

Elder Abuse Prevention and Response Toolkit

West Metro
Elder Abuse
Prevention
Network



This Toolkit was developed by the West Metro Elder Abuse Prevention Network. The Elder Abuse Prevention Network is a component of the Western Health Integrated Model of Care for Responding to Suspected Elder Abuse project who have contributed to the development of the Toolkit. The toolkit is based on the North Metro Elder Abuse Prevention Toolkit and we thank them for sharing their work with us.

The West Metro Elder Abuse Prevention Network is supported by the Victorian Government.



Designed and printed by

Merri Health, Network Lead Agency
19 Pentridge Blvd, Coburg

October 2019

Electronic copies are available at:

<https://www.merrihealth.org.au/get-involved/health-initiatives/elder-abuse-prevention-network/>

How to use this document

The purpose of this toolkit is to provide an elder abuse prevention and response framework for organisations in the Western Metro region who work with older people and their families or carers. It is useful as a source of information to better understand the causes and types of elder abuse as well as a practical guide to assessing risk and providing appropriate responses when dealing with situations of elder abuse.

Who can use it?

This resource can be used by any workers who have contact with older people and their families or carers, and want to broaden their understanding of elder abuse. It can also be used by workers who witness activities that raise suspicions about elder abuse or who receive disclosures from older clients of abuse and mistreatment.

What does it include?

The toolkit provides information to:

- Explain the factors that contribute to elder abuse
- Encourage organisations to support and work collaboratively with older people in a way that respects their choices while promoting their safety and well-being
- Ensure workers are able to identify situations of elder abuse and take appropriate action
- Assist workers to identify appropriate referral pathways and options for older people experiencing elder abuse
- A set of practical templates to assist with the process of identification and response to elder abuse incidents.

Background

Older people and their families are often reluctant to talk about elder abuse or may not recognise that it is occurring. It can be important for workers to understand the signs of abuse and how to respond to suspicions of abuse occurring. Currently there is no clear picture of the extent of the problem with estimates of between 6 and 10% of older people being affected. That equates to more than 150,000 older people in Victoria experiencing elder abuse.

In 2016 the Victorian Royal Commission into Family Violence (RCFV) included elder abuse as a form of family violence and considered a range of submissions and made recommendations in relation to the abuse and mistreatment of older people. As a result of the RCFV findings, the Victorian government has funded a number of initiatives to prevent and respond to elder abuse. These include the Integrated Model of Care for Responding to Suspected Elder Abuse trial, currently operating in five health services, which provides staff training to build the capacity of professionals to respond to suspected elder abuse; aims to strengthen elder abuse responses and supports that are respectful of the older person's decisions and offers therapeutic options and support to older people experiencing elder abuse. The model is family inclusive. Ten prevention networks have been established to raise community awareness about elder abuse, including one in the Western Metro region lead by Merri Health.

What is elder abuse?

Elder abuse is any single or repeated act, occurring within a relationship where there is an implication of trust that results in harm to an older person. The abuse may be physical, sexual, financial or psychological, social and/or neglect and can be carried out by a partner, family member, friend, neighbour or carer.

A number of factors contribute to elder abuse. Many of these are related to our social perceptions of older people. They include:

- Stereotyped views of older people as being less capable and lacking capacity even when they have not been diagnosed with cognitive impairment, such as dementia
- Disrespect of older people who are often the butt of jokes and demeaning comments
- Adult children feeling justified in making decisions on behalf of their parents
- Overlooking exploitation and abuse of older people, which is often seen as the trade-off for care by their family

Both men and women experience elder abuse, however women are at greater risk due to the intersection of ageism and gender inequality. The risk can be worse for older people from culturally and linguistically diverse (CALD) communities and those with a disability.

There are a number of circumstances that can put older people at risk of experiencing elder abuse. While these factors do not always mean someone will experience abuse, they can increase the possibility of it occurring. These include:

- Recent loss of a spouse or partner
- Living with their adult children
- Declining physical or mental health and increasing dependence on others for care
- Living in poverty or alternatively, having a large number of assets
- Cultural displacement leading to not feeling confident to talk in English or negotiate systems such as banking and Centrelink
- Social isolation especially for older people living in rural or regional areas or looking after grandchildren
- A history of discrimination especially for those from LGBTI and Aboriginal and Torres Strait Islander communities
- Holding a parent category visa which restricts their ability to access support services

Elder abuse may be intensified by a range of issues experienced by the perpetrators of abuse, who are often the adult children of the older person. Perpetrators of abuse can also be the partners, grandchildren, friends, carers and neighbours of the older person. These issues can include:

- Drug or alcohol misuse
- Gambling addiction
- Housing and other financial problems, often as a result of relationship breakdown
- Stress as a result of being a carer
- Feelings of entitlement to the assets of the older person

Types and signs of elder abuse

Elder abuse can take many forms and there are different signs to look out for that can indicate it is occurring. The older person may talk to you about their concerns or things that are happening within the home and family. You may notice that their behaviour has changed and become less confident and more fearful. They may be experiencing a combination of different forms of abuse, for instance emotional abuse can be linked to financial abuse or misuse of their assets. If you have concerns but are not sure whether you are picking up on signs of abuse the following descriptions of different types of abuse may be of help.

Emotional abuse

This can take the form of pressuring, intimidating or bullying. You may notice that the older person is depressed, tearful or angry. They may talk about feeling helpless or useless.

Financial abuse

Examples of this include using the older person's powers of attorney inappropriately or siphoning funds from the older person's bank account. It may be noticed through belongings going missing or significant unexplained withdrawals from the older person's bank accounts. Sometimes it can be more subtle, such as adult children and their family moving into the older person's home and not contributing to household expenses. The older person may be unable to pay household bills or go without health aids, medication or cancel support services.

Physical abuse

Treating the older person roughly, restraining them for instance with ropes, locking them in a room or administering sedating drugs unnecessarily are all forms of physical abuse. Unexplained injuries or pain, cringing, acting fearfully or being over sedated may be warning signs.

Social abuse

The older person may be isolated and restricted from contacting certain family members and friends or engaging in religious or cultural practices. As a result they may appear withdrawn, anxious or lacking self-esteem. They may express feelings of loneliness or feeling unwanted by family members who they believe are not keeping in touch with them.

Sexual abuse

Intimate partner violence can continue into old age while other forms of sexual abuse such as inappropriate touching or watching obscene videos in the older person's presence may occur.

This can manifest through physical injuries, particularly around the buttocks, thighs and genitals; unexplained sexually transmitted diseases and psychological symptoms including anxiety and sleep disturbance.

Neglect

Failing to provide food and a safe, secure home or ignoring needs of the older person for adequate clothing and healthcare constitute neglect as does leaving the older person unattended for long periods of time. As a result the older person may be malnourished, living in squalid, unhygienic, uncomfortable conditions with resultant feelings of distress.

This is not an exhaustive list. When you suspect that elder abuse may be occurring it is always best to discuss your observations and possible action with a supervisor. If you want to know more, free on line professional education is available for anyone working with older people. It can be accessed at <http://elderabuseprevention.e3learning.com.au>.

In addition there are resources available to download on the website of Seniors Rights Victoria at <https://seniorsrights.org.au>.

Key principles

The Prevention Toolkit uses an empowerment framework that recognises the human rights of all adults to live in safety and to be able to make decisions and choices about the way they live their life. The key principles underpinning this framework are:

Professional responsibility

Workers and organisations have a legal responsibility (Duty of Care) to their clients to avoid causing harm or prevent harm from occurring. This obligation is based on the employee's professional expertise and competencies and their job role. It only arises where it is reasonably foreseeable in a particular situation that a client would be harmed by a worker's action or inaction undertaken without reasonable care. For instance a home care worker who found their client at home very unwell would not be expected or required to assess what is wrong with the client but it would be reasonable to expect the home care worker to seek medical assistance for the client. A useful question for a worker to ask themselves is 'what would a reasonable person do or be expected to do in these circumstances?'

Respect for the older person and their decisions

All older people have the right to be treated with dignity and respect and to make their own decisions, including those with cognitive impairment. This includes the right to choose not to take any action in relation to elder abuse. Workers have a responsibility to give regard to the decisions of the older person while working to support their safety and well-being.

Undertaking risk assessments

It is always important to be clear about the level of risk for an older person and to discuss any safety concerns. Situations sometimes arise when an older person does not have capacity to make their own decisions and other people may be making decisions or taking actions that place the older person at an unacceptable level of risk. If the issues of risk are unable to be resolved or reduced, it may be necessary to apply to the Victorian Civil and Administrative Tribunal (VCAT) for the appointment of guardianship or administration orders.

Supported decision making

Supported decision-making provides a framework for older people who may have difficulty with decision-making to choose someone they trust to support them to make valid decisions. It gives the older person the opportunity to play an active and meaningful part in decisions that affect them and can ensure that their right to make decisions is respected and their wishes and preferences are listened to. Many older people have informal supports in place, such as a friend or family member who attends appointments with them or speaks to service providers on their behalf, but a range of new laws in Victoria enable people with decision-making difficulty to legally appoint people of their choice to support them to make, communicate and give effect to their decisions.

Importance of relationships

Many older people want the abuse to stop but at the same time seek to maintain important relationships, which may include the perpetrator. While the older person is at the centre of all decisions and interventions, it is important to take an inclusive approach that recognises and considers existing relationships that play a valuable social, cultural or supportive role.

Community responsibility

The most effective outcomes are achieved when organisations work collaboratively and in partnership with older people and their communities to uphold the rights of older people and respond to elder abuse when it occurs. This includes educating community members who have contact with older people so they understand the harm elder abuse causes and feel confident to provide information and leadership to prevent its occurrence.

Elder abuse response guideline

This is a guideline to accompany the Elder Abuse Response Flowchart for Service Providers on page 19. The purpose of the flow chart is to provide community based organisations with a guide to possible interventions and pathways when there are suspicions about or disclosures of elder abuse. The flow chart is not intended to replace the support of specialist agencies who can be contacted for secondary consultation. Variations in individual cases also need to be taken into account.

Responding to elder abuse

There is no mandatory reporting of elder abuse in Victoria, with the exception of approved providers of Commonwealth Government subsidised residential aged care who must report alleged or suspected reportable assaults. All community support workers and service providers have a responsibility to promptly address and respond to any concerns of elder abuse for their clients.

Older people can be reluctant to disclose elder abuse due to:

- Shame and embarrassment
- Fear of the abuse escalating if the perpetrator becomes aware of the disclosure
- Fear of not being believed
- Thinking violence or abuse is a normal part of family life
- Concerns that disclosure will threaten family relationships, particularly if the older person is dependent on the perpetrator for care and support

It is important that any conversations about elder abuse are done in a non-judgemental way that listens to the older person's concerns and provides a safe, supportive and private space to discuss disclosures of abuse. Some helpful questions to identify risks can include:

- We generally ask about how things are going at home...
- Older people can face many stresses so we like to ask about any worries you might have?
- If you are upset or need something who do you talk to?



When risk indicators are high or when there are obvious signs of abuse useful messages can include:

- Conflict in families is very common so I always ask these questions...
 - Has anyone close to you done something that made you feel afraid?
 - Does anyone stop you from being involved in activities or having money?
 - Do you feel safe to be at home?
- You mentioned that x loses their temper. Can you tell me more about that?

Organisational policies

In responding to suspicions or disclosures of elder abuse, staff should refer to their organisation's relevant policies, procedures or protocols to determine the steps they need to take. Workers should always discuss their concerns directly with their supervisor. Clear and accurate documentation must be maintained. Note who, what, when (date and time) where and how. It is also important to document suspicions even if they have not been acknowledged or confirmed.

New Aged Care Quality Standards have been developed by the Commonwealth Department of Health and will apply to all aged care services including residential care, home care, flexible care and services under the Commonwealth Home Support Programme. From July 1 2019 the Aged Care Quality and Safety Commission expects organisations providing aged care services in Australia to comply with the Aged Care Quality Standards.

The Standards cover a broad range of quality and safety areas. Standard 8 includes the requirement that organisations demonstrate effective risk management systems and practices. This incorporates managing high impact or high risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. For more information <https://agedcare.govcms.gov.au/quality/aged-care-quality-standards#Standard>.

Risk assessment and safety planning

The identification, assessment and management of elder abuse risk are key responsibilities for community organisations working to support older people. There are a range of tools and resources available to assist:

- Developing an action plan can help clearly identify, document and communicate agreed referral pathways and interventions.

Action plans should:

- Reflect the older person's wishes
- Where possible, include a safety plan
- Indicate family members or personal supports nominated by client
- Identify existing supports as well as potential support services and referral pathways
- Provide information about whether there are legally appointed substitute decision makers
- Outline who is responsible for following up agreed referrals or actions
- Be monitored and regularly reviewed

- Safety planning is a practical way to assist older people to think about, plan and prepare for their safety and protect themselves from harm. It can include steps to improve safety as well as strategies for responding in situations of abuse. Seniors Rights Victoria has a range of helpful resources on safety planning for service providers, family members and older people. <https://seniorsrights.org.au/resources/>. See page 25 and 27 of the toolkit for examples of an action plan and safety plan. There are a number of potential services an older person can be connected to depending on the type of support they are seeking. This includes specialist family violence and elder abuse services that can provide a range of assistance from secondary consultation for workers through to crisis accommodation, financial assistance and legal support for the older person or support for persons of concern. You may need to contact a number of agencies to find the most appropriate support. For more information about services, refer to the listing on page 9 of the toolkit.
- The Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM), previously known as the common risk assessment framework or 'CRAF' has been developed by the Victorian Government to provide policy guidance to organisations that have particular responsibilities in assessing and managing family violence risk. However, the aim of the MARAM Framework is to increase the safety and wellbeing of Victorians by ensuring all relevant services are have a shared understanding and contribute effectively to the identification, assessment and management of family violence risk. To achieve this, the Framework has been established in law under a new Part 11 of the Family Violence Protection Act 2008. This requires organisations that are prescribed through regulations, as well as organisations providing funded services relevant to family violence risk assessment and management, to align their policies, procedures, practice guidance and tools to the MARAM Framework. For more information and to check if your agency is a prescribed organisation: <https://www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management/maram.html>.
- The Victorian Government has also created the Family Violence Information Sharing Scheme (the scheme) under the Family Violence Protection Act 2008. The scheme outlines which organisations are required to share information in relation to family violence matters and how they are to do this. The scheme will be extended to include more organisations during 2019 – 2020. For more information and to check if your organisation is an Information Sharing Entity: <https://www.vic.gov.au/familyviolence/family-safety-victoria/information-sharing-and-risk-management/implementation.html>.

Older people with a disability

Older people who are living with physical disability or cognitive impairment have the same right as all adults to make their own decisions. However, their disability may increase both their risk of experiencing abuse or mistreatment and the severity of that abuse. They may require immediate increased support to safely remove them from the situation or to increase their safety at home.

You may also need to consider whether an older person with a diagnosed or suspected cognitive impairment has the capacity to make reasonable decisions about their safety if they are making decisions that are placing them at significant risk, such as remaining at home in a violent and unsafe environment. In these situations you should identify if there are existing substitute decision makers legally appointed under enduring powers of attorney or Guardianship and Administration orders. If there are no appointed decision makers in place, you may need to develop an intervention plan that includes consulting with the Aged Person's Mental Health Program or with the Office of the Public Advocate in relation to an application to VCAT for the appointment of Guardianship and/or Administration orders.



Missing the signs of financial abuse

Athena works with Bev every week for shopping and community access and saw that Bev was losing weight. Athena noticed that Bev had very little food in the cupboard and fridge. She spoke with Bev who said she didn't have enough money to buy food. Athena decided to contact an agency that could assist Bev with food vouchers and bring food from home to ensure that Bev had enough to eat.

What questions could Athena have asked?

Athena asked Bev whether she had big bills or any other changes to her finances that meant she didn't have money for food. Bev said her neighbour had taken her to the bank recently and while they were there he suggested she add his signature to her account so he could go to the bank for her. Bev asked Athena to take her to the bank so she could check her account. The bank confirmed there had been significant withdrawals leaving Bev with only \$10 in the account. Bev asked the bank to stop her neighbour's access to the account. Athena advised Bev that she would need to report the situation to her supervisor who visited Bev and discussed where she could get help to protect her finances.

Support for people of concern

Sometimes older people will tolerate abuse and exploitation because they are concerned about the welfare of adult family members who are experiencing mental health issues, gambling problems or addiction to drugs or alcohol. As a result of these problems adult family members may be desperate for money or somewhere to live and exploit the older person's feelings of love and family responsibility. It is important to remember that the older person is your client not the family member who is perpetrating the abuse. There may also be a conflict of interest in trying to help both parties and you may unintentionally collude with the person of concern. If the older person wants assistance for their family member you may find it useful to consult your supervisor or the Integrated Model of Care elder abuse prevention liaison officer about specialist agencies to which they can be referred.

Cultural considerations

Cultural factors may influence how abuse is viewed by older people from Culturally and Linguistically Diverse (CALD) backgrounds and by Aboriginal and Torres Strait Islander (ATSI) peoples. Responses to elder abuse should address such differences. Being culturally informed and providing sensitive support is an integral component of service provision. It is best to get advice from people or organisations experienced in that particular cultural background so you can develop responses that respect those differences. Do not assume that strategies that have worked in one community will be applicable to people from another group. If the older person has difficulty communicating in English, best practice is to arrange for an interpreter rather than rely on family members to assist.

LGBTIQ+ older people

Many older LGBTI people have experienced various forms of violence, abuse, discrimination and harassment throughout or at different times in their lives and may live in fear of it happening again. For older people, this can include many forms of discrimination from carers, support workers, family or friends such as being involuntarily 'outed' or threats to out their gender or sexuality; being prevented from dressing or presenting according to their identified gender, or a partner being denied access to or involvement in the life of the older person. LGBTI elders often have developed strong resilience in the face of adversity and may feel they are able to deal with the abusive situation on their own or are reluctant to disclose for fear of further abuse or discrimination. If you require further advice in working with an older LGBTIQ+ client there are specialist services who can provide support and information. Refer to list of services on page 9 of the guide for further information.



Support for carers

Those caring for older people may feel unsupported and stressed at times despite loving the person they are caring for and wanting to do the best for them. This can occur particularly when they are juggling work and caring for their own children as well or they may have taken on the role out of a sense of duty or pressure from other family members. Sometimes carers can experience feelings of resentment, anger or frustration and they may cause harm unintentionally while thinking they are acting in their best interests of the older person - for instance by making decisions on their behalf. Older people may be aware of this tension and feel distressed but unable to take action or talk to someone else about the situation. It is best to encourage both parties to seek assistance before the relationship breaks down as this can lead to more serious abuse or neglect of the older person. It may be useful for the principal carer to have a family meeting to seek more assistance from other family members. They can also seek advice about the supports and services available to help to deal with the demands of being a carer by contacting Carer Gateway. Refer to list of services on page 9 of the guide for further information.

Missing the signs of physical abuse

Emel, who lives alone, has been receiving personal care from a carer Janelle. Her daughter Senur visits regularly and Janelle has met her on several occasions. While Janelle was bathing Emel, she saw bruising on her back. She didn't want to alarm Emel so she took a photo and sent it to Senur. A week later Janelle heard that Emel had been hospitalised with serious injuries and that Senur had admitted hitting her mother.

What could Janelle have done differently?

Janelle didn't feel confident enough to ask Emel how she got the bruising on her back so she contacted her supervisor Tracy to talk about her concerns. Tracey contacted Emel and arranged to visit her to talk about the cause of the bruising. Emel disclosed that her daughter Senur had been abusive towards her and that she was scared for her safety. Tracey talked to Emel about providing more support at home and information about services that could help her to maintain her personal safety.



Help or advice

If you, or someone you know, is experiencing elder abuse, these services may be of assistance.

Crisis response

Victoria Police	The Working with Older People flowchart has been developed by Victoria Police and is designed to assist service providers working with older people to determine if that person is being abused or is at risk.	police.vic.gov.au/elder-abuse
Emergency services	Including police 000	
Safe Steps – Family Violence Response Centre	1800 015 188	safesteps.org.au
Sexual Assault Crisis Line	1800 806 292	sacl.com.au
Women’s Health West - Family Violence Response	9689 9588	whwest.org.au

Legal advice and assistance

Seniors Rights Victoria	1300 368 821	seniorsrights.org.au
Victoria Legal Aid	1300 792 387	legalaid.vic.gov.au
Victorian Aboriginal Legal Service	1800 064 865	vals.org.au/office/melbourne
Djirra, Aboriginal Family Violence Prevention and Legal Service Victoria (FVPLS)	1800 105 303 9244 3333	fvpls.org
Victims of Crime Helpline	1800 819 817	victimsofcrime.vic.gov.au/get-help
Victims Assistance Program	1300 362 739	cohealth.org.au/health-services/victims-assistance-program
Office of the Public Advocate	1300 309 337	publicadvocate.vic.gov.au
VCAT	1300 018 228	vcat.vic.gov.au

Family violence and sexual assault support services

Elder Abuse Prevention and Response Liaison Officer, Integrated Model of Care for responding to Elder Abuse	0423 842 103	
Elizabeth Morgan House Aboriginal Women's Service Inc.	03 9482 5744	emhaws.org.au
Intouch – Multicultural Centre Against Family Violence	1800 755 988	intouch.org.au
Centres Against Sexual Assault	1800 806 292	sacl.com.au/links/victorian-centres-against-sexual-assault
1800 RESPECT	1800 737 732	
National Sexual Assault Domestic Family Violence 24 Hr counselling service		1800respect.org.au/resources-and-tools
Seniors Rights Victoria	1300 368 821	seniorsrights.org.au

Counselling and mediation

Integrated Model of Care for Responding to Elder Abuse Counselling and Financial Counselling Service	0423 842 103	
Better Place Australia	1800 639 523 Mediation, Conflict Resolution, Counselling	betterplaceaustralia.com.au
Relationships Australia	1300 364 277	relationships.org.au/locations/vic/central-office
Pronia - Family violence and counselling services, generally for the Greek community	9388 9998	pronia.com.au
Lifeworks - relationship and elders counselling	1300 543 396	lifeworks.com.au

Mental health

Aged Persons Mental Health Services 1300 650 172

Aged Person's Assessment and Treatment - North West Mental Health Centralised Triage 1300 874 243

Aged Care and carer support

My Aged Care 1800 200 422 carergateway.gov.au

Carer Gateway 1800 422 737 merrihealth.org.au/services/carersupport

National Dementia Helpline and Referral Services 1800 100 500 dementia.org.au/helpline

Dementia Behaviour Management Advisory Service 1800 699 799 dementia.com.au

Carers Victoria 1800 514 845 carersvictoria.org.au



Tools

1. Readiness checklist for organisations to identify and respond to elder abuse
2. Flowchart for service providers
3. Elder abuse incident report form template
4. Action plan
5. Safety plan



Readiness checklist for organisations to identify and respond to elder abuse

This Readiness Checklist was developed to compliment the Elder Abuse Prevention and Response Toolkit¹. It provides organisations some important elements of being an organisation well governed and ready to support their staff to identify and respond to elder abuse. The checklist items are offered as suggestions only².

Key element	Comment
<p>Organisational Elder Abuse framework Best practice would mean that your agency has values and a culture in line with the following key principles:</p>	
<p>That ageism is not acceptable in any form in the organisation. Pay particular attention to professional practice and communication both internally and to external stakeholders.</p>	
<p>Ensure that the organisation and its staff are clear about their legal responsibility (Duty of Care) to their clients to avoid causing harm or prevent harm from occurring.</p>	
<p>That respect for the older person and their right to make decisions is paramount.</p>	
<p>If the older person has difficulty with decision making they can choose someone they trust to support them to make valid decisions.</p>	
<p>Elder Abuse policy³ Best practice would mean that your agency has a clear policy around elder abuse that:</p>	
<p>Could be a broad Violence, Abuse and Neglect Policy or Family Violence Policy, but it should specifically include the circumstance of elder abuse.</p>	
<p>Recognises the risks and signs of elder abuse.</p>	

<p>Outlines staff duty of care and a responsibility to respond.</p>	
<p>Requires staff members to respond in a non-judgemental way and upholds human rights of the older person.</p>	
<p>Recognises that many older people want the abuse to stop but at the same time seek to maintain important relationships, which may include the perpetrator.</p>	
<p>Ensuring the specific needs of culturally and linguistically diverse communities such as LGBTIQ+, Aboriginal and/or Torres Strait Islander peoples and those living with a disability are considered and included in the policy.</p>	
<p>Elder Abuse procedure Best practice would mean that your agency has a clear documented process for responding to elder abuse that ensures:</p>	
<p>Clear role expectations and responsibilities of all program areas and staff regarding identification and response to elder abuse, including volunteers.</p>	
<p>That a risk assessment be undertaken so that the level of risk for an older person is clearly identified.</p>	
<p>There are clear processes for documenting suspected and confirmed incidents of elder abuse.</p>	
<p>There is a response and referral pathway consistent with organisational structure and policy.</p>	

1. West Metro EAPN – Elder Abuse Prevention & Response Toolkit
2. This Checklist was published in October 2019 and is available on the WM EAPN webpage
3. See also: NSW Elder Abuse Toolkit 5.10 Policy Checklist

Workforce development

Best practice would mean that staff are aware of the signs of elder abuse and are confident to respond and know what to do according to the responsibilities of their role. This may be achieved by:

Conducting training need analysis or an audit to ascertain the type of training completed about elder abuse by staff working with older people.

Setting a minimum training package on elder abuse for all staff working with older clients, for example the online DHHS training module DHHS– Elder Abuse Prevention.

Ensuring a process for all staff to be given the details of elder abuse training opportunities and resources as they become available.

Considering mandating online DHHS elder abuse training for all staff and having it on the internal training portal (this may require negotiating with Human Resources and providing time for staff to complete the training).

Providing an opportunity to discuss real scenarios so that staff can work through how they would recognise, respond and refer appropriately.

Ensuring volunteers are also provided some training on elder abuse if the agency auspices a volunteer program that works with older clients.

Communication about Elder Abuse across the organisation

Best practice would be reflected in the following ways:

Implement an annual elder abuse communication plan to ensure there is regular communication across the organisation and particularly in the programs working with older community members. This could be through a staff newsletter, staff information breakfasts, computer screensavers and/or agenda items at team meetings.

Display relevant elder abuse posters and/or pamphlets in all agency sites e.g. examples of positive ageing, case studies of elder abuse to increase understanding of what constitutes elder abuse and where to go for support.

Include relevant elder abuse pamphlets in information packs provided to clients of the agency.

	Provide community group leaders with information about elder abuse and where to go for support.
<p>Community responsibility Best practice would mean that the agency considers the following items:</p>	
Ensure that they are working collaboratively with older people and their communities to uphold the rights of older people.	
Ensure that agency staff respond to elder abuse when it occurs.	
<p>Other considerations Your agency may also like to consider undertaking the following actions:</p>	
Consider conducting an audit of current responses to elder abuse disclosures to ensure appropriate response is provided by agency. Identify gaps and improvements where possible that can be made.	
If agency engages contractors, identify if they are similarly prepared to respond to disclosures of Elder Abuse.	
Consider membership of organisations and networks that will assist and maintain current understanding on elder abuse for example: COTA / Senior Rights Victoria, North Metro Elder Abuse Prevention Network.	
Consider forming an internal Elder Abuse Working Group, or at least have a representative on an internal Family Violence Working Group delegated to contribute from an elder abuse perspective.	
Consider delivering elder abuse prevention activities as a single entity or in partnership with other agencies.	

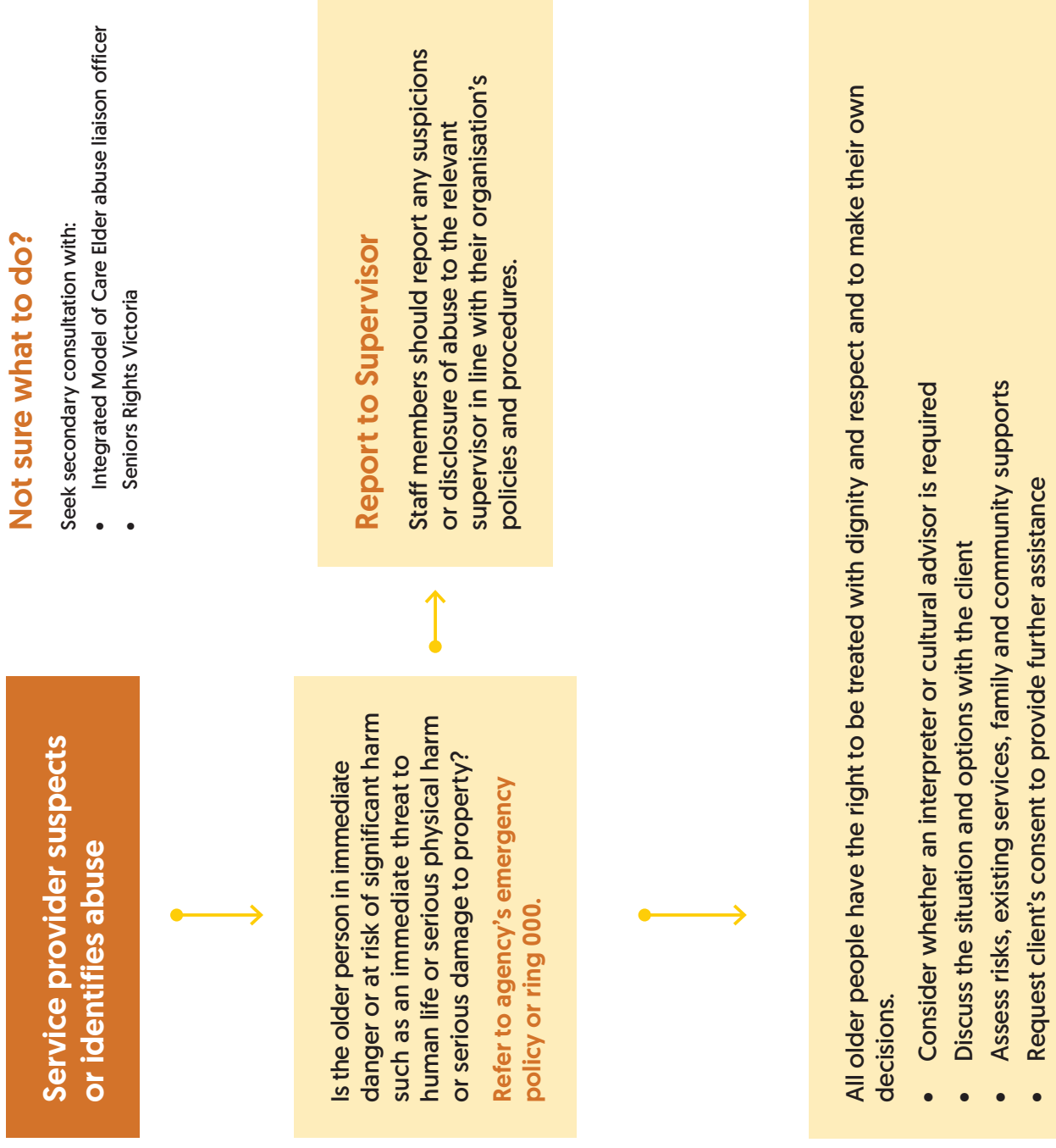
Acknowledgement

The Melbourne City Council Elder Abuse Action Plan Summary was used in the development of this Checklist.

The West Metro Elder Abuse
Prevention Network is supported
by the Victorian Government



Elder Abuse Response Flowchart for Service Providers



- Where the older person has difficulty with decision making, work with client to determine who can provide consent. Request consent from substitute decision maker to provide further assistance according to agency policy.

Accurate documentation of all elder abuse concerns must be maintained.

- If there are no existing appointees and there are concerns about the older person, consider the need for an application to VCAT for Guardianship & Administration orders.



Develop Action Plan



Declines Assistance

- Clearly document discussion about concerns and the supports offered
- Provide information regarding services/support options and referral contacts for future reference.
 - Discuss the benefits of a safety plan and assist to develop safety plan if older person is agreeable

Need Further Advice

- Secondary consultation is available to discuss referral options, risk assessment and concerns that the older person may not have capacity to make decisions:
- Integrated Model of Care Liaison Officer – 0423 842 103
 - Senior Rights Victoria – 1300 368 821
 - Office of the Public Advocate – 1300 309 337

Agrees to Assistance

Discuss available supports and services with the older person and appropriate family members:

- Senior Rights Victoria – 1300 368 821
- Specialist Family Violence Services:
 - Safe Steps – 1800 015 188
 - The Orange Door – 1800 319 355
- My Age Care (Regional Assessment/ACAS) – 1800 200 422
- Carer Support Services – 1800 242 636
- Aged Persons Mental Health Services – 1300 650 172
- Client's GP

Elder Abuse Incident (suspected or confirmed) Report Form – TEMPLATE

Please complete this form if you receive information that makes you suspect or confirm that a form of elder abuse is occurring.
Once completed, please forward to your supervisor (or insert contact appropriate to your agency).

Name of Person Completing this form:	
First Name:	Family Name:
Position:	Department/Unit:
Email:	Phone (direct):
Date:	Time:

Name of staff volunteer/contractor involved in the disclosure:	
First Name:	Family Name:
Position:	Department/Unit:
Email:	Phone (direct):
Date:	Time:

Name of client experiencing elder abuse:					
First Name:		Family Name:			
Address:					
Suburb:		State:		Postcode:	
Is the client:	<input type="checkbox"/> Aboriginal or Torres Strait Islander		<input type="checkbox"/> CALD		<input type="checkbox"/> Suffering from Dementia

Category of the abuse		
Form of Elder Abuse	Suspected Abuse	Confirmed Abuse
Financial		
Physical		
Social		
Emotional		
Sexual		
Neglect		

Details of the situation:	
Date of disclosure:	Time of disclosure:
Location when disclosure was made	
Details of the situation	Phone (direct):
<ul style="list-style-type: none"> • What is happening • Who is involved • Are there details of when and where it is taking place • Other relevant information 	

Name of staff volunteer/contractor involved in the disclosure:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Senior Rights Victoria	Legal Service		Financial Counselling
Mediation/relationship Counselling	Office of the Public Advocate		VCAT
Details of referral agency:			

Name of staff volunteer/contractor involved in the disclosure:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reported to:			
Position:			

Date:

Name:

Action Plan

Name:

Date Action Plan Developed:

People Involved:

Date for Review:

What do you want to achieve by working together?

Safety Plan completed: Yes/No

Attached: Yes/No

Issue/Concern	Goal	Actions	Person Responsible	Time-frame	Completed	Outcomes

Action plan provided to:

Client:	Yes/No			
Family/Carer:	Yes/No	Name(s):	Client Consent:	Yes/No
Other Staff:	Yes/No	Name(s):	Client Consent:	Yes/No
Other Services:	Yes/No	Names(s):	Client Consent:	Yes/No

Client Acknowledgment: I understand and agree to this action plan.

Client:

Date:

My Safety Plan

Keep this page in a safe place.
Keep it up to date and provide a copy to someone.

Name:

Date plan made/checked:

My escape route out of the house is:		
My code to signal others that I need help is:		
The people who will know the code are:		
The places I can go in an emergency are:		
Trusted people who can help me or where I can place items for safekeeping:	Name:	Phone no./s (including mobile):
	Name:	Phone no./s (including mobile):
My safety plan for my pets is:		

Checklist of important items to take if I need to leave:

- Address book
- ATM/credit cards
- Bank book/s
- Concession cards
- Medicare card
- Medications
- Mobile phone
- Passport
- Pension card

Cheque book/s

House/garage keys

Photographs

Birth certificate

House title/lease/rental agreement

Power of Attorney documents

Car keys

Insurance papers

Taxi card

Driver's licence

Jewellery

Will

Eyeglasses

Aids (e.g. wheelchair, walking stick, walking frame, shower chair)

Immigration papers

Emergency bag (pre-packed)

Hearing aids

Money

Emergency/Important Numbers

Police/Fire/Ambulance	000
Safe Steps	1800 015 188
My GP/doctor	
My personal alarm provider	
My specialist doctor	
My home care service	
My home nursing service	
Chemist	
Friend/family/neighbour	
Friend/family neighbour	
Friend/family/neighbour	

