>Men’s Referral Service The Men’s Referral Service (MRS) offers anonymous and confidential telephone counselling, information and referrals to help men stop using violent behaviour; will also provide consultation for workers</p>	<p>Ph. 1300 766 491</p>
	<p>The Deli Women’s and Children’s Centre Works with women, children and families affected by domestic abuse. Can provide counselling, court support, advocacy and education and information of other relevant resources.</p>	<p>Mon-Fri 9:30am- 3pm Ph. (02) 9667 5665</p>
	<p>Jewishcare Support and counselling services</p>	<p>Ph.1300 133 660</p>
	<p>St Vincent’s Hospital General Counselling Service</p>	<p>Ph. (02) 8382 1111</p>
	<p>St George and Sutherland Domestic Abuse Service Counselling service to women impacted by domestic abuse</p>	<p>For information: Ph. 9087 8300 For referrals: Ph. 9113 2495 Monday – Friday 8:30am – 5pm</p>
	<p>Advance Diversity Services (formerly St George Migrant Resource Centre) Provide a range of community, aged care, family, disability and settlement services</p>	<p>Ph. 9597 5455</p>
	<p>Immigrant Women’s Speak Out Association Information, support and counselling to CALD women experiencing domestic abuse</p>	<p>Ph. 9635 8022</p>
	<p>QLife (formerly Gay & Lesbian Counselling Service) Confidential telephone counselling, information and referral services and support groups for gay men, lesbians, bisexual and transgender persons</p>	<p>Ph. 1800 184 527 3pm-12am</p>
	<p>Crossroads Community Care Centre Inc. Miranda Provides families and individuals with support including accommodation, crisis support and counselling</p>	<p>Ph. (02) 9525 3790</p>

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	Caringbah Women’s Health Information Centre	Ph. (02) 9525 2058
Legal Advice, Information and Services	Seniors Rights Service An advocacy service for older people including residents of commonwealth funded aged care facilities, retirement villages and people receiving community packages of care in their home. Provide education and guidance to help people understand and exercise their rights	Ph. 1800 424 079 9281 3600 Website
	Kingsford Legal Centre A community legal centre providing legal advice and case work to people who live, work or study in the Randwick and Botany local government areas	Ph. 9385 9566
	Legal Aid NSW Provides free legal advice to the public on all matters. Have a specialised Older Persons’ Legal and Education Program which works to promote and protect the legal rights of older people	Ph. 1300 888 529 Website
	Community Legal Centre NSW Community Legal Centres (CLCs) are independent community organisations providing equitable and accessible legal services, particularly for disadvantaged and marginalised people and communities	Website
	NSW Civil and Administrative Tribunal – Guardianship Division (NCAT) Tribunal that can appoint guardians and financial managers for people who do not have capacity to make decisions for themselves	Mon-Fri 9am-4.30pm Ph. 1300 006 228 Website
	NSW Trustee and Guardian An independent and impartial Executor, Administrator, Attorney and Trustee for the people of NSW. Provides direct financial management services and authorisations, and direction to private financial managers	Mon-Fri 9am-5pm Ph. 1300 109 290 Website

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	<p>NSW Public Guardian The Public Guardian is a public official appointed by NCAT or Supreme Court of NSW to make healthcare, lifestyle and medical decisions for a person who lacks decision-making ability. They are available to provide advice to hospital staff when considering making and application to NCAT for guardianship</p>	<p>Ph: 1300 109 290 Website</p>
	<p>Women’s Legal Service NSW Provides free confidential legal information and referrals for women in NSW with a focus on family law, domestic abuse, sexual assault and discrimination</p>	<p>Ph. (02) 8745 6900</p>
	<p>Immigration Advice and Rights Centre For immigration and visa issues community legal centre providing free legal advice and assistance to people from culturally and linguistically diverse backgrounds throughout New South Wales</p>	<p>Ph. (02) 8234 0700</p>
	<p>Wirringa Baiya Aboriginal Women’s Legal Centre Provides Aboriginal women with appropriate legal representation, advocacy, advice and referral</p>	<p>Ph. 1800 686 587 (02) 9569 3847</p>
Complaints	<p>Health Care Complaints Commissioner Acts to protect health and safety by resolving, investigating and prosecuting complaints about health care</p>	<p>Ph. 1800 043 159 Mon-Fri 9am-5pm Website</p>
	<p>Office of the Legal Services Commissioner Receives complaints about solicitors and barristers practising in NSW, and mediates disputes between clients and their solicitor/barrister – can relate to complaints involving costs and bills</p>	<p>Ph. 1800 242 958</p>
	<p>Aged Care Quality and Safety Commission A free service for anyone to raise their concerns about the quality of care and services being delivered to people receiving aged care services funded by the Commonwealth Government</p>	<p>Phone 1800 951 882 Website</p>

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<p>Emergency Accommodation/ Housing</p>	<p>Link2Home Homelessness information and referral telephone service. For information, assessment, and referral to homelessness services and support in NSW</p>	<p>Ph.: 1800 152 152 9am-10pm: provide information & assessment to determine help needed, referrals to support and accommodation services. 10pm-9am: Provide information & assessment only.</p>
<p>Indigenous Services</p>	<p>Indigenous Women’s Legal Program Free confidential legal information, advice and referrals for Aboriginal and Torres Strait Islander women in NSW with a focus on domestic abuse, sexual assault, parenting issues, family law, discrimination and victim’s support.</p>	<p>Ph. 1800 639 784 Mon, Tue, Thurs 10.30am-12.30pm</p>
	<p>Aboriginal Contact Line (via Victims Services NSW) Provide support and information on referrals for victims of crime.</p>	<p>Ph. 1800 019 123 Mon-Fri 8am-6pm</p>
<p>NSW Police</p>	<p>Anyone in immediate danger should call 000. For non-emergency crimes Ph.131 444 or call your local police station directly. Alternatively contact the Domestic Abuse Liaison Officer or the Aged Crime Prevention Officer.</p>	<p>Emergency Dial ‘000’ Non-Emergency Ph. 131 444 Aged Crime Prevention Officer Central Metro Region Ph: 9362 6324</p>
<p>Financial Support</p>	<p>Human Services: Centrelink Information and forms needed to apply for financial assistance including aged pension, carer’s allowances and carer’s payments.</p>	<p>Website</p>
<p>Other relevant helplines</p>	<p>Carer Gateway Carer Gateway is a national online and phone service that provides practical information and resources to support carers and can assist to organise emergency respite.</p>	<p>Ph. 1800 422 737</p>

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	<p>Carers NSW For carer information, support and counselling</p>	<p>Ph. 92804744 Mon- Fri 9am-5pm Website</p>
	<p>National Dementia Helpline Provide information and support to people with dementia, their carers', families and friends, as well as people concerned about memory loss</p>	<p>Ph. 1800 100 500 Mon-Fri 9am – 5pm</p>
	<p>Older Persons Advocacy Network (OPAN) A national network comprised of none state and territory organisations who provide free services to older people and their representative to address issues related to Commonwealth funded aged care services.</p>	<p>Ph: 1800 700 600 Website</p>
	<p>Healthdirect – after hours GP Helpline Free access to a GP at night, on weekends and public holidays</p>	<p>Ph. 1800 022 222</p>
	<p>NSW Rape Crisis Centre incorporating the National Sexual Assault, Domestic Abuse and Family Abuse Counselling Link Counselling service and provide information about sexual assault services</p>	<p>Ph. 1800 737 732 24 hours a day, 7 days a week</p>
	<p>Men's Line Australia Men's Line Australia is the national telephone and online support, information and referral service for men with family and relationship concerns</p>	<p>Ph. 1300 789 978</p>
	<p>Life Line Crisis support and suicide prevention service</p>	<p>Ph. 13 11 14 24 hours a day, 7 days a week</p>
	<p>Department of Veteran Affairs Offer services to Veteran card holders; such as in-home support with activities of daily living and community nursing.</p>	<p>Ph. 133 254</p>
	<p>Housing NSW</p>	<p>Ph. 9314 4056</p>
	<p>Mental Health Line Initial intake and referral line for all NSW mental health services. Referrals can be made via the individual, carers, GP's and</p>	<p>Ph. 1800 011 511 24 hours a day, 7 days a week</p>

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	<p>other professionals. The line is staffed by mental health professions that will assess urgency of the call and can refer onto specialist older persons mental health teams.</p>	
	<p>RSPCA Community Aged Care Program 65 years of age or older with temporary foster accommodation and/or emergency boarding of the pet should the owner require medical treatment, respite or other assistance.</p>	<p>Ph.: (02) 9782 4408 Website</p>