Elder Abuse Toolkit

For local governments working with older people

Produced by Eastern Community Legal Centre (2013)
Background

The Elder Abuse Prevention Strategy (EAPS) has been developed by the Victorian State Government to protect and safeguard the rights of older Victorians. The fundamental principle underpinning the strategy is that every Victorian has the right to live safely and to be treated with dignity and respect. However some older Victorians are affected by elder abuse and this is unacceptable.

In 2009 the Eastern Community Legal Centre, in partnership with the Inner East Primary Care Partnership, applied to conduct an EAPS project in the Eastern region, part of which involved a part time project worker responsible for establishing elder abuse networks, developing appropriate response frameworks and conducting elder abuse information sessions for professionals and the general public. The Elder Abuse Toolkit for Local Governments developed as part of this project.

Acknowledgements

ECLC would like to thank and acknowledge the support and assistance from the following:

- The Victorian State Government
- Seniors Rights Victoria
- Inner East Primary Care Partnership

This document was produced by Kaz Mackay, Elder Abuse Project Co-ordinator with Eastern Community Legal Centre in 2012 for use by local governments across the eastern metropolitan region.
CONTENTS

About this Toolkit........................................................................................................... 1
What is Elder Abuse? ........................................................................................................... 2
How Elder Abuse Relates to Health Promotion................................................................. 3
Types and Signs of Elder Abuse......................................................................................... 4
  • Physical
  • Financial
  • Psychological or Emotional
  • Neglect
  • Social
  • Sexual
Risk Factors....................................................................................................................... 7
6 Steps to Assessing and Responding to Elder Abuse......................................................... 8
Assessing Capacity............................................................................................................. 9
Elder Abuse Behavioural Indicators................................................................................. 10
Responding to Elder Abuse............................................................................................. 11
Emergency Responses....................................................................................................... 12
Powers of Attorney and Guardianship.............................................................................. 13
Implementing an Elder Abuse Policy.............................................................................. 14
Where to go for Further Information............................................................................. 15
Sample Elder Abuse Policy............................................................................................ 17
Reference Guides and Worksheets.................................................................................. 21
  • Is your organisation ready to manage elder abuse?
  • Elder Abuse questions worksheet
  • Self tests for family members, friends, workers and volunteers
  • Sample risk assessment questions
  • Case scenarios
Information Sheets.......................................................................................................... 29
  • Case worker responsibilities flowchart
  • Inter agency response guide
  • Elder Abuse prevention guide
  • Types of Elder Abuse
  • Behavioural indicators
  • Personal Safety Plan
  • Resources and Phone numbers
Who is the toolkit for?
This toolkit is designed to assist local government staff who work with, or provide services to, older persons, in particular the staff in the following areas:

- Home & Community Care (HACC)
- Planned Activity Group (PAG)
- Aged care & disability services
- Meals on Wheels
- Home Help
- Community/Seniors Register

What is the purpose of the toolkit?
The aims of the toolkit are to:

- Build awareness and understanding about elder abuse by professionals
- Encourage more effective reporting and responses to elder abuse
- Ensure that appropriate policies, protocols and referral frameworks are in place
- Support the rights and choices of older people

How should the toolkit be used?

- All pages can be photocopied as needed
- Worksheets can be used as an activity during team meetings or information sessions
- Information sheets can be used in induction kits for staff and volunteers
- The Elder Abuse policy can act as a model to be tailored as required

Important note
It is highly recommended that this toolkit be read in conjunction with the following document, produced by the Victorian State Government:


This document can be viewed or downloaded online at:

WHAT IS ELDER ABUSE?

The Victorian report of the Elder Abuse Prevention project (*Strengthening Victoria’s Response to Elder Abuse, December 2005*) defines elder abuse as:-

"Any act occurring within a relationship where there is an implication of trust, which results in harm to an older person."

Abuse may occur as a result of ignorance or negligence or it may be deliberate. Some forms of abuse are criminal acts, i.e. sexual and physical abuse.

Abuse is typically carried out by family members, in particular adult children, upon whom the older person is dependent for care and/or accommodation.

THE RIGHTS OF OLDER PEOPLE

Older people have the right to:-

- **Self Determination and Dignity** - To make their own decisions on matters affecting their lives.

- **Feel Safe** - To live safely, free of violence, abuse, neglect and exploitation.

- **Self Fulfilment** - To be able to develop their own interests and to participate in educational, cultural, spiritual and social activities.

- **Access Information and Assistance** - To access information and assistance that is culturally and linguistically appropriate.

- **Participate in the Community** - To share their knowledge, contribute to the community and be an active member of society.

Elder abuse is a violation of human rights and is a significant cause of injury, illness, lost productivity, isolation and despair.
### HOW ELDER ABUSE RELATES TO HEALTH PROMOTION

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(Source: Adapted from the National Public Health Partnership, Preventing Chronic Disease: A Strategic Framework 2001)

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(Source: Adapted from ‘Promoting Peace in Families Projects – City of Casey; DHS Integrated Health Promotion Framework 2003)
Physical abuse:

Behaviours or actions that are physically abusive include:

- Pushing and shoving or rough handling
- Kicking, punching, slapping, biting and burning
- Restraining with rope, belts and ties
- Locking the person in a room, building or yard
- Misuse or withholding of medications or using alcohol or medications as a form of restraint
- Intentional injury with a weapon or object

Signs of Physical abuse may include:

- Internal or external injuries, unexplained bruises or marks, pain on touching
- Evidence of hitting, punching, shaking (i.e. bruises, lacerations, choke marks or welts)
- Burns (i.e. ropes, cigarettes, matches, iron, hot water)
- Broken or healing bones
- Unexplained or unattended injuries or conditions
- Over sedation or under sedation
- Unexplained pain or restricted movements
- Cringing or acting fearfully
- Repeated unexplained accidents
- Accounts about injuries that conflict between the older person and others

Financial abuse:

Behaviours or actions that are financially abusive include:

- Threatening, coercing or forcing an older person to hand over an asset or sign a will etc.
- Abusing or neglecting to manage an older persons finances (when Powers of Attorney apply) or managing the finances of a competent older person without their permission
- Stealing goods from an older person (i.e. jewellery, credit cards, cash, food, equipment)
- Using an older person’s banking and financial documents without authorisation
- Misuse of an older person’s possessions or money
- Forcing an older person to have an assessment of decision-making capacity in order to access an Enduring Power of Attorney (or not using interpreters for this process when needed)
- Appropriating the proceeds of the sale of an older person’s home with the promise of providing future accommodation or care and then not providing it
- Pressuring an older person for an early inheritance, to sell their home, or for a gift or a loan
- Incurring bills for which an older person is responsible

Signs of Financial Abuse may include:

- Missing belongings or assets
- Unfamiliar or new signatures on cheques and documents or suspicious withdrawals
- Inability of an older person to access bank accounts or statements
- Stockpiling of unpaid bills or decline in older persons spending habits
- Transfer of assets and powers to others who stand to benefit
- Unexplained withdrawals from bank accounts or missing money from purses/wallets
Psychological or emotional abuse:

Behaviours or actions that are psychologically or emotionally abusive include:
- Pressuring, intimidating or bullying
- Name calling, verbal abuse, degrading or humiliating an older person
- Treating an older person like a child
- Threatening to harm the person, other people or pets
- Preventing an older person from speaking
- Repeatedly telling an older person that they have dementia
- Threatening to withdraw access to grandchildren or other loved ones
- Threatening to put an older person into an aged care facility
- Preventing access to services

Signs of Psychological / Emotional Abuse may include:
- Resignation, shame
- Depression, tearfulness
- Confusion and social isolation
- Feelings of helplessness
- Unexplained paranoia or excessive fear
- Insomnia
- Unusual passivity or anger

Neglect:

Behaviours or actions that are actively or passively neglectful include:
- Failure to provide basic needs i.e. food, adequate or clean clothing, heating, medicines
- Receiving a carers allowance and not providing the expected care
- Leaving the older adult in an unsafe place or in isolation
- Self neglect due to a life long pattern or which reflects a change in cognition

Signs of Neglect may include:
- Inadequate clothing, complaints of being cold or too hot
- Poor personal hygiene or skin condition
- Lack of medical or dental care or injuries that have not been properly cared for
- Exposure to unsafe, unhealthy, unsanitary conditions
- Malnourishment and unexplained weight loss
- Hypothermia or overheating
- Abandonment or being left unattended for long periods
- Lack of social, cultural, intellectual or physical stimulation
- Under medication or over medication

Social abuse:

Behaviours or actions that are socially abusive include:
- Preventing contact with family and friends, denying access to the phone or computer
- Withholding mail
- Living in and taking control over an older person’s home without their consent
- Preventing an older person from engaging in religious or cultural practices
- Moving an older person far away from their immediate family or friends
Signs of Social Abuse may include:
- Sadness or grief at the loss of interactions with others
- Withdrawal or listlessness due to people not visiting
- Changes in levels of self esteem
- Worry or anxiety after a particular visit by specific person
- Appearing ashamed

Sexual abuse:

Behaviours or actions that are sexually abusive are:
- Non consensual sexual contact, language or exploitative behaviour
- Touching an older person inappropriately or molestation
- Rape (including digital rape)
- Cleaning or treating the older person’s genital area roughly or inappropriately
- Viewing obscene video’s or making obscene phone calls in the presence of an older person without their consent
- Enforced nudity of an older person against their consent

Signs of Sexual Abuse may include:
- Unexplained STD or incontinence (bladder or bowel)
- Internal injuries
- Injury (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
- Anxiety around alleged or suspected perpetrator
- Changes in sleep patterns, sleep disturbance or nightmares

Cultural considerations

Approaches to old age differ from culture to culture and family to family. As with all ages, a person’s family or cultural values and practices need to be respected. The important thing is to understand the intention behind the practice or behaviour and to ensure that, ultimately, the older person is safe and comfortable with the situation.

It is advisable to use an interpreter, if necessary, rather than rely on friends or family members. This will prevent the facts from being distorted and help to enable the older person to speak up.

Please note that Elder Abuse information sheets are available in a range of community languages via Senioronline: http://www.senioronline.vic.gov.au/yourrights/index.html
RISK FACTORS

The following indicators may help to identify whether an older person is at a higher risk of abuse and requires support to help minimise that risk. (Based on information from Senior Rights Victoria [SRV])

The older individual:

- Social isolation or living alone
- Insecure or inadequate accommodation arrangements
- Poor physical health/frailty
- Mental incompetency (dementia)
- Psychological dependency on an abuser
- Physical dependency on an abuser
- Lack of information about rights or options
- Lack of appropriate services involved (or unwillingness to accept these services)
- Financial difficulties
- Substance or alcohol abuse
- Gambling or other addition
- Family conflict or dysfunction

Family members or carer/s:

- Mental health issues
- Alcohol or drug issues
- Dysfunctional relationships
- History of family violence
- Carer’s stress
- Limited experience in a caring role
- Financial difficulties
- Cultural factors

(Please also see Sample Risk Assessment Questions in Worksheets section, page 26)

What stops disclosure?

- Dependency on the carer for their living arrangements
- Sense of guilt or responsibility for the abuser’s actions or behavior
- Fear of reprisals by the abuser
- Reluctance to see their son/daughter or other family member charged or exposed as an abuser
- Shame or embarrassment
- Family loyalty
SIX STEPS TO ASSESSING & RESPONDING TO ELDER ABUSE

1. Identify
   - Include general questions during an assessment to help identify risk factors.
   - Consider using direct elder abuse questions where risk indicators suggest there is the potential for elder abuse.
   - Use direct elder abuse questions when there are obvious signs or symptoms of elder abuse.

2. Provide Emotional Support
   - Listen to the older person’s story.
   - Acknowledge what they tell you.
   - Validate their experience.

3. Assess Risk
   - Determine the level and urgency of safety concerns.
   - Identify risk that is life threatening, including risk of homicide.
   - Identify risk of suicide or serious health concerns.

4. Plan Safety
   - If the older person is at risk of serious harm or death, advise the older person of concerns and contact the police.
   - For all other safety concerns, seek consent from the older person to refer and discuss a safety plan and referral options.
   - Educate and support the person with their choices and provide contact information for services that can assist.

5. Report and Document
   - Report your observations or suspicions to your manager or team supervisor.
   - Record the action taken and document any current or past injuries.
   - Refer to your elder abuse policies and protocols and follow recommended process.
   - Ensure procedures are in place for ongoing monitoring and follow up action/s.

6. Refer
   - Make appropriate referrals i.e. Seniors Rights Victoria.
   - If the person refuses assistance, leave contact information and let them know you are available to talk should they change their mind.
   - Where the older person has impaired capacity, discuss the options with the carer, Enduring Power of Attorney or Guardian, if appropriate, or refer the matter to the Office of Public Advocate for investigation.

(Source: ‘Elder Abuse & Neglect’ Family violence Intervention Guidelines, New Zealand Ministry of Health 2007)
Definition of mental capacity

According to the Victorian Office of Public Advocate (OPA), mental capacity (also referred to as legal capacity) relates to the ability to understand an act, a decision or transaction and its consequences. An older person is deemed to have mental capacity if they can:

- Understand the facts involved
- Understand the main choices or options
- Weigh up the consequences or implications
- Communicate their decision/s or wishes

Formal assessment of a person’s capacity is complex and requires the authority or expertise of trained medical staff or a lawyer. If there is doubt about an older person’s mental capacity to make decisions, referral to a cognitive dementia and memory service clinic (CDAMS), GP, neurologist, psycho-geriatrician or other assessment specialist may be necessary. This will require the consent of the older person or their Enduring Power of Attorney (Medical or Legal).

Important things to note

- An older person should be presumed to have capacity at all times unless formal assessment has confirmed otherwise.
- Lack of capacity should not be assumed on the basis of a person’s age, appearance, disability, behaviour, language skills or any other condition or characteristic.
- Privacy must always be respected.
- Older people should be supported to make their own decision wherever possible.
- The capacity to *make decisions* should be assessed NOT the decisions themselves.

Capacity can fluctuate or be decision-specific

An older person may have the capacity to make certain decisions but lack the capacity to make others (i.e. able to organise routine cooking and cleaning but unable to manage finances). Capacity can also fluctuate as a result of illness or stress, but return once they are well or the stress has passed. Some older people think more clearly in the mornings, while others become more lucid as the day progresses.

What if an older person refuses to be assessed?

If an older person refuses to be assessed, and there is concern for the person’s safety, an application to VCAT for the appointment of a guardian may be necessary, in order to gain consent for an assessment.

Every effort to consult with the older person’s family about an assessment and/or VCAT application should be undertaken.
Aged Care Assessments

An aged care assessment may be necessary when an older person:-

- is no longer able to manage at home without assistance
- shows clear signs of diminished capacity
- requires an assessment for admission to a government subsidised aged care or respite facility

Referrals for an aged care assessment by Aged Care Assessment Service (ACAS) can be made by anyone, including local government HACC staff or the older person themselves. ACAS can also approve older people for an (Australian Government) Community Aged Care Packages.

Aged care assessments involve an arranged meeting with the older person and their carer or family member, in their home or hospital, during which the person’s current abilities and needs will be assessed to determine whether they require placement in an aged care facility, or support to assist them to continue living at home.

Collaboration with other agencies and service providers

The privacy of clients must always be protected if you are discussing the case with other agencies. This means NOT disclosing their name, address or that of their carer or family members, along with any other identifying information.

You will need to seek the consent of the client, their Guardian or Enduring Power of Attorney (Medical) before referrals or appointments with other agencies can be made.

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**Elder abuse behavioural indicators**

As many older people are reluctant to disclose elder abuse, it is important to be aware of the following elder abuse indicators:-

**The older person:**  
- Repeated injuries or injuries that don’t match explanations  
- Reluctance to follow through with treatment plans or involvement by other agencies  
- Frequently missing appointments without explanation  
- Reluctance to answer questions  
- Unexplained withdrawal from social activities or outings  
- Ongoing depression, fear and/or anxiety

**Family members or carers:**  
- Denial of knowledge about injuries or giving excuses which don’t “add up”  
- Blaming the older person for their injuries or condition  
- History of drug or alcohol abuse  
- Refusal to let health professionals talk to, or meet with, the older person  
- Continually answering questions or talking for the older person

*For more details please see the Behavioural Indicators Information Sheet included in this Toolkit.*
RESPONDING TO ELDER ABUSE

Duty of Care by Councils and Council staff

All council staff have a duty of care to the clients that they provide services for, both directly or indirectly. This includes volunteers that are supervised by council staff. *(Please refer to your Council’s Duty of Care statements, policies and procedures for further details).*

Mandatory Reporting – does it apply?

The Victorian Government takes a rights-based approach to elder abuse, which focuses on empowering the older person to make informed decisions about their welfare and lifestyle. This means that mandatory reporting does not apply to elder abuse outside of aged care institutions.

However, in any case where you believe there is serious and imminent danger to a person’s life or property or where sexual assault is involved, you have a professional duty of care to arrange for the police to be contacted as soon as possible. *(Please see Emergency Responses, page 12)*

Wherever possible, try to ensure that any action taken does not cause more harm or undermine the rights of the older person.

What should be reported and recorded?

Ideally, the permission of the older person should be gained before reporting known or suspected elder abuse. If this is difficult, workers should report their concerns to the relevant team leader or manager as soon as possible.

Steps that a supervisor or manager might consider at this point include:-

- Referral to Council policies and protocols on elder abuse.
- Making comprehensive file notes for future reference. This will help provide important information if further abuse occurs.
- Organising a follow up visit by a health care professional or relevant council staff member.
- Contacting Seniors Rights Victoria, who will provide free telephone advice and information for professionals managing elder abuse cases.

*(For information about Emergency Responses, please see Page 12)*

Client records should indicate the following:

- The date the abuse is observed or first suspected
- The type of abuse (physical, psychological etc)
- The signs or indicators that abuse is occurring
- The name and relationship to the older person of the known or suspected abuser
- Details of any disclosure that the older person or others have provided
- Responses or actions that have been taken in relation to the abuse by the worker or by others
How to question an older person about elder abuse

Questions need to be sensitive and respectful of the older person’s privacy, safety and family or cultural backgrounds. Ideally, discussion should take place at an appropriate time and place when the older person is alone or feeling safe. Avoid asking questions which may alarm or cause stress to the older person.

General and gentle questions include:

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

Discontinue questioning if the older person becomes distressed or angry. Responses should be non-judgemental and empathetic. Reassure them that there is help at hand if they need it.

Direct questions for use when abuse is apparent and/or of serious concern include:

- Are you feeling safe?
- Are you afraid on anyone at home?
- Has anyone ever made you do things you didn’t want to?
- Has anyone ever touched you without consent?
- Has anyone ever shouted at you or threatened you?
- Has anyone ever taken anything that was yours without your consent?
- Have you ever signed any documents that you didn’t understand?
- Has anyone ever failed to help you when you needed help?

(For more information about suitable questioning, please see the Worksheet on page 23)

EMERGENCY RESPONSES

An emergency response is called for when there is:

- Serious and imminent threat to human life
- Sexual abuse
- Serious damage to property

While it is always preferable to gain the consent of the older person before making calls to emergency services, it is not necessary in the above circumstances. Police can also act without the older person’s consent if further action is necessary (i.e. force entry into a residence, charge or remove the perpetrator, call for an ambulance or organise emergency accommodation).

Notify your team leader or supervisor of this action as soon as practicable.

Note that if police are called and an offender is charged, the police may request the person who made the initial call to make a statement and/or provide evidence at court.
Many older people have appointed a friend or relative as Power of Attorney in case decisions need to be made on their behalf when they are not capable of doing so.

It is worthwhile knowing how these powers work and what decisions they entitle the Attorney to make, particularly as elder abuse is sometimes perpetrated by the people who hold these powers.

Council staff who have the responsibility of responding to suspected cases of elder abuse should contact an older person’s Power of Attorney or Guardian as soon as abuse is reported. In cases where the abuse relates to the Power of Attorney or Guardian, the standard procedures as outlined in the Elder Abuse Policy and/or Guidelines should be followed. *(See the Sample Elder Abuse Policy in the appendix section)*.

It is important that Team Leaders and Managers of direct care staff involved with vulnerable older people understand the differences between the various Powers of Attorney and the extent to which they apply to various decisions.

**General Power of Attorney**

This is a legal document that appoints one or more people to make financial and legal decisions on behalf of another person. It is used for a specific purpose (i.e. the sale of a property) and for a fixed period of time. It is not valid once a person has been assessed as no longer having capacity.

**Enduring Power of Attorney - Financial**

This is a legal document that appoints one or more people to make financial and legal decisions on behalf of another person when they no longer have capacity (hence the term “enduring”). Powers only apply to decisions that relate to finances or assets. They do NOT apply to medical, personal or life-style decisions.

**Enduring Power of Attorney - Medical**

This is the same as the Enduring Power of Attorney – Financial, except that the decision making powers are restricted to the medical or health status of the person involved. They do NOT apply to financial, personal or life-style decisions.

**Enduring Power of Guardianship**

This is a legal document that appoints a person to make personal or lifestyle decisions on behalf of another person. This appointment begins only AFTER a person has been assessed as no longer having capacity to make decisions for themselves. The types of decisions that can be made by the Guardian need to be specified, but can relate to (or be limited to) financial, medical, personal and life-style decisions.
**IMPLEMENTING AN ELDER ABUSE POLICY**

**Process for implementing an elder abuse policy**

1. Draft policies, procedures and referral pathways (see this Toolkit or contact Eastern Community Legal Centre for details)
2. Train staff about elder abuse and the use of the policy (you can access free training from Victoria University)
3. Include elder abuse prevention information and information about the rights of older people in orientation for relevant staff
4. Keep elder abuse prevention as a permanent agenda item at relevant meetings
5. Review the policy and procedures on an ongoing basis

**Designing your own policy**

The following sample Elder Abuse Policy aligns with best practice standards, as outlined in the ‘With Respect to Age’ publication, produced by the Victorian State Government. It is designed to be adapted according to need.

Most local councils (and some organisations) will have their own formatting and style guides which will need to be applied to the document. Additional information may need to be included according to the type of work, the relationship that the organisation has with older people, and the expectations of the organisation’s staff and volunteers.

For further information about policies and protocols for dealing with elder abuse, please contact State Government, Department of Health & Ageing.

*Please see the Sample Elder Abuse Policy at rear of this toolkit*
SENIORS RIGHTS VICTORIA (SRV)

Seniors Rights Victoria is a government-funded service for older Victorians, their friends and family members seeking information and support relating to elder abuse. SRV will also provide advice and information to service agencies and local government departments working or liaising with older people. Although Melbourne based, SRV can provide outreach services to all areas.

SRV can also provide written information on elder abuse in a wide range of community languages.

CONTACT DETAILS: 1300 368 821 (Monday to Friday 10am – 5pm)

EASTERN COMMUNITY LEGAL CENTRE (ECLC)

Eastern Community Legal Centre is a government-funded service for people who are disadvantaged and require assistance or advice with legal matters, including elder abuse. ECLC has offices in Box Hill and Boronia and provides outreach in a range of inner and outer eastern suburbs.

ECLC can also provide information and referral to service agencies and local government departments working or liaising with vulnerable older people via the Eastern Elder Abuse Network, which offers a confidential case conferencing email facility to over 60 professional members.

CONTACT DETAILS: Box Hill - 9285 4822  (Monday to Friday 9am – 5pm)
                     Boronia – 9762 6235 (Monday to Thursday 9am – 5pm)

AGED CARE ASSESSMENT SERVICE (ACAS)

The Aged Care Assessment Service is a government-funded service which provides assessment services for older persons who are no longer managing to live independently without assistance.

ACAS can also provide information and referral to service agencies and local government departments working or liaising with vulnerable older people.

CONTACT DETAILS: Inner East ACAS – 9881 1875 (Monday to Friday 9am – 5pm)
                     Outer East ACASS – 9764 6390 (Monday to Thursday 9am – 5pm)
The Eastern Elder Abuse Network (EEAN) is an open network for professionals working with older people in the eastern region. The network meets bi-monthly and aims to encourage information exchange and cross-agency referrals and to provide a forum for discussing and exploring policies, procedures and case studies which relate to elder abuse.

EEAN also provides a confidential case conferencing facility, which enables any member to share de-identified case studies for the purpose of gaining referral, support, advice or information. This enables a collaborative approach to be taken in instances of complex elder abuse cases that require assistance beyond the capacity of just one agency.

Membership includes:
- Hospitals
- Aged Care facilities
- Charity-operated services (Baptcare, Salvation Army Eastcare etc)
- Community Legal services
- Seniors Rights Victoria
- Local Government
- ACAS
- Victoria Police
- Peak body representatives

For more information about the network, contact Eastern Community Legal Centre on (03) 9285 4822 or (03) 9762 6235.

World Elder Abuse Awareness Day (WEEAD) is held on June 15 each year.

Help to raise awareness about elder abuse and promote WEEAD each year by encouraging your staff, volunteers and clients to wear purple clothing and a purple ribbon on the day. Special purple ribbons can be obtained from Senior Rights Victoria (phone 1300 368 821). WEEAD is also an ideal time to conduct elder abuse training workshops or information sessions for staff.

**WEEAD / ELDER ABUSE TRAINING DVD**

Eastern Community Legal Centre (ECLC) has produced a short promotional DVD on elder abuse, based on the “No Ball for Elder Abuse” cricket match held at the MCG, umpired by Max Walker (Australian cricket legend) and featuring Tom Hafey (well known AFL player/coach). The DVD is an ideal training tool for HACC or Aged Care & Disability training/team sessions, or to show at seniors’ events or activities. The DVD can be found at: [www.eclc.org.au/elderabuse](http://www.eclc.org.au/elderabuse)

**Other WEEAD resources** (posters, logos and information) are available at: [www.inpea.net/weaad](http://www.inpea.net/weaad).
SAMPLE ELDER ABUSE POLICY

For adaptation and inclusion in local government policies relating to family violence and/or elder abuse
Date of policy endorsement: .................................................
Date last reviewed: .................................................................

Purpose of this policy
The purpose of this policy/procedure is to:
- Ensure that appropriate action is taken in cases of elder abuse or suspected elder abuse
- Maintain the dignity and safety of older people utilising the Council service
- Achieve an integrated and standardised approach to the management of elder abuse, while respecting the rights of older people to make their own decisions

Related documents
This policy should be read in conjunction with ‘With Respect to Age - 2009: Victorian Government Practice Guidelines for Health Services and Community Agencies for the Prevention of Elder Abuse’, produced by the Victorian State Government. This document can be viewed or downloaded online at: http://www.health.vic.gov.au/agedcare/publications/respect/index.htm#download

Please also refer to other related Council policies including:
- Occupational Health & Safety policy
- Home Visiting policy
- Client Confidentiality and Privacy policy
- Client Referral policy
- Assessment of Client Capacity policy
- Emergency procedure
- Working with People from CALD backgrounds policy

Policy Statement
This Council will address suspected cases of elder abuse in accordance with ‘With Respect to Age – 2009: Victorian Government guidelines for Health Services and Community Agencies for the Prevention of Elder Abuse’.

Older Abuse Definition (See page 4 – With Respect to Age - 2009)

Elder abuse is any act occurring within a relationship where there is an implication of trust, which results in harm to an older person.

This policy does not apply to situations of abuse in aged care institutions, professional misconduct, harassment or criminal acts by strangers.

Abuse may occur as a result of ignorance or negligence or it may be deliberate. Some forms of abuse are criminal acts, i.e. sexual and physical abuse. Abuse is typically carried out by family members, in particular adult children, upon whom the older person is dependent for care and/or accommodation.
Key Principles underpinning the implementation of the Victorian Government Elder Abuse Prevention Strategy (See page 3 – With Respect to Age 2009)

- **Competence** - All adults are considered competent to make informed decisions unless demonstrated otherwise.

- **Self Determination** – With appropriate information and support, individuals should be encouraged to make their decisions.

- **Appropriate protection** – where a person is not competent to make their own decisions, it may be necessary to appoint a guardian or administrator. If a person is represented, their wishes should still be taken into account as far as possible.

- **Best Interests** – The interests of an older person’s safety and wellbeing are paramount. Even when they are unable to make all decisions themselves, their views should be taken into account as far as possible.

- **Importance of relationships** – All responses to allegations of abuse should be respectful of the existing relationships that are considered important to an older person.

- **Collaborative responses** – Effective prevention and response requires a collaborative approach which recognises the complexity of the issue and the skills & experience of appropriate services

- **Community responsibility** - The most effective response is achieved when agencies work collaboratively and in partnership with the community.

**Duty of Care** (See page 99 – With Respect to Age 2009).

Duty of care involves a legal obligation to avoid causing harm to another person though negligence or carelessness. Duty of care refers to actions of a worker as well as advice that a worker gives or fails to give.

Under the Wrongs Act 1958 (VIC) a worker is not negligent in their duty of care obligations if:

- a) The risk was foreseeable
- b) The risk was not significant, and
- c) In the circumstances, a reasonable person in the workers position would have not have taken precautions

Duty of care obligations may also be limited by the employee's professional expertise and competence. However, the employer is expected to provide appropriate levels of training to ensure that these factors do not lead to breaches of duty of care obligations.

*(Please refer to your Council’s Duty of Care policies & obligations)*
**Procedure if you suspect abuse**

Action taken will depend on the individual situation and will often involve a primary assessment team such as a Geriatrician, Doctor and Social Worker.

1. Staff should report any suspicion of abuse to their supervisor, manager or team leader.

2. In the case of an emergency situation which poses an immediate threat to human life or a serious risk of physical harm or serious damage to property, staff should act in accordance with Council’s emergency procedures. This may involve the following:-
   - Calling emergency services (i.e. ambulance or police)
   - Medical treatment (i.e. referral to local doctor or health service)
   - Emergency accommodation (i.e. referral to supported housing services in the region, a women’s refuge or respite in an aged care facility)


4. Arrange to conduct a Risk Assessment and an assessment of the needs of the older person. This is usually done via a home visit or by referral to an appropriate assessment service, such as Aged Care Assessment Service (ACAS).

5. Develop a care or safety plan to support the older person to prevent further abuse. This should include interventions to stop re-occurrence and should be developed in consultation with the older person. Provide information about the older person’s rights and any services that are available to support their needs (i.e. Seniors Rights Victoria).

**Reluctance to Accept Intervention**

**Diminished Capacity**

If there is a concern that the older person lacks capacity to make decisions (i.e. in cases of dementia) an appropriate referral to assess their capacity must be made (in consultation with the older person and their carers and/or family members).

If assessment is refused and there is reasonable concern that the older person's best interests are not being met, an emergency application to Victorian Civil & Administrative Tribunal (VCAT) for an appointment of a temporary guardian or administrator may be necessary in order to protect an incompetent older person (and their property and assets).

**Capacity**

If an older person is competent but refuses help, effort should be made to provide the older person with appropriate information about services available to them and (i.e. emergency services or Seniors Rights Victoria etc) and other options (i.e. respite services or alternative accommodation).

Other actions (with the older person's consent) might include:-

- registering with a Seniors/Community Register at a police station in their region
- developing a safety or care plan
- organising for regular home visits or contacts by other relevant service agencies

In a case of self-neglect in which a competent older person chooses to live in squalor, the situation could be considered a public health risk under the Health Act and an application to VCAT for intervention may be necessary.
Consideration of carers of older people

People caring for an older person, particularly with dementia, are often the recipients of verbal and physical abuse and may be experiencing high levels of carer stress, which can lead to elder abuse over time. It may be necessary to consider support for the carer as well as the older person (i.e. Carers Victoria).

People from Cultural and Linguistic Diverse (CALD) backgrounds

Cultural factors can influence how elder abuse is perceived, and specific strategies and responses to elder abuse should address these differences. It is important that support is provided with an understanding of the cultural background. People from different cultural backgrounds may require interpreter services. In these instances, family and friends should not be used as interpreters, but an independent interpreter should be sought.

Aboriginal & Torres Strait Islander people

If appropriate, advice should be sought from specific indigenous agencies with acknowledgement that cultural difference may require special sensitivity in relation to neglect and abuse. (See pages 7 to 9 – With Respect to Age 2009 for more detail about indigenous people)

Confidentiality and Privacy

Where possible discuss concerns about elder abuse with the older person and gain their permission to take action or refer to other agencies. Exceptions exist in cases where emergency responses are called for, or where self neglect is leading to serious ill health or public safety issues.

This policy is based on the information contained in ‘With Respect to Age – 2009. Victorian Government Practice Guidelines for Health Services and Community Agencies for the Prevention of Elder Abuse’, produced by the Victorian State Government. This document can be viewed or downloaded online at http://www.health.vic.gov.au/agedcare/publications/respect/index.htm#download}
WORK SHEETS

For use in team meetings or training sessions relating to elder abuse
This worksheet is designed to be used as an exercise for staff and volunteers who work or liaise with older persons, and can be used, for example, at team meetings or planning days.

The objective of this exercise is to allow staff and volunteers to assess whether your council is well placed to appropriately manage elder abuse cases and provide adequate support and information to older people.

<table>
<thead>
<tr>
<th>Self evaluation questions</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
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</thead>
<tbody>
<tr>
<td>Does your organisation have an Elder Abuse Policy?</td>
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<tr>
<td>Has your organisation developed a procedure for responding to known or suspected cases of elder abuse?</td>
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<tr>
<td>Does your organisation conduct a Risk Assessment when elder abuse is suspected?</td>
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<tr>
<td>Do you have a copy of the “With Respect to Age” resource?</td>
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<tr>
<td>Have you attended training specifically around elder abuse?</td>
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<tr>
<td>Are you aware of services offered by Senior Rights Victoria?</td>
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<tr>
<td>Has your organisation had instances of known or suspected elder abuse in the past?</td>
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<tr>
<td>Did your organisation manage these cases appropriately and confidently?</td>
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<tr>
<td>Did you refer to another organization for assistance?</td>
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<tr>
<td>Were you able to provide support to the client while their issue was investigated?</td>
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<tr>
<td>Was there a positive outcome for the older person?</td>
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<tr>
<td>Was appropriate support provided to staff while the client issue was investigated and worked through?</td>
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</tbody>
</table>

If you were unable to say “yes” to all of these questions, your Council may need to consider the following:
- Implementing an elder abuse policy, protocols and referral pathways
- Support for staff to undergo training in elder abuse

Please refer to the Elder Abuse Toolkit (produced for Local Government by Eastern Community Legal Centre) for more information about managing elder abuse.
ELDER ABUSE ‘QUESTIONS’ WORKSHEET

The objective of this exercise is to allow staff and volunteers to explore appropriate questions that may assist in assessing whether elder abuse is occurring. (Please refer to the section ‘Responding to Elder Abuse’ in the Elder Abuse Toolkit for further information)

After completing the worksheet, you might like to discuss the following with your colleagues:-
- which questions should not be asked and why?
- which questions would be useful (and in what circumstances)?
- what additional appropriate questions can you think of?

<table>
<thead>
<tr>
<th>Which of these questions are appropriate?</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>I noticed a bruise on your arm today – did you have a fall recently?</td>
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<tr>
<td>Do you feel as though you can’t trust anyone in your family?</td>
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<tr>
<td>Is there someone you can talk to about your situation?</td>
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<tr>
<td>Why don’t you tell your son not to talk to you that way?</td>
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<tr>
<td>Where has your antique clock gone – it was there last week?</td>
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<tr>
<td>Would you like me to talk to someone who can help or advise you?</td>
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<tr>
<td>Do you know that your daughter’s behaviour constitutes elder abuse?</td>
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<tr>
<td>You shouldn’t put up with this – why don’t you do something about it?</td>
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<tr>
<td>You seem a little upset – have you had a bad day/week?</td>
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<tr>
<td>How are you managing at home? (or how is your son/daughter managing?)</td>
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<tr>
<td>Would you like to have a visit from one of our social workers?</td>
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<tr>
<td>Has anyone tried to hurt you recently?</td>
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<tr>
<td>You seem anxious about your finances. Would you like someone to assist you with your banking etc?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Are you feeling afraid in your own home?</td>
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<tr>
<td>Do you know about a free telephone service for seniors called Seniors Rights Victoria – would you like the number?</td>
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<tr>
<td>Why haven’t you got any food in the fridge?</td>
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<td></td>
</tr>
<tr>
<td>How is it going now that your son is living back home with you?</td>
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</tr>
</tbody>
</table>

Please refer to the Elder Abuse Toolkit (produced for Local Government by Eastern Community Legal Centre) for more information about managing elder abuse.
# SELF TEST FOR PAID WORKERS AND VOLUNTEERS WHO ARE CARERS

<table>
<thead>
<tr>
<th>Score</th>
<th>How you feel</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I do not find my work satisfying</td>
</tr>
<tr>
<td>2.</td>
<td>I do not feel supported by my workplace or colleagues</td>
</tr>
<tr>
<td>3.</td>
<td>I do not feel connected to others</td>
</tr>
<tr>
<td>4.</td>
<td>I feel overwhelmed with responsibility as a carer</td>
</tr>
<tr>
<td>5.</td>
<td>I feel anxious</td>
</tr>
<tr>
<td>6.</td>
<td>I feel negative towards the person/s I care for</td>
</tr>
<tr>
<td>7.</td>
<td>I don’t believe I have a good balance between my work and my free time</td>
</tr>
<tr>
<td>8.</td>
<td>I don’t sleep well</td>
</tr>
<tr>
<td>9.</td>
<td>I feel exploited in my role as a carer</td>
</tr>
<tr>
<td>10.</td>
<td>I find it difficult to contain my anger or irritability</td>
</tr>
<tr>
<td>11.</td>
<td>I don’t particularly like the person/s I care for</td>
</tr>
<tr>
<td>12.</td>
<td>I don’t like my work as a carer</td>
</tr>
<tr>
<td>13.</td>
<td>I don’t have time or opportunity to debrief about my work</td>
</tr>
<tr>
<td>14.</td>
<td>I don’t feel valued or appreciated</td>
</tr>
<tr>
<td>15.</td>
<td>I work too hard for my own good</td>
</tr>
<tr>
<td>16.</td>
<td>I am anxious about what the person I care for does or says to me</td>
</tr>
<tr>
<td>17.</td>
<td>I find it difficult to separate my work from my personal life</td>
</tr>
<tr>
<td>18.</td>
<td>I don’t have the tools and resources to care for the older person well</td>
</tr>
<tr>
<td>19.</td>
<td>I do not feel I am succeeding as a carer</td>
</tr>
<tr>
<td>20.</td>
<td>I look forward to when I am no longer a carer</td>
</tr>
</tbody>
</table>

**TOTAL SCORE:**

*Both grids adapted from B. Stamm & included in C.R. Figley (Ed) Treating Compassion Fatigue (Philadelphia Brunner/Mazel)*

**SCORING for paid workers and volunteers**

- 80 - 100 = extremely high level of fatigue (burn-out, ill health, time off work likely)
- 60-80 = high level of fatigue (burn-out, ill health, time off work likely)
- 45-60 = moderate level of fatigue
- 30-40 = low level of fatigue
- 0 - 30 = almost no fatigue indicated
A risk assessment process should be undertaken by relevant staff with all older clients or when elder abuse is suspected to help ensure that additional monitoring and/or support is provided.

The questions listed below are aimed at providing a guide for the development of a risk assessment check list. Note that the risk of elder abuse increases with each “yes” answer.

### The individual client:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the client live alone or appear to be socially isolated?</td>
<td></td>
<td></td>
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<tr>
<td>Does the client have insecure or inadequate accommodation arrangements?</td>
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<tr>
<td>Is the client in poor health, frail or have ongoing health issues?</td>
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<tr>
<td>Does the client lack mental competency or show signs of dementia?</td>
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<tr>
<td>Is there a lack of services involved in the client’s care?</td>
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<tr>
<td>Is the client’s personal hygiene or home cleanliness poor?</td>
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<tr>
<td>Does the client appear to have financial difficulties (lack of food, unpaid bills etc?)</td>
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<tr>
<td>Does the client have a gambling or other addiction issue (i.e. hoarding)?</td>
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<tr>
<td>Does the client have drug or alcohol abuse issues?</td>
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</tr>
<tr>
<td>Does the client show signs of physical abuse (unexplained bruising, cuts etc)?</td>
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<tr>
<td>Does the client appear to be overly anxious about their safety, depressed or fearful?</td>
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<tr>
<td>Does the client appear to be psychologically or physically dependent on their carer?</td>
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<tr>
<td>Is the client reluctant to talk about their carer/s?</td>
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<td></td>
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<tr>
<td>Are there signs of family dysfunction or dysfunctional relationships?</td>
<td></td>
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</tbody>
</table>

### Family members or carer/s:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does anyone involved with the client’s care have mental health issues?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does anyone involved with the client’s care have drug or alcohol issues?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Is there a history of family violence?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Does the carer/s appear stressed or unable to cope?</td>
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<td></td>
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<tr>
<td>Is the carer inexperienced with caring for an older person?</td>
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<td></td>
</tr>
<tr>
<td>Is anyone involved with the client’s care experiencing financial difficulties?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there cultural mores or factors which might impact on the client’s care?</td>
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</tbody>
</table>
Read through the following case scenarios and determine what responses or actions you could take.

**FINANCIAL ABUSE CASE SCENARIO**

Bob lives in a granny flat at the back of his son’s home. Bob is dependent on oxygen and has some chronic health problems. His son does his shopping and pays his bills with Bob’s bankcard. You notice that there was not much money available after his son does these tasks.

**What could you do?** *(See answer sheet on page 28 of toolkit)*

**PHYSICAL OR SEXUAL ABUSE EXAMPLE**

Shirley has been married to Sid for 45 years and admits to you that her marriage has been difficult, that Sid is sometimes violent and forces her to have sex against her will. You have heard Sid belittle Shirley and call her names often. Shirley tells you she is fearful that intervention will make matters worse.

**What could you do?** *(See answer sheet on page 28 of toolkit)*

**NEGLECT EXAMPLE**

Bert has Parkinson’s disease and lives with his daughter Cathy, who has mental health issues. Cathy is now preventing care workers from entering the house to assist her father. On your last visit you noticed that Bert’s clothes were dirty and that he appeared to be losing weight.

**What could you do?** *(See answer sheet on page 28 of toolkits)*

**PSYCHOLOGICAL OR EMOTIONAL ABUSE EXAMPLE**

Margaret lives in her own home with her son, who moved in a year ago after his marriage broke down. Margaret confesses that she has been threatened by her son into giving him money or she will risk not seeing her grandchildren. You notice that she has become depressed and withdrawn since her son has moved in.

**What could you do?** *(See answer sheet on page 28 of toolkit)*

**SOCIAL ABUSE EXAMPLE**

Olive has Multiple Sclerosis (using a wheelchair) and lives with her nephew. She appears to be well cared for physically, but the house has lots of steps and her nephew refuses to build a ramp. As a result, Olive is restricted to her room. She also has limited use of the telephone and is not allowed visits by her friends. Olive has told you that she feels very lonely and that life is no longer worth living.

**What could you do?** *(See answer sheet n page 28 of toolkit)*
ANSWER SHEET FOR ELDER ABUSE CASE SCENARIOS  (see page 27 in Toolkit)

Note that the answers listed below are a guide only. Other options or actions may be appropriate.

Financial abuse case scenario
- Suggest Bob monitor his bank balance via bank statements or ask if he would like a volunteer to take him shopping and do his banking with him.
- Suggest Bob consider paying his bills himself via Centrelink Bill Pay.
- Suggest to Bob that he seek advice from a lawyer regarding the option of appointing someone as his Financial Power of Attorney (Bob will need to have the legal capacity to do this).
- Suggest to Bob that he ask for receipts from his son for shopping etc.
- Contact Senior Rights Victoria for further information and/or advice.

Physical or Sexual abuse case scenario
- Suggest to Shirley that Shirley contact Seniors Rights Victoria (SRV) or a family violence service to talk through her concerns and the options available to her.
- Provide information on safety planning for Shirley (available from the SRV website or see page 36 in this toolkit).
- Enrol Shirley on a Victoria Police Seniors Register (so she can receive regular calls and access to family violence police officers if needed).
- Contact Senior Rights Victoria for further information and/or advice.

Neglect case scenario
- Check if Bert is comfortable with his living arrangements. If not, arrange for a referral to ACAS for a Community Aged Care Package assessment.
- Organise for Bert to have respite outside the home.
- Enrol Bert on a Victoria Police Seniors Register (so he can receive regular check-up calls).
- Contact Senior Rights Victoria for further information and/or advice.

Psychological or emotional abuse case scenario
- Ask some general questions first and check whether Margaret would like some assistance to help her son live elsewhere.
- Ask Margaret if she would like to see someone about counselling or mediation with her son.
- Arrange for Margaret to have some respite care outside of the home.
- Contact Seniors Rights Victoria for further information and/or advice.

Social abuse case scenario
- Encourage the nephew to install a ramp so that Olive can be more independent.
- Talk with Olive about her accommodation options and see if she would like an ACAS assessment organised (she may be eligible for a Community Aged Care Package, respite or permanent care).
- Inform Olive of the different types of support that are available from council or other agencies i.e. day visits by volunteers, social outings etc.
- Contact Senior Rights Victoria for further information and/or advice.
REFERAL GUIDES & INFORMATION SHEETS

Please photocopy and use in induction kits and procedure manuals for professionals working with older people.
HOME VISIT
Keep on the lookout

SIGNS OF CARER STRESS
Irritability?
Impatience?
Exhaustion?

SIGNS OF NEGLECT?
Lack of food in the house?
Acute financial need?
Unkempt appearance?

CHANGE IN CLIENT BEHAVIOUR
Fearfulness?
Withdrawal?
Tension?

INFORM TEAM LEADER/CASE MANAGER IMMEDIATELY

DOCUMENT CAREFULLY

FOLLOW TEAM LEADER/CASE MANAGER INSTRUCTIONS
The following framework has been developed for health and community service providers for use by agencies to incorporate into their own elder abuse policy and procedures. The full document (including examples referred to below) can be found in the Victorian State Government guide 'With Respect To Age 2009'.

**Figure 1: Victorian interagency response framework**

Adapted from the NSW Department of Ageing, Disability and Home Care, 2007, *Interagency protocol for responding to abuse of older people.*

1. **Alleged abuse of older person disclosed, witnessed or suspected**
   - Is the older person in immediate danger or at risk of significant harm? (refer to Example 7: Emergency response)
   - Protect evidence and provide support to the older person as required
   - Advise/discuss with line manager or supervisor (refer to Example 2: Identify the instance of abuse)

   **Yes**
   - Contact emergency services (police and/or ambulance)

   **No or don’t know**

2. **Discussion suggests possible abuse** (refer to Section 2: Types of abuse and risk factors)

3. **Consult Seniors Rights Victoria** – refer to 7.1.1 Seniors Rights Victoria (SRV)

4. **Implement agency elder abuse policy and procedures** (refer to Section 4: Developing agency policies and procedures)
5. **Utilise local interagency protocol** (refer to Section 5: Local interagency protocols) incorporating relevant authorities and services contacted for advice, intervention or referral
6. **Also refer to Section 7: Resources**

7. **Discussion suggests it is not abuse**
8. **Record what has happened as per normal agency service coordination framework**
9. **Is there a need for additional risk management to be put in place?** (refer to Example 10: Assessing risk)

**Implement intervention using established agency service coordination and case management functions** (refer to Section 3: Service response frameworks)
**ELDER ABUSE PREVENTION GUIDE**

### DEFINITION OF ELDER ABUSE

Any act occurring within a relationship where there is an implication of trust, which results in harm to an older person.

### RELEVANT POLICIES

This tool should be used in conjunction with the following documents:

- With respect to age - 2009: Victorian Government practice guidelines for health services and community agencies for the prevention of elder abuse
- Elder Abuse Prevention Policy
- Occupational Health & Safety Policies
- Home Visiting Policy
- Client Confidentiality and Privacy Policy
- Storage of Client Records Policy
- Client Referral Policy
- Assessment of Client Capacity Policy
- Client Intake Policy
- Independent (Third) Person Policy

### ABUSE TYPES

- Financial
- Physical
- Sexual
- Psychological/emotional
- Social
- Neglect

### RISK FACTORS

- Family conflict
- Isolation
- Dependency
- Medication or psychological conditions
- Addictive behaviour
- Language and Cultural Barriers

### KEY PRINCIPLES

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competence</td>
<td>All adults are considered competent to make informed decisions unless demonstrated otherwise.</td>
</tr>
<tr>
<td>Self-determination</td>
<td>With appropriate information and support, individuals should be encouraged to make their own decisions.</td>
</tr>
<tr>
<td>Appropriate protection</td>
<td>Where a person is not competent to make their own decisions, it may be necessary to appoint a guardian or administrator. If a person is represented, their wishes should be taken into account as far as possible.</td>
</tr>
<tr>
<td>Best interests</td>
<td>The interests of an older person's safety and wellbeing are paramount. Even when they are unable to make all decisions themselves, their views should be taken into account.</td>
</tr>
<tr>
<td>Importance of relationships</td>
<td>All responses to allegations of abuse should be respectful of the existing relationships that are considered important to an older person.</td>
</tr>
<tr>
<td>Collaborative responses</td>
<td>Effective prevention and response requires a collaborative approach which recognises the complexity of the issue and the skills and experience of appropriate services.</td>
</tr>
</tbody>
</table>

### KEY QUESTIONS

1. How are things going at home?
2. How do you spend your days?
3. How do you feel about the amount of help you get at home?
4. How do you feel your (husband/wife/daughter/son/other carer) is managing?
5. How are you managing financially?
6. Is there anything worrying you?
7. What are the things worrying you?
8. What can I do to help?
9. Is there anything that you need?

### DUTY OF CARE

A duty of care encompasses a duty not to be careless or negligent, and arises from a relationship between parties that are regarded as sufficiently close as to infer that an obligation to care exists in some form.

Duty of care involves a legal obligation and a duty to prevent harm occurring to another person. This only arises where it is reasonably foreseeable in a particular situation that the other person would be harmed by an action or an omission, without the exercise of reasonable care. If a worker breaches their duty of care, they have failed to meet the expected standards of care. Duty of care not only refers to the actions of a worker but also to the advice the worker gives or fails to give.

(p99 With respect to age - 2009)
Elder Abuse Prevention Guide

ASSESSING MENTAL CAPACITY
- General Practitioner
- Psychiatrist
- Neurologist
- Psycho-geriatrician
- Geriatrician
- Neuropsychologist
- Cognitive dementia and memory service clinic (CDAMS)
- General Practitioner
- Psychiatrist
- Neurologist
- Psycho-geriatrician
- Geriatrician
- Neuropsychologist
- Cognitive dementia and memory service clinic (CDAMS)

SUSPECT ABUSE

REPORT TO SUPERVISOR

Does client have competency to make relevant decisions in the situation?

Is it an Emergency?
- i.e. a situation that poses an immediate threat to human life, or a serious risk of physical harm or serious damage to property

COMPETENT

- Is interpreter or Cultural Advisor required
- Discuss situation and options with client
- Assess Risk, existing support etc.
- Document
- Request clients consent to provide further assistance

CONSENT

- Document client consent
- Consider what interventions are required eg HACC, Office of Public Advocate, Seniors Rights Victoria
- Does client consent to interventions?
- Make referrals
- Arrant assistance
- Advocate as required throughout process

FOLLOW UP according to agency policy

NO CONSENT

- Document client's non consent
- Provide information
- Provide referral contacts
- Consider whether duty of care is met
- Continue to monitor & review

FOLLOW UP according to agency policy

NOT COMPETENT

- Is interpreter or Cultural Advisor required
- Discuss situation and options with client
- Assess Risk, existing support etc.
- Document
- Determine who can provide consent and request consent to provide further assistance according to agency policy
- Include client in decisions if practical
- Clients' rights to be respected

CONSENT

- Document consent
- Consider what interventions are needed
- Does substituted decision maker consent to interventions?
- Make referrals
- Arrant assistance
- Advocate as required throughout process

FOLLOW UP according to agency policy

NO CONSENT

- Document non consent
- Provide information
- Provide referral contacts
- Consider whether duty of care is met
- Legal intervention may be required - e.g. if substituted decision maker is not acting in client's best interests

FOLLOW UP according to agency policy

FOLLOW UP according to agency policy

EMERGENCY

POLICE, FIRE, AMBULANCE

000

Refer to your agency's Emergency Policy

STATEWIDE SERVICES

MAIN SERVICE FOR ELDER ABUSE ADVICE, REFERRAL OR ASSISTANCE IS:-
SENIOR'S RIGHTS VICTORIA
Phone: 1300 135 090

OTHER STATEWIDE SERVICES WHICH MAY ASSIST:-
- Aged Persons Mental Health Services 1300 363 746
- Alzheimer's Australia 1800 100 500
- Carers Victoria 1800 825 955
- Immigrant Women's Domestic Violence Service 1800 755 988
- Police (Ringwood Police Station) 9871 3000
- Respite (Uniting Aged Care) 9818 0738

LOCAL SERVICES

MAIN SERVICE FOR ELDER ABUSE ADVICE, REFERRAL OR ASSISTANCE IS:-
SENIOR'S RIGHTS VICTORIA
Phone: 1300 135 090

OTHER LOCAL SERVICES WHICH MAY ASSIST:-
- Aged Care Assessment Service (Eastern) 9881 1875
- Community Health Service (EACH) 9871 1800
- Domestic Violence (South East CASA) 9594 2289
- Housing (Dept. of Housing, Eastern) 9871 5199
- Police (Ringwood Police Station) 9871 3000
- Respite (Uniting Aged Care) 9818 0738

REFERRAL POINTS AND CONTACT NUMBERS

FACT SHEETS FOR POWERS OF ATTORNEY AND OTHER MATTERS CAN BE FOUND AT:
http://www.publicadvocate.vic.gov.au
## TYPES OF ELDER ABUSE

<table>
<thead>
<tr>
<th>Physical Abuse</th>
<th>Psychological Abuse</th>
<th>Financial Abuse</th>
<th>Social Abuse</th>
<th>Sexual Abuse</th>
<th>Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pushing and shoving or rough handling, kicking, punching, slapping, biting and burning.</td>
<td>Threatening, coercing or forcing an older person to hand over an asset or sign a will etc. Abusing or managing the finances of a competent older person without permission.</td>
<td>Pressuring, intimidating, bullying, name calling, verbal abuse, humiliating an older person.</td>
<td>Preventing contact with family and friends, denying access to the computer or telephone.</td>
<td>Non-consensual sexual contact, language or exploitative behaviour.</td>
<td>Failure to provide basic needs i.e. food, adequate clean clothing, heating, medicines.</td>
</tr>
<tr>
<td>Restraining with rope, belts and ties.</td>
<td>Stealing goods from an older person i.e. jewellery, credit cards, cash, food or equipment.</td>
<td>Treating an older person like a child.</td>
<td>Withholding mail.</td>
<td>Touching an older person inappropriately or molestation.</td>
<td>Receiving a carers allowance and not providing the expected care.</td>
</tr>
<tr>
<td>Locking the person in a room, building or yard.</td>
<td>Using an older persons banking and financial documents without authorization.</td>
<td>Threatening to harm the person, other people or pets.</td>
<td>Living in and taking control over an older person’s home without their consent.</td>
<td>Rape (including digital rape).</td>
<td>Leaving older adult in an unsafe place or in isolation.</td>
</tr>
<tr>
<td>Misuse or withholding of medications or using alcohol or medications as a form of restraint.</td>
<td>Misuse of an older person’s possessions or money.</td>
<td>Preventing an older person from speaking.</td>
<td>Preventing an older person from engaging in religious or cultural practices.</td>
<td>Self neglect due to a life long pattern or which reflects a change in cognition.</td>
<td>Hypothermia or overheating.</td>
</tr>
<tr>
<td>Intentional injury with a weapon or object.</td>
<td>Pressuring an older person for an early inheritance, to sell their home, or for a gift or a loan.</td>
<td>Repeatedly telling an older person that they have dementia.</td>
<td>Moving an older person far away from their immediate family or friends.</td>
<td>Abandonment or being left unattended for long periods.</td>
<td>Lack of social, cultural, intellectual or physical stimulation.</td>
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<tr>
<td></td>
<td>Incurring bills for which an older person is responsible.</td>
<td>Threatening to withdraw access to grandchildren or other loved ones.</td>
<td>Preventing an older person from engaging in religious or cultural practices.</td>
<td>Under medication or over medication.</td>
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<tr>
<td>POTENTIAL VICTIM</td>
<td>POTENTIAL ABUSER</td>
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<td>--------------------------------------------------------------------------------</td>
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<tr>
<td>Injuries don’t match explanations by older person</td>
<td>Minimises or denies abuse has occurred</td>
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<tr>
<td>Has repeated injuries or bruises etc</td>
<td>Blames older person for being clumsy or difficult</td>
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<tr>
<td>Appears sullen or non-communicative</td>
<td>Overly charming or helpful OR abusive when questioned</td>
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<tr>
<td>Appears afraid of potential abuser</td>
<td>Acts lovingly to older person in presence of others</td>
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<tr>
<td>Agrees to treatment plan but doesn’t follow through and reluctant to explain why</td>
<td>Agrees to a plan or action but doesn’t follow through</td>
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<tr>
<td>Has history of alcohol or drug abuse</td>
<td>Has history of alcohol or drug abuse</td>
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<tr>
<td>Frequently misses appointments with professionals</td>
<td>Wants to be present for all interviews with professionals</td>
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<tr>
<td>Reluctant or hesitant to answer questions</td>
<td>Answers questions for older person</td>
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<tr>
<td>Considers or attempts suicide</td>
<td>Portrays the older person as demented or insane</td>
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<tr>
<td>Doesn’t seem to know their rights or is aware of their medical plans</td>
<td>Threatens to deny access to medicines or services or withholds information</td>
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<tr>
<td>Doesn’t seek medical help when needed</td>
<td>Prohibits older person from seeking help or buying needed items</td>
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<tr>
<td>Family notice symptoms of depression, stress or anxiety</td>
<td>Turns family members against older person</td>
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<tr>
<td>Complains about their situation or levels of unhappiness</td>
<td>Talks about how good the older person has it and how ungrateful they are</td>
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<tr>
<td>Withdraws from social networks or declines to attend social occasions</td>
<td>Refuses to support social interaction between older person and others</td>
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</tbody>
</table>

(Adapted from Brandl, 2002)
SIX STEPS TO ASSESSING & RESPONDING TO ELDER ABUSE

1. Identify

- Include general questions during an assessment to help identify risk factors.
- Consider using direct elder abuse questions where risk indicators suggest there is the potential for elder abuse.
- Use direct elder abuse questions when there are obvious signs or symptoms of elder abuse.

2. Provide Emotional Support

- Listen to the older person’s story.
- Acknowledge what they tell you.
- Validate their experience.

3. Assess Risk

- Determine the level and urgency of safety concerns.
- Identify risk that is life threatening, including risk of homicide.
- Identify risk of suicide or serious health concerns.

4. Plan Safety

- If the older person is at risk of serious harm or death, advise the older person of concerns and contact the police.
- For all other safety concerns, seek consent from the older person to refer and discuss a safety plan and referral options.
- Educate and support the person with their choices and provide contact information for services that can assist.

5. Report and Document

- Report your observations or suspicions to your manager or team supervisor.
- Record the action taken and document any current or past injuries.
- Refer to your elder abuse policies and protocols and follow recommended process.
- Ensure procedures are in place for ongoing monitoring and follow up action/s.

6. Refer

- Make appropriate referrals i.e. Seniors Rights Victoria.
- If the person refuses assistance, leave contact information and let them know you are available to talk should they change their mind.
- Where the older person has impaired capacity, discuss the options with the carer, Enduring Power of Attorney or Guardian, if appropriate, or refer the matter to the Office of Public Advocate for investigation.

(Source: ‘Elder Abuse & Neglect’ Family violence Intervention Guidelines, New Zealand Ministry of Health 2007)
**PERSONALISED SAFETY PLAN**

<table>
<thead>
<tr>
<th>Police/ Fire / Ambulance:</th>
<th>000</th>
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</thead>
<tbody>
<tr>
<td>My CODE WORD / PHRASE for help is:</td>
<td></td>
</tr>
<tr>
<td>Seniors Rights Victoria:</td>
<td>1300 368 821</td>
</tr>
<tr>
<td>Emergency Contact 1:</td>
<td></td>
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<tr>
<td>Emergency Contact 2:</td>
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<td>Emergency Contact 3:</td>
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<tr>
<td>Emergency Contact 4:</td>
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<td>My Case Manager:</td>
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<td>My Council Home Care Services:</td>
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<td>My Royal District Nursing Service (RDNS):</td>
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<tr>
<td>Personal Safety Alarm Provider:</td>
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<tr>
<td>Taxi:</td>
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<td>Hospital:</td>
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<tr>
<td>Doctor:</td>
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<tr>
<td>Chemist:</td>
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<tr>
<td>Other important considerations:</td>
<td></td>
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<tr>
<td><strong>IMPORTANT RESOURCES AND TELEPHONE NUMBERS</strong></td>
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<tr>
<td>------------------------------------------------</td>
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</tr>
</tbody>
</table>
| **Seniors Rights Victoria:**  
Specialist Elder Abuse legal and advocacy advice & support service | 1300 368 821 |
| **Eastern Community Legal Centre:**  
Free legal advice and support including Intervention Orders etc. | 9285 4822 (Box Hill)  
9762 6235 (Boronia) |
| **Elders Rights Advocacy:**  
Information and advice regarding concerns/complaints in relation to aged care facilities | 1300 135 090 |
| **Translating and Interpreting Service:**  
Free interpreting services to communicate with certain providers | 131 450 |
| **Lifeline:**  
Support for people who are overwhelmed and having difficulty coping | 131 114 |
| **Women's Domestic Violence Crisis Service:**  
For women experiencing domestic violence | 1800 015 188 |
| **Women's Legal Service:**  
Free legal service for women | 1800 133 302 |
| **Immigrant Women's Domestic Violence Service:**  
For women and children from Culturally and Linguistically Diverse Backgrounds (CALD) affected by domestic violence | 8413 6800 |
| **Relationships Australia:**  
Relationship support: counselling, dispute resolution | 1300 364 277 |
| **Aged Care Assessment Service (ACAS):**  
Contact the Department of Health for your nearest ACAS service | 9096 0000 |
| **Housing for the Aged Action Group (HAAG):**  
Information and people | 9654 7389 |
| **Men's Referral Service:**  
Talk about men's anger, their behaviour & relationship issues | 1800 065 973 |
| **Family Drug Help:**  
Support & information for family members of drug or alcohol addicted persons | 1300 660 068 |
| **Direct Line:**  
Drug and alcohol counselling, information and referral to services | 1800 888 236 |
| **Gambler's Help:** | 1800 858 858 |
ELDER ABUSE TOOLKIT FOR LOCAL GOVERNMENT
AND AGED CARE ORGANISATIONS