LEGACY BRISBANE

ELDER ABUSE PROCEDURE

Associated Policy number: **CS - G7.1**

Effective date: **22/07/2024**

Approving authority: **CEO**

Sponsor: **Community Service Manager**

Web address: **legateeguide.org.au**

Date for review: **22/07/2027**

Version History

Date	Description of Change	Version
22.07.2024	Initial release	1

Purpose

To provide a procedure to assist Legatees and staff in understanding and responding to client elder abuse in line with the Elder Abuse Policy

To ensure that Legacy Brisbane's response to elder abuse is managed in an accountable, needs based manner.

Definitions

Elder abuse is defined by the Australian Government 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. It can be of various forms: physical, psychological / emotional, sexual, financial or simply reflect intentional or unintentional neglect.

Older person is defined as 65 years and over (taken from the Australian Bureau of Statistics).

Policy

Legacy Brisbane is committed to promoting a healthy and safe environment for older clients that is free from abuse or neglect - an environment where elder abuse is not tolerated under any circumstances.

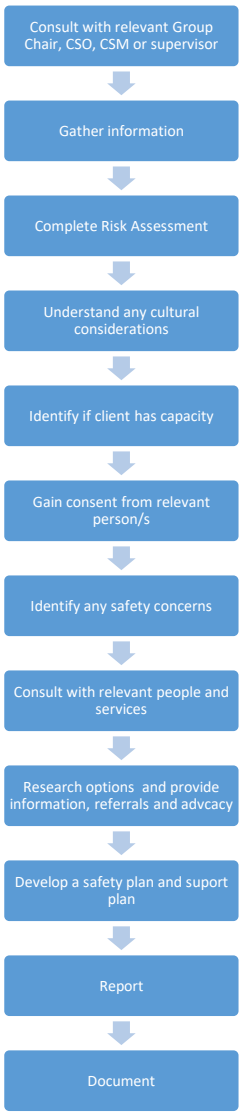
In its association with older people, Legacy Brisbane commits to:

- ensuring that processes are in place to identify incidents of elder abuse;
- ensuring appropriate action is taken in relation to such incidents;
- ensuring that further harm is not perpetrated as a result of Legacy involvement; and
- maintaining the dignity and independence and protecting the safety and security of older people who are clients of Legacy Brisbane.

Legacy Brisbane's commitment to support older clients does not represent a legal "duty of care", unless the client is participating in a Legacy organised activity. There is however, a moral and ethical duty of care present that when acted upon, may stop further abuse from occurring.

Procedure

Process for managing incidents of suspected elder abuse:



See Appendix 1 which contains the full guide for Legatees and staff managing incidents of suspected elder abuse.

Supports available

Risk Assessment

Risk assessment is provided to identify issues requiring immediate response and to develop a support plan to guide the ongoing process of assistance to the client.

Appendix 2 identifies risk factors that can help guide the risk assessment.

Emotional support

Emotional support provided should be provided in a client focused, non-judgemental manner, which follows the clients lead. Clients are encouraged to take action themselves wherever possible.

Sensitivity in communication is imperative as many older clients may not be aware of that their situation may be considered “abuse”. They may be

distressed by the term and find it difficult to accept. Clients may also be fearful of what addressing the abuse may mean.

It is important to use a holistic, non-punitive approach. Elder Abuse often takes place within complex family environments and in many cases, clients will wish to retain relationships with the alleged abuser. Therefore, by considering the unmet needs of the alleged abuser, as well of those of the client; the situation could improve for the client. If the alleged abuser is a professional service provider, there is no requirement for Legacy Brisbane to consider that worker's issues or needs. The provider is subject to mandatory reporting.

Discussions with the client are to be undertaken with two Legacy contacts present, ideally one of whom is the same gender as the client.

The client's level of capacity guides the process and is to be determined and documented at the first report or suspicion of elder abuse. Appendix 3 contains information and guidelines on cognitive capacity.

After the initial incident, when interventions have been undertaken and plans are in place, a nominated Legacy representative is to remain in regular contact with the client to ensure safety, gauge progress, offer assistance and check that the client and their supporters have access to the services they need.

Information, referral and advocacy

As Legacy is not a specialised service provider in this area, services in the elder abuse, financial or legal areas are to be engaged. Where the client is capable of making such contacts by themselves or with trusted others, they should be encouraged to do so. Written materials relating to available resources are to be provided to the client and trusted others. Where appropriate, a Legacy representative can contact other organisations on behalf of the client with their consent.

Financial assistance

Financial assistance from Legacy Brisbane may be provided for safety measures- home modifications (locks, medical/personal alarms and other security measures) or short-term accommodation and to provide access to legal, counselling, respite or health services, as required. This will be based on need or where no other organisation can provide support. Access to financial assistance is according to standard financial assistance processes and delegations.

Reporting

If the suspected abuse is allegedly being perpetrated by an employee of a residential care setting, a report must be made to the most senior manager of that provider immediately.

Despite mandatory reporting being restricted to the above providers, if the suspected abuse is being allegedly perpetrated by an employee of any

other service, for example a home care package provider or other, the same process should be followed as a duty of care.

Full process

Appendix 1 contains a guide for Legatees and staff managing incidents of suspected elder abuse.

Roles and Responsibilities

Legatees and Contact Group Chair

- In situations where there has been a disclosure, or a Legatee suspects elder abuse, they should immediately seek assistance from the Contact Group Chair and Contact Group's supporting CSO. Direct contact is to be made in preference to sending an email or leaving telephone messages.
- Where information is provided by a family member or other support person, identify what actions have already been taken to address the issue.
- If elder abuse is confirmed, assist the CSO with practical support as identified through the support plan.
- Complete an Incident Report Form or Contact Report as soon as possible.
- CSM is to be advised of any suspected or identified cases of elder abuse within 24 hours.
- Contact Group Chairs and Legatees to undertake training on Elder Abuse as a minimum every three years, however it is recommended every year

Volunteers

- If the client's initial disclosure or an initial concern is raised by a volunteer (e.g. Contact Centre volunteer) the issue is handed over immediately to the CSM to allocate to the appropriate CSO. Volunteers have no further involvement past this point.

Community Service Officer

- Gather relevant information
- Undertake a risk assessment
- Develop a support plan and lead interventions including referrals to appropriate services in consultation with all relevant parties e.g. client, supportive family members, CSM, Legatee.
- Maintain regular contact with the client, as appropriate to the situation.
- Ensure the client and their family or other supporters have access to relevant information and assistance.
- Provide advocacy
- Undertake safety planning where required.
- Database entries to be updated within 24 hours of each action.

- Undertake training on Elder Abuse every three years as a minimum, however it is recommended every year

Community Services Manager (CSM)

- Ensure that appropriate processes are being followed and that the client's best interests and wishes are being adhered to.
- Provide expert knowledge and guidance to Legacy representatives involved.
- Approve financial assistance if necessary and ensure claims for payments or reimbursement are processed in a timely manner.
- Clarify ongoing roles for the involved Legacy parties.
- Ensure that key CSO is supported in decision-making and provided debriefing and external supervision when required.
- Contact the Police as required
- Undertake training on Elder Abuse every three years as a minimum, however it is recommended every year

Evaluation and review

This procedure will be reviewed by the Community Services Manager at a minimum of every three years, any time the Elder Abuse Policy is updated or there are legislative changes.

References and linkages

Seniors Legal and Support Services in Brisbane (Tel: 3214 6333) is a free service and can provide advice, interview at their premises or another community place (subject to negotiation) and potential longer-term legal services. Website: https://caxton.org.au/how-we-can-help/seniors-legal-and-support-service/

Translating and Interpreting Service (TIS National) Legacy Brisbane is eligible for free translating services through this service. Call 131 450. Username is clyon@legacybrisbane.org.au and password is Legacybrisbane2024!

Queensland Elder Abuse Prevention Unit operated by the Uniting Church and funded by the Queensland government, provides phone assistance as well as a range of resources. Tel: 1300 651 192 (Queensland only), 9-5pm, Monday to Friday.

Resources are available on the website including Contacts and Fact Sheets. Website: www.eapu.com.au.

Queensland Government
The Elder Abuse website has a range of resources.
https://www.dcssds.qld.gov.au/campaign/stop-elder-abuse

Office of the Public Guardian (Tel: 1300 653 187) for reporting abuse on behalf of someone who is not able to do so themselves or has impaired decision-making. www.publicguardian.qld.gov.au

DVConnect (Tel: 1800 811 811 (24 hrs, 7 days). Confidential women's line offering counselling, intervention, practical assistance and emergency

accommodation. It also operates a Men's line which includes counselling, referral and support on a range of men's matters.
http://www.dvconnect.org/

Domestic and Family Violence Protection Act 2012
https://www.legislation.qld.gov.au/view/html/inforce/current/act-2012-005

Aged Care Act 1997 https://www.health.gov.au/health-topics/aged-care/about-aged-care/aged-care-laws-in-australia#aged-care-act

Appendices

1. Managing Incidents of Elder Abuse: A Guide for Legatees and Staff
2. Risk Factors
3. Cognitive Capacity Information and Guidelines
4. Indicators of Abuse in an Older Population

Appendix 1. Managing Incidents of Suspected Elder Abuse: A Guide for Legatees and Staff

1. Consult with relevant Group Chair, CSO, CSM or supervisor	**Completed Yes/No**	**Notes**
• Identify who your immediate support / supervisor is • Consult with them about the concerns to gain advice about the best way forward		

2. Gather information	**Completed Yes/No**	**Notes**
• What is happening, by whom, where, when and how frequent. • Note signs and/or suspicions of abuse types • If initial contact is by telephone, determine immediate risk and respond accordingly, otherwise plan to meet face to face if safe. • Suspicion of elder abuse is to be treated as elder abuse until sufficient information is available to discount it		

3. Risk Assessment	Completed Yes/No	Notes
• Is there an emergency situation- imminent physical danger or significant damage to property? • What is the client's health and functionality status? Can they protect themselves and/or leave if the need arises? • What other supports or services are in place? • Assist client to vacate the property if possible and safe to do so or • Call 000 if necessary. No client consent required to do so. • Advise CSM if emergency services have been called. Note: Be aware that risk can increase at this point, if perpetrator is living with client.		

4. Cultural considerations	Completed Yes/No	Notes
• Does the client require an interpreter or cultural advisor? If so, use the Telephone Interpreter Service (TIS) or contact the relevant cultural support service. Using family members is not appropriate.		

5. CAPACITY (see Appendix 3)		Completed Yes/No	Notes
Has capacity	**Impaired capacity**		
• Discuss situation, options and assess risk as above. • Request client's consent	• Discuss situation, options and assess risk as above. • Determine who can provide consent • Include client in discussion if practical		

Client has capacity

Client has impaired capacity

Consent	No Consent	Consent from Decision Maker	No consent from Decision Maker
• Document consent • Explore interventions and safety as above. • Make referrals, arrange assistance, provide advocacy as above. • Follow up as required.	• Document non-consent • Provide information and referrals • Provide safety information/plan	• Document consent by allocated decision maker • If no decision maker allocated, or decision maker is the perpetrator, refer to OPG or QCAT after consultation with CSM. • Explore interventions and safety as above. • Make referrals, arrange assistance, provide advocacy as above. • Follow up as required.	• Document non-consent • Address any emergency situation • Provide information and referrals • Provide safety information/plan • Refer to OPG or QCAT after consultation with CSM.

6. Safety concerns	Completed Yes/No	Notes
• Is there an emergency situation- imminent physical danger or significant damage to property? • Assist client to vacate the property if possible and safe to do so or • Call 000 if necessary. No client consent required to do so. • Advise CSM if emergency services have been called. Note: Be aware that risk can increase at this point, if perpetrator is living with client.		

7. Consultation	Completed Yes/No	Notes
• Consult with colleagues, management, Legatees, other services		

8. Explore options and provide information, referrals and advocacy	Completed Yes/No	Notes
• Explore options for possible referrals • Provide information, make telephone calls and referrals as required e.g. Elder Abuse services, legal, medical, welfare, financial institutions. • Advocate on behalf of the client where required. Note: Some forms of abuse are criminal offences and may need to be reported to police, with client's consent.		

9. Safety plan and Support Plan	Completed Yes/No	Notes
• Support client to fill in their safety plan • Undertake Support Plan		

10. Reporting	Completed Yes/No	Notes
• Report to the highest-level management if abuse is taking place in residential care or by a Home Care packages provider • CSM to report to Police if required.		

11. Document	Completed Yes/No	Notes
• If staff member, add all notes from the above steps to CRM within 48 hours to the NOTES section with a Confidentiality "pop up" heading to assist with maintaining confidentiality. • If Legatee, send notes to CS Admin Officer as a matter of urgency. • Notes are to be written in a professional, accurately detailed, objective manner including dates, times, names of all parties involved and consulted.		

Appendix 2. Risk Factors

Risk factors can be present for both the client and the abuser.

The client

- Social isolation or living alone
- Insecure or inadequate accommodation, dependency on an abuser for accommodation
- History of family dysfunction, domestic violence or abuse
- Poor physical health or frailty
- Cognitive impairment or dementia
- Lack of information about rights or options, declining ability to self- advocate
- Lack of appropriate services involved or unwillingness to accept these services
- Financial difficulties
- Substance or alcohol abuse, gambling or other addiction
- Limited English language

Perpetrator

- Carer stress (may contribute to unintentional or intentional harm)
- History of family dysfunction or violence
- Mental health issues, alcohol or drug issues
- Limited experience in a caring role
- Financial difficulties
- Cultural factors (may cause unintentional or intentional harm)

What may inhibit disclosure?

- Dependency on the carer for living arrangements
- Sense of guilt or responsibility for the perpetrators' actions or behaviour
- Fear of loss of relationship
- Fear of reprisal by the perpetrator
- Reluctance to see their son or daughter or other family member charged or exposed as an abuser
- Shame or embarrassment
- Family loyalty
- Cultural understandings regarding disclosure of personal matters.

NSW Elder Abuse Helpline and Resource Unit – NSW Elder Abuse Toolkit, Identifying and Responding to the Abuse of Older People: The 5 Step Approach

https://www.ageingdisabilitycommission.nsw.gov.au/__data/assets/pdf_file/0007/665557/NSW-Elder-Abuse-Toolkit.pdf

Appendix 3. Cognitive Capacity Information and Guidelines

The issues of capacity, guardianship, administration and attorneys are often very complex and guide the response to elder abuse.

> The Guardianship and Administration Act 2000 defines that in a legal sense, **c**apacity for a matter means that the person is capable of all of the following–
>
> a) Understanding the nature and effect of decisions about the matter; and
>
> b) Freely and voluntarily making decisions about the matter; and
>
> c) **c**ommunicating the decisions in some way.

Triggers for questioning capacity may include:

- Repeatedly making decisions that put the person at risk of harm or further mistreatment.
- Often being confused by things that were easily understood in the past
- Noticeable problems with memory, especially recent events and things that have an impact on the client's ability to carry out everyday tasks
- Confusion about people, times and/or places
- Declining ability to care for themselves e.g. not cooking, eating, bathing and/or dressing appropriately
- Distinct personality changes
- Not paying bills or attending to other important or financial matters
- Being diagnosed with a condition that may affect capacity

Some of these may be difficult to pick up on if the Legatee or CSO have not had ongoing regular contact with the client, however others may be apparent nonetheless.

The Legatee or CSO can inquire if the client has an allocated Decision Maker and if so, request contact details to discuss the suspicions/allegations of elder abuse.

If the Decision Maker is the suspected/alleged perpetrator, a referral to the OPG or QCAT should be made for an urgent investigation. This must be discussed with the CSM first.

If no Decision Maker is allocated and capacity is questioned, the client can be supported to obtain an assessment through their GP with their consent.

Legatees and CSO's should be mindful that impaired capacity and elder abuse can intersect in complex ways, making it difficult to determine the exact situation. Additionally, impaired capacity can cause some people to become confused, forgetful or paranoid, so it should be taken into consideration that occasionally what may appear as elder abuse could instead be a situation stemming from the client's confusion and memory loss. The importance of a careful and thorough assessment is not to be underestimated given all the above.

Appendix 4. Indicators of Abuse in an Older Population

Elder abuse is defined by the Queensland Government as a singly or repeated act – or lack of appropriate action – occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.

Abuse may be physical, sexual, financial, psychological, and social or neglect.

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

Financial Abuse is the illegal or improper use of an older person's assets. Assets can include property and finances.

Behaviours	Signs
• Threatening, coercing or influencing a person to change their Will or sign documents relating to their assets. • Taking control of a person's finances against their wishes and denying access to their own money. • Abusing Powers of Attorney by taking money or property. • Stealing goods, e.g. jewellery, credit cards, cash, food or other possessions. • Stealing money such as pension– skimming and selling belongings without the person's permission. • Recent addition of a signature on a bank account.	• Unexplained disappearance of belongings. • Unauthorised use of banking and financial documents. • Inability to pay bills. • Significant bank withdrawals. • Changes to Wills. • Inability of a person to access bank accounts or statements. • Stockpiling of unpaid bills. • Insufficient food in the fridge. • Disparity between living conditions and money. • No money to pay for essentials for the home including food, clothing or utilities. • Cancelling or refusing community services.

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

Behaviours	Signs
• Pressuring, bullying, intimidating and harassing a person. • Verbal abuse, including name-calling. • Frightening and/or threatening to harm someone, or break belongings. • Threats to harm someone's pet. • Threats of placing a person into an aged-care facility. • Treating an older person as if they are a child. • Engaging in emotional blackmail. • Preventing contact with family and friends. • Denying access to services, religious (spiritual) and/or cultural events. • Misusing the function of Enduring Guardianship. • Screening telephone calls, listening in to calls or disconnecting the telephone without the person's consent, or withholding mail. • Taking control of the person's home without their consent. • Moving a person far away from family or friends or otherwise socially isolating a person. • Withholding affection.	• Changes in levels of self-esteem. • Sadness or grief at the loss of important relationships. • Depression, withdrawal or listlessness due to a lack of social interaction. • Worry or anxiety after a visit by a specific person. • Confusion, agitation and social withdrawal. • Unexplained paranoia or excessive fear and anxiety. • Disrupted appetite or sleep patterns. • Feelings of helplessness, shame and powerlessness

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

Behaviours	Signs
• Failure to provide adequate food, shelter, clean clothing, heating/cooling and medical care. • Under- or over-medicating. • Refusal to permit others to provide assessments or appropriate care. • Preventing the person from accessing services and/or equipment and support. • Exposure to danger or lack of supervision. • An overly attentive carer in the company of others; the "hovering carer". • Misusing the role of Guardian.	• Inadequate clothing; complaints by the person of being too cold or too hot. • Poor personal hygiene; unkempt appearance. • Lack of medical or dental care. • Injuries not been properly cared for. • Absence of required assistive technologies. • Exposure to unsafe, unhealthy or unsanitary conditions. • Unexplained weight loss; dehydration; and malnutrition. • Poor skin integrity, e.g. pressure sores.

Physical Abuse involves the infliction of physical pain or injury, or physical coercion.

Behaviours	Signs
• Pushing, shoving or rough handling. • Kicking, hitting, punching, slapping, biting, or burning. • Restraining: physically or medically. • Locking the person in a room or home. • Intentional injury with a weapon or object.	• Internal or external injuries (sprains; dislocations and fractures; pressure sores; unexplained bruises or marks on the body; pain on touching or injuries at different stages of healing). • Broken or healing bones. • Lacerations to mouth, lips, gums, eyes or ears. • Evidence of hitting, punching, shaking or pulling (e.g. bruises, lacerations, choke marks, hair loss or welts). • Discrepancies between an injury and the explanation of how it happened.

Sexual Abuse is a term used to describe a range of sexual acts where the victim's consent has not been obtained or where consent has been obtained through coercion.

Behaviours	Signs
• Sexual assault: touching or penetration of the vagina or anus. • Indecent assault: any unwanted sexualised behaviour such as grabbing someone's breast or penis; exposing genitals. • Aggravated sexual assault: indicates use of a weapon, force or threat. • Non-consensual sexual contact and other sexual behaviours. • Cleaning or treating the older person's genital area roughly or inappropriately. • Unwanted exposure to pornography. • Enforced nudity of an older person. • Sexual harassment: any unwanted or unwelcome sexual behaviours. • Any behaviour that makes an older person feel uncomfortable about their body or gender.	• Unexplained STD or incontinence (bladder or bowel). • Injury and trauma (scratches, bruises etc.) to face, neck, chest, abdomen, thighs or buttocks. • Trauma including bleeding around the genitals, chest, rectum or mouth. • Torn or bloody underclothing or bedding. • Difficulty walking, sitting or pain when toileting. • Anxiety around the perpetrator and other psychological symptoms. • Fear of being touched.

NSW Elder Abuse Helpline and Resource Unit – NSW Elder Abuse Toolkit, Identifying and Responding to the Abuse of Older People: The 5 Step Approach
https://ageingdisabilitycommission.nsw.gov.au/documents/tools-and-resources/for-professionals/NSW-Elder-Abuse-Toolkit.pdf