

HCS Recognising and Responding to Abuse and Neglect

Policy Purpose

The purpose of this policy is to ensure our people are equipped to identify and respond to abuse and neglect to minimise the risk and harm of elder abuse to Catholic Healthcare (CHL) clients. All Australians have rights, which do not diminish with age, to live dignified, self-determined lives, from exploitation, violence and abuse.

Scope

This policy applies to all CHL Home & Community Services (HCS) staff, volunteers and contractors.

Definitions

Harm: means to damage physically or mentally, it may be caused by direct act, or by failure to provide adequate care. It may be systematic and repeated or may consist of a single incident.

Abuse is fundamentally a violation of an individual's human rights by another person or persons.

Elder Abuse is any behaviour that causes the following to an elderly person:

- Financial abuse;
- Psychological abuse (including social isolation);
- Neglect – intentional or unintentional, (but does not include self-neglect or self-harm);
- Physical abuse; and
- Sexual abuse.

Elder Abuse is unacceptable, and many forms of abuse are a crime.

Abuse may involve a single act, repeated behaviour or a lack of appropriate action.

Interagency practice aims to provide a coordinated person-centred approach to responding to the abuse of older people and includes the sharing of information lawfully between agencies.

Capacity is the ability to understand and make decisions about matters that affect your daily life. Some indicators of capacity are the ability to do the following:

- understand the facts involved;
- understand the main choices;
- weigh up the consequences of the choices;
- understand how the consequences affect them; and
- communicate their decision.

Capacity is decision-specific. Capacity should always be presumed and substitute decision making should be a last resort.

A **Vulnerable person** is one who is, or is likely to be, dependant on another, or others, for care, whether as a result of aging, illness, physical, mental or intellectual disability, or a combination of all or some of these factors.

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The Department of Social Services identifies a Vulnerable Person as a child or children or an individual aged 18 years and above who is or may be unable to take care of themselves or is unable to protect themselves against harm or exploitation by reason of age, illness, trauma or disability, or any other reason.

Policy Principles

1. CHL is committed to the promotion of health, safety and wellbeing of older people and others who engage with CHL services. CHL is committed to ensuring protections and safeguards around the delivery of care and services are in place, to raise awareness about the risk of elder abuse and respond effectively to incidents of abuse.
2. CHL will act in the best interests of a person who has been abused by upholding their rights and ensuring that the dignity and respect of people accessing services is upheld at all times.
3. CHL ensures all staff and volunteers have the appropriate pre-employment screening checks and these are renewed every three years. It is the responsibility of each HCS manager to ensure employment checks are current for the staff and volunteers they manage.
4. Staff providing services to CHL HCS clients must:
 - Assess the risk of abuse to our clients at initial assessment and by conducting a comprehensive assessment when required.
 - Undertake mandatory training in relation to recognising and responding to abuse
 - Refer suspected, disclosed or established cases of abuse to appropriate services or authorities
 - Provide support and information to clients who have experienced abuse
 - Be aware and sensitive to the need to provide language services and appropriate information for older people from culturally and linguistically diverse (CALD) backgrounds.

Recognising and Responding to Abuse

Some people may be more vulnerable to risk of abuse because they:

- Need high levels of support and care from a family member/carer
- Are isolated from neighbours, family and/or community
- Become confused about their property, belongings and/or surroundings
- Have deteriorating physical health or cognitive decline
- Rely on others for communication

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- Have had a history of family disfunction or domestic violence
- Become physically or verbally violent/aggressive because of progressively worsening conditions such as dementia
- Experience personality / behaviour changes because of illness and conditions that worsen progressively
- Are relatively powerless because of diminished ability to advocate effectively for themselves or to modify their environment.

The following factors should be considered when assessing the level of risk and urgency to a vulnerable person:

- The dependency of the person
- Family dynamics/conflict
- The danger to the person or any other person
- Isolation
- The need for medical attention
- The nature and extent of the potential abuse
- The impact on the person
- The risk of repeated or increasing abuse
- The risk of financial assets being lost irretrievably
- Alcohol and substance abuse
- The relationship between the person who has been abused and the abuser

People who are at risk or have experienced abuse are to be:

- Provided with information about all relevant options available to them
- Encouraged and assisted to make their own decisions
- Respected and given the choice to refuse services if competent to make that decision
- The needs of the person at risk of or who has been abused and the abuser must always be kept separate

HCS staff may be required to share information lawfully between agencies to ensure the protection of the vulnerable person/s. This is achieved by:

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- Sharing information in accordance with our obligations under the Privacy Act 1988.
- Maintaining trust and respect for privacy between all parties involved
- Advising the person from the beginning what the limits and boundaries of confidentiality are
- As far as possible, ensuring the person knows what information about them is shared with other agencies
- Maintaining an accurate record of any information shared between agencies

In situations where the person is considered to be potentially vulnerable a comprehensive assessment should be completed. The comprehensive assessment should consider the following:

- Harm minimisation plans to ensure the risk and/or further incidents of abuse are minimised. This may include ensuring the person has an appropriate attorney or guardian to act as a substitute decision maker, if and when required. Even when a person has capacity, this may mean partial management of finances by the attorney, for example, to prevent further abuse.
- Current living arrangements need for additional services and strategies to ensure the person's long-term wellbeing.
- Provision of support to the person and/or their carer as required.

In situations where a vulnerable person is assessed as having diminished capacity and personal and/or financial decisions are required, staff should consider:

- The current arrangements for substitute decision making by someone with a power of attorney or enduring guardianship. Where arrangements are in place, contact should be made with the named attorney or guardian to discuss the need for them to act
- The need to refer the matter to the NCAT or QCAT Guardianship Division for consideration of the need
- To appoint a guardian or financial manager
- For consent to medical treatment
- To review the appointment of an enduring guardian or enduring power of attorney, if that is not working in the best interests of the person
- The provision of supporting documentation to assist proceedings at the Guardianship Division.

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Any person who has a concern about the suspected, disclosed, witnessed, alleged or risk of abuse to an older person can contact the NSW Elder Abuse Helpline on 1800 628 221. This helpline will provide information and guidance.

Refer to the NSW Ageing & Disability Commissioner <https://www.ageingdisabilitycommission.nsw.gov.au/> The NSW Ageing & Disability Commissioner provides access to an Ageing & Disability Abuse Helpline, and information/resources for providers and the wider community.

Refer to the NSW Elder Abuse Helpline brochure.

Other specialist services can also be contacted in specific circumstances, e.g., Legal services, Sexual Assault or Mental Health services. All instances where a referral is required must be discussed with Senior Management prior to referral.

An incident must be logged for any form of abuse that is suspected, disclosed, witnessed or alleged in the Incident Management System.

- a. Where a staff member suspects or witnesses another staff member carrying out a form of abuse, or a staff member discloses any form of abuse, this must be reported to a supervisor and logged as an Incident

Refer to HCS Incident Reporting and Management Policy

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Review History

Date of update	Outline of change
September 2008	Date created
March 2020	Version 6
January 2022	Version 7
January 2025	Next Review

Related Policies & Documents

- Interagency Protocol for Responding to Abuse of Older People, NSW Department of Ageing, Disability and Home Care, 2007.
- Aged Care Act 1997
- Charter of Aged Care Rights Aged Care Quality Standards
- Aged Rights Advocacy Service Inc.
- Family & Community Services Abuse and Neglect Policy & Procedures V1. 2016
- Information Privacy Act 2009 (QLD) Privacy Act 1988 (CTH)

Related Policies:

- HCS Assessment and Reassessment
- HCS Complaints Management Policy
- CS Advocacy
- HCS Incident Reporting and Management Policy
- HCS Client Consent and Active Decision Making Policy
- Active Decision Making Form

Related procedures, documents & forms:

- HCS Incident Reporting and Management Procedure

Standards:

- Aged Care Quality Standards 2019

Key words for search

Elder Abuse, neglect, allegations, vulnerable

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