

# Retirement Living Elder Abuse Policy and Procedure

## Policy and Procedure Purpose

The purpose of this policy and procedure is to outline the requirements for prevention, identification and responding to elder abuse in a Catholic Healthcare (CHL) Retirement Living Village.

## Policy and Procedure Statement

CHL does not condone the abuse of any person under any circumstances and is committed to ensuring safeguards are in place to prevent elder abuse, identify actual or suspected elder abuse and take appropriate actions to respond to elder abuse.

## Scope & Applicability

This policy and procedure applies to all employees working in CHL Retirement Living.

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## Definitions

Elder abuse	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. (World Health Organisation 2002)
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## 1. Types and Signs of Elder Abuse

The following table outlines the types and signs of elder abuse.

Type	Definition and Behaviours	Signs
Financial Abuse	The illegal or improper use of an older person's assets. Assets can include property and finances. For example, threatening, coercing or influencing a person to change their will or sign documents relating to their assets, abusing Powers of Attorney by taking money or property and stealing goods, money or belongings without the person's permission.	<ul style="list-style-type: none"> <li>▪ Unexplained disappearance of belongings</li> <li>▪ Unauthorised use of banking and financial documents</li> <li>▪ Inability to pay bills</li> <li>▪ Significant bank withdrawals</li> <li>▪ Changes to Wills</li> <li>▪ Inability of a person to access bank accounts or statements</li> <li>▪ Stockpiling of unpaid bills</li> <li>▪ Insufficient food in the fridge</li> <li>▪ Disparity between living conditions and money</li> <li>▪ No money to pay for essentials for the home including food, clothing or utilities</li> <li>▪ Cancelling or refusing community services</li> </ul>
Physical	Involves the infliction of physical pain or injury or physical coercion. For example, pushing, shoving, rough handling, kicking, hitting, restraining physically, locking a person in a room or home and overuse or misuse of medications.	<ul style="list-style-type: none"> <li>▪ Internal or external injuries such as sprains, dislocations, fractures, pressure injuries, unexplained bruises or marks on the body and pain on touching or injuries at different stages of healing</li> <li>▪ Broken or healing bones</li> <li>▪ Lacerations to mouth, lips, gums, eyes or ears</li> <li>▪ Missing teeth and eye injuries</li> <li>▪ Evidence of hitting, punching, shaking or pulling e.g. bruises, lacerations, choke marks, hair loss or welts</li> <li>▪ Burns e.g. rope, cigarette, iron or hot water</li> <li>▪ Discrepancies between an injury and the explanation of how it happened</li> </ul>

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Type	Definition and Behaviours	Signs
Psychological	Infliction of mental stress, fear or feelings of shame and powerlessness, either verbal or non-verbal, usually with a pattern of behaviour repeated over time and intended to control the person. For example, name calling, emotional blackmail, social isolation, withholding affection and threatening to place the person in an aged care facility.	<ul style="list-style-type: none"> <li>▪ Feelings of helplessness, shame and powerlessness</li> <li>▪ Changes in levels of self-esteem</li> <li>▪ Sadness or grief at the loss of important relationships</li> <li>▪ Depression, withdrawal or listlessness due to a lack of social interaction</li> <li>▪ Worry or anxiety after a visit by a specific person</li> <li>▪ Confusion, agitation and social withdrawal</li> <li>▪ Unexplained paranoia or excessive fear and anxiety</li> <li>▪ Disrupted appetite or sleep patterns</li> <li>▪ Unusual passivity or anger</li> </ul>
Sexual	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. For example, sexual assault, sexual harassment and behaviours that makes the person feel uncomfortable about their body or gender.	<ul style="list-style-type: none"> <li>▪ Unexplained STD or incontinence</li> <li>▪ Injury and trauma to face, neck, chest, abdomen, thighs or buttocks</li> <li>▪ Trauma including bleeding around the genitals, chest, rectum or mouth</li> <li>▪ Torn or bloody underclothing or bedding</li> <li>▪ Human bite marks</li> <li>▪ Difficulty walking, sitting or pain when toileting</li> <li>▪ Anxiety around the perpetrator and other psychological symptoms</li> <li>▪ Fear of being touched</li> </ul>
Neglect	A term used to describe the failure of a carer or responsible person to provide the necessities of life to an older person. For example, failure to provide adequate food, shelter, clothing, medical or dental care and preventing the person from accessing services.	<ul style="list-style-type: none"> <li>▪ Inadequate clothing</li> <li>▪ Complaints of being too cold or too hot</li> <li>▪ Poor personal hygiene and/or unkempt appearance</li> <li>▪ Lack of medical or dental care</li> <li>▪ Injuries that have not been properly cared for</li> <li>▪ Absence of required assistive technologies</li> <li>▪ Exposure to unsafe, unhealthy or unsanitary conditions</li> <li>▪ Unexplained weight loss; dehydration; and malnutrition</li> <li>▪ Poor skin integrity e.g. pressure injury</li> </ul>

Reference: NSW Elder Abuse Toolkit 2016

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## 2. Prevention of Elder Abuse

2.1. The Village Manager will:

- a) Provide Residents with information
- b) Display the CHL Elder Abuse Strategy in the Village to provide information on local services and support agencies and guidance on how to access the services and resources.

2.2. Village staff will attend elder abuse training on commencement of employment and as needed so employees are familiar with the common forms of abuse, ways to respond, how to raise concerns and the CHL identification and prevention strategy.

## 3. Identifying and Responding to Elder Abuse

3.1. Village staff will be alert for signs of elder abuse and follow the steps below where actual or suspected elder abuse is identified.

Village Staff	<ol style="list-style-type: none"> <li>a) Ask the Resident questions and gather some preliminary information</li> <li>b) Assess immediate safety – where there is immediate risk to the Resident or themselves call emergency services</li> <li>c) Where there is no immediate risk to the Resident or themselves provide support to the Resident and report the allegation to the Village Manager</li> </ol>
Village Manager	<ol style="list-style-type: none"> <li>a) Visit the Resident and gather additional information</li> <li>b) Document the allegation on a Resident Incident form and keep a copy on the Resident’s file</li> <li>c) Notify the Operations Manager, Retirement Living</li> </ol>
Operations Manager, Retirement Living	<ol style="list-style-type: none"> <li>a) Consider the information provided</li> <li>b) Contact the NSW Elder Abuse Helpline on 1800 628 221 for information, support and referral options if needed</li> </ol>
Village Manager	<ol style="list-style-type: none"> <li>a) If elder abuse is likely:                             <ul style="list-style-type: none"> <li>- Ask the Resident what they want to do about their situation</li> <li>- If the older person lacks capacity, include the substitute decisionmaker (if this person is not the abuser) in the conversation.</li> <li>- Discuss referral options</li> <li>- Seek consent from the older person to make a referral/s</li> <li>- Make appropriate referrals</li> <li>- Leave information (if safe to do so) if the older person declines assistance and keep the lines of communication open</li> <li>- Consider implementing any local, regional or interagency protocols and service coordination plans</li> <li>- Monitoring and follow-up as required</li> </ul> </li> </ol>

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## 4. Case Scenario

A husband has no understanding about his wife who lives in the village and who is living with dementia. He has been advised many times both verbally and in writing.

The husband yells at the wife to stop being so stupid (emotional/psychological abuse) and expects the wife to provide daily living requirements such as meals, laundry, cleaning, shopping which is the lifelong expectation of the husband. The husband becomes increasingly embarrassed about his wife's behaviour and isolates her, restricting enjoyment of friends and family (psychological abuse). The husband starts slapping her to force her to walk and behave in a particular way (physical abuse).

### What can staff and management do?

#### 1. Call 000 without delay, and depending on the circumstances:

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

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

- An emergency is when there is an immediate threat or risk of physical harm or serious damage to property. Workers should review their own policies about emergency situations
- The threat or risk may be suspected or actual. If you are unsure, it is safest to treat it as an emergency.

#### 3. What can the police do?

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

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

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

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

Reference: ACSA *What is Elder Abuse?*

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## 5. Emergency & Useful Contacts

Police / Ambulance	000	Elder Abuse Helpline & Resource Unit	1800 628 221
Police / Ambulance (call from mobile phone)	112	Seniors Rights Service	1800 424 079
Domestic Violence Line	1800 656 463	NSW Trustee & Guardian	1300 364 103
NSW Rape Crisis	1800 424 017	Translating and Interpreter Services	131 450

## Review History

Date of update	Outline of change	SMEs Reviewed

## Related Policies & Documents

- Retirement Villages Act 1999 (NSW)
- Retirement Villages Regulations 2017 (NSW) - Schedule 3A, Clause 10
- Retirement Villages Amendment (Rules of Conduct for Operators) Regulation 2019 - Schedule 3A, Part 2 (10)
- NSW Elder Abuse Toolkit 2016
- RL Training Policy

## Key words for search

Elder Abuse, Emergency

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