Policy

Upper Hunter Shire Council is responsible for ensuring the safety of the older people who live in the residential aged care facility called Gummun Place Hostel. Council is also responsible for ensuring that residents, their families and staff at all levels can feel free to raise any concerns they may have about the abuse or possible abuse of residents, and to have those concerns dealt with appropriately.

Objective

To provide an aged care facility where residents are free from abuse and that meets both aged care standards and legislation.

Procedures/Practice

1. **THE ABUSE OF OLDER PEOPLE**

The definition endorsed by all Australian states and territories through the Healthy Ageing Taskforce on 8 December 2000 states that “The abuse of older people occurs when there is any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse can include physical, sexual, financial, psychological and social abuse and/or neglect”.

Abuse of older people can occur in any setting, including residential care. Older people in residential care may be especially vulnerable because of cognitive deficits such as dementia and because of physical frailty.

Most people who work in aged care are committed to providing quality care for residents. However, awareness of the possibility of abuse is essential in order to ensure that residents' rights are upheld and their safety is maintained.

Perpetrators of abuse in the residential aged care facilities may be other residents, family members, visitors, volunteers or staff.

Abuse may be reported by the victim or others. Suspicions that abuse has occurred may be aroused by physical signs and symptoms or by the behaviour of the resident. It is important for staff to be aware of any sudden or unusual changes in the behaviour patterns or residents.

2. **ABUSE IN RESIDENTIAL AGED CARE FACILITIES**

This section describes the different forms of abuse and exploitation that can occur and the signs that may indicate that a resident of an aged care facility has been abused.

2.1 Physical abuse

Physical abuse is a non-accidental act which results in physical pain or injury and which may include physical coercion and physical restraint.
Signs of physical abuse include:

- bruises
- lacerations or abrasions
- welts or rashes
- broken or healing bones
- burns
- weight loss
- facial swelling or missing teeth
- pain or restricted movements
- cringing or acting fearful
- agitation
- drowsiness
- unexplained hair loss
- noticeable decline in physical well being
- unexplained accidents or injuries
- conflicting stories between resident and staff or family members about the cause of injuries

2.2 Psychological/emotional abuse

Psychological or emotional abuse is language or actions designed to intimidate another person and is usually characterized by a pattern of behaviour repeated over time, intended to maintain a 'hold of fear' over them. Forms of psychological abuse include:

- intimidation, humiliation and harassment, e.g. threats, calling a resident names, treating a resident like a child, shouting at a resident
- withholding of affection
- refusing a resident access to family members of close friends
- depriving a resident of sleep
- inappropriate removal of a resident's decision-making powers

Signs of psychological/emotional abuse include:

- loss of interest in self or environment
- passivity
- helplessness
- withdrawal
- apathy
- insomnia
- fearfulness
- reluctance to talk openly
- huddling or nervousness around a particular person
- paranoid behaviour or confusion not associated with illness

2.3 Sexual abuse (assault)

Sexual assault is the general term used for a broad range of unwanted sexual behaviour, whether through physical force, emotional intimidation or any type of coercion. Sexual assault is a crime. Sexual abuse is a form of sexual assault. Abuse and assault are mainly about violence and power over another person, rather than sexual gratification or pleasure.

Sexual abuse includes rape, indecent assault, sexual harassment and sexual interference. Sexual activity with an adult who is incapacitated by a mental or physical condition (such as dementia) that impairs his or her ability to grant informed consent, is defined as sexual assault/abuse.

Sexual abuse can be overt and obvious (rape, penetration, oral-genital contact) or more subtle (inappropriate comments of interest in the older person's body). It can also include practices such as the inappropriate, and possibly painful administration of enemas or genital cleansing.
Signs of sexual abuse include:

- unexplained sexually transmitted disease or infections
- bruising in genital areas, inner thighs or around the breasts
- unexplained vaginal or anal bleeding
- increased anxiety and/or other emotional changes
- fear of certain people or places
- fingertip bruising on upper arms
- torn, stained or bloody underclothing, continence pads or bed linen
- difficulty in walking or sitting
- use of sexually explicit language or references by a resident
- changes in sleep patterns, sleep disturbance, recurring nightmares

2.4 Neglect

Neglect is the failure of a carer to provide the necessities of life to a person for whom they are caring. Neglect can be intentional or unintentional.

Unintentional neglect occurs when a carer does not have the skills or knowledge to care for a dependent person, although this is a situation that is unlikely to occur in the residential care setting. The carer may not be aware of the types of support that are available, or they may be ill themselves and unable to provide care.

Neglect is considered intentional when an older person is abandoned or not provided with adequate food, clothing, personal items, medical or dental care. Inappropriate use of medication (overuse, underuse or misuse), not providing adequate hygiene and personal care, and not allowing other people to provide adequate care are also forms of neglect.

Signs of neglect include:

- poor hygiene or personal care
- unkempt appearance
- lack of personal items
- absence of health aids
- inappropriate or lack of clothing
- weight loss
- secretiveness or agitation

2.5 Social abuse

Social abuse involves preventing a person from having contact with friends or family or access to social activities. Forms of social abuse include discouraging or stopping a resident from seeing other people, including family or friends, and preventing them from joining in activities in or outside the residential aged care facility.

Signs of social abuse include:

- sadness and grief because of people not visiting
- anxiety after visits by particular person
- withdrawal, lack of interaction with others
- low self esteem, sadness
- appearing ashamed
- passivity (not wanting to participate)
- listlessness
2.6 Financial abuse

Financial abuse involves the illegal or improper use or mismanagement of a person's money, property or resources. Stealing, fraud, forgery, embezzlement, forced changes to a will, inappropriate removal of a resident's decision making powers and misuse of power of attorney are all forms of financial abuse or exploitation.

Signs of financial abuse included:

- unpaid accounts
- unwillingness to provide or purchase items for a resident
- withholding of funds from a resident
- resident lacks money for items needed or to pay for outings
- loss of jewellery or personal belongings
- removal of cash from a wallet or handbag
- money missing from resident's bank accounts, unprecedented transfer of funds
- resident is fearful and anxious when discussing finances
- resident frequently changes his/her mind about their power of attorney
- management of a competent resident's finances by another person when not asked to do so

3. WHEN TO REPORT AN ABUSIVE SITUATION

It is important to always search for the cause of a change in a resident's behaviour or unexplained physical symptom. If a resident shows one or more of the possible signs of abuse, it does not automatically mean she or he is being abused, but it must be reported.

You must report to your supervisor (or next most senior manager) if:

- a resident shows a change in behaviour or mood or any of the signs described above
- you observe someone behaving towards a resident in a way that makes you feel uncomfortable
- a resident tells you that they are being abused by another person
- a person tells you that they are abusing a resident
- a resident, staff member or visitor tells you that they have observed abusive acts
- you observe an action or inaction that may be considered abusive

NOTE: Do not dismiss what a resident with dementia tells you as merely 'dementia talk'.

Failure to report an abusive situation may result in disciplinary action

4. HOW TO RESPOND TO AN ABUSIVE SITUATION

4.1 Procedures For Care Staff - Any Form of Abuse

4.1.1 If there is an immediate threat to a resident:

- remain calm
- consider whether you can safely take immediate action to stop the abuse occurring without endangering the resident, yourself or other people
- alert other staff by using call bell or alarm systems
- report to, or get someone else to contact your supervisor immediately
- reassure and comfort the resident
After taking the necessary immediate action:

- Ensure your Supervisor has been informed unless the supervisor is the subject of the complaint, and then the allegation should be reported to the next line Manager—Hostel Supervisor or Manager of Community Services or the Director of Corporate and Community Services
- complete an incident form
- record your observations or discussions with (or concerning) the resident that might indicate that abuse has occurred
- do not attempt to ask extra questions or to investigate in any way. That is not your role
- do not disturb the area or remove any items involved in the incident
- report to your supervisor any additional changes or concerns that you think of or observe later

4.1.2 If there is no immediate threat to a resident:

- reassure and comfort the older person
- report directly to your supervisor
- complete an incident form
- record your observations or discussions with (or concerning) the resident that might indicate that abuse has occurred
- do not attempt to ask extra questions or to investigate in any way. That is not your role
- do not disturb the area or remove any items involved in the incident
- report to your supervisor any additional changes or concerns that you think of or observe later

4.2 PROCEDURES FOR DAY AND SHIFT SUPERVISORS – Physical or Sexual Abuse

4.2.1 If you suspect that abuse has occurred or abuse or suspected abuse is reported to you:

- place the interest of the resident first
- determine whether the situation is urgent (happening now). If yes, consider whether you can take immediate action to stop the abuse occurring, without endangering the resident, yourself or other people.
- call for the police if necessary
- call for an ambulance if necessary
- report to the Hostel Supervisor or if uncontactable, the Manager of Community Services Ph 6540 1141
- report to the Trustee (Council’s Director Corporate and Community Services ph 6540 1123)
- The Trustee has final authority whether the incident is reported to the Department of Health via the Compulsory Reporting Line 1800 081 549 which should be actioned within 24hrs. If needed, seek advice from the Elder Abuse Hotline on 1800 628 221 If a decision is made not to report the incident, in consultation with the Elder Abuse Helpline, the Director should implement an appropriate management strategy as soon as practical. seek medical treatment if necessary
- treat the area as a crime scene until advice is given otherwise:
- do not remove any articles or items from the area
- ensure the older person does not wash or shower
- do not allow others to enter into the area
- ensure that there is no risk of exposure to or contact with the alleged perpetrator (i.e. the person who is alleged to have carried out the abuse) by the resident
- reassure the resident
- provide support to the care staff involved
- counsel the resident and document the events
• if the abuse is of a sexual nature, seek immediate advice from the nearest Sexual Assault Service
• If needed, seek advice from the Elder Abuse Hotline on 1800 628 221
• establish if the resident has the capacity (is competent) to understand their circumstances and make decisions. If unsure, seek a medical assessment of this

4.2.2 If the resident is competent to make their own decisions:

• raise your concerns with the resident and discuss their wishes. (Remember that an older person who is capable of making an informed decision has the right to make his or her own choices, including the right to refuse assistance)
• determine if confidentiality may need to be overridden due to safety issues for the person or others (e.g. where the rights of other residents are endangered by the suspected abuse), or where a criminal act may have occurred
• inform the resident of his/her right to an independent advocate of their choice to ensure that the resident is aware of his/her rights to make a complaint through the facility's internal complaints system or through the Aged Care Complaints Scheme on 1800 550 552 or https://www.agedcarecomplaints.gov.au/. Ensure that they are aware of how to do so
• complete incident forms and document on the resident's file if the abuse is of a sexual nature, report it to and seek guidance from the local Sexual Assault Service.
• seek guidance from the resident about notifying family or friends as support.

4.2.3 If the resident is not competent or you are unsure of their competency:

• seek a medical assessment of the resident's competency if this is in doubt. Remember there is an assumption of mental capacity unless there is evidence of incapacity

If the person is not competent:

• notify the resident's family and any appointed substitute decision maker
• if medical treatment is needed seek consent from their 'person responsible'
• if the person has no family or substitute decision maker (or there are concerns about them as they are suspected of the abuse) contact the Guardianship Tribunal (1300 006 228) for advice about substitute decision making
• if the abuse is of a sexual nature, seek guidance from the local Sexual Assault Service
• contact the Guardianship Tribunal for advice if consent is required to gather forensic evidence from a resident's body (e.g. tissue samples) or to release a sexual assault kit to police. (Family members cannot give consent in these circumstances)
• determine if confidentiality must be overridden due to safety issues for the person or others (e.g. where the rights of other residents are endangered by the suspected abuse) or where a criminal act may have occurred
• complete incident forms and document on the resident's file

4.3 GUIDELINES FOR HOSTEL MANAGER/ HR MANAGER / MANAGEMENT RESPONDING TO AN ALLEGED ABUSER

The Hostel Supervisor, Human Resources Manager or management may need to respond to the alleged abuser, especially in cases where the alleged abuser is a member of the facility staff. Care must be taken to ensure procedural fairness when doing so.
- Do not jump to conclusions or make assumptions
- Plan what you are going to say
- Record all facts
- Explain to the alleged abuser that you have a responsibility to resolve the concerns expressed
- Assure the alleged abuser that you want to involve them in finding a resolution to the concerns
- Ensure that your language and approach is non judgmental, calm and relaxed
- Do not escalate the situation by using confronting behaviour, challenging actions or words
- Have a witness present during all conversations with the alleged abuser.

If the alleged abuser is a member of staff: When an incident is reported, the Director and HR will decide upon the appropriate course of action for the staff member involved and advise the Hostel Supervisor.
- assure the alleged abuser that their rights as an employee will not be compromised while the incident is under investigation
- depending on the severity of the incident, a process involving counseling, disciplinary action, or suspension will proceed

All allegations and investigations must be reported to the Manager of Community Services and the Trustee for review, before a final decision is made and the file is closed.

5. ADDITIONAL RESOURCES

Dept Health Compulsory Reporting Line
Phone: 1800 081 549

Elder Abuse helpline and resource unit
Call the NSW Elder Abuse Helpline & Resource Unit on 1800 628 221 (free call). The Helpline is staffed Monday to Friday, 8.30 am to 5 pm, or complete the webform and one of our consultants will get in touch with you as soon as possible

Sexual Assault Services
- Muswellbrook Community Health
  Phone: (02) 6542 2725
- Newcastle Sexual Assault Service, Hunter
  Phone: (02) 4921 3888 (24hrs)
  Phone: (02) 4924 6333 (office hours)
- NSW Rape Crisis Centre – Hunter
  Phone: 1800 424 017 (24/7 Counselling)

The Guardianship Tribunal

The Guardianship Tribunal operates a free enquiries service during business hours which can be contacted for information and guidance about whether the Tribunal can assist in cases of abuse.

Ph: 1300 006 228 – press 2 for Guardianship Division matters
Ph: (02) 9556 7600 (main switch)
Website: www.gt.nsw.gov.au
The Tribunal can:

- appoint a guardian for a person with a cognitive disability, such as dementia. The guardian can be a private person or the Public Guardian
- consent to medical treatment if there is no other person who can legally consent to medical treatment on behalf of a person who cannot give consent themselves
- review the appointment of an enduring guardian or an enduring power of attorney if there are concerns that these arrangements are not working in the best interest of the person with a disability
- provide brochures and information sheets about substitute decision makers for medical decisions for people who are unable to provide consent themselves

Other sources of information, advice and referral

Sources of information, advice and referral that may be helpful in cases of abuse or suspected abuse include:

- Community Legal Centres
  
  Website: [http://www.clcnsw.org.au/](http://www.clcnsw.org.au/)

There are 40 Community Legal Centres in NSW. Community Legal Centres (CLCs) are independent community organisations providing equitable and accessible legal services. NSW CLCs work for the public interest, particularly for disadvantaged and marginalised people and communities.

- Police
  
  Hunter Valley Local Area Command, 26 William Street, Muswellbrook NSW 2333
  Phone: 6542 6999

  Merriwa Police Station, Vennacher Street, Merriwa NSW 2329
  Phone: 6548 2203 (not open 24 hrs)

  Scone Police Station, 138 Liverpool Street, Scone NSW 2337
  Phone: 6544 0199 (not open 24 hrs)

If in doubt about whether the abuse needs to be reported to the NSW Police, contact DFACs legal, phone 9716 2307 or the NSW Police for Advice. For non-urgent matters, contact the Police Assistance line on PH 13 14

The Aged-Care Rights Service

Ph: (02) 9281 3600
1800 424079


The Aged-Care Rights Service (TARS) is a legal advice and advocacy service for older residents of aged care facilities.

Aged and Community Services Association (NSW & ACT)

Ph: (02) 9743 4066

Website: [www.agedservices.asn.au](http://www.agedservices.asn.au)

Aged Care Association Australia – NSW

Ph: (02) 9212 6922

5.6 Useful web links

Preventing Abuse of Older People
The Aged Care Rights Service
Website: http://www.agedrights.asn.au/nsw/(TARS) is an advocacy service for older residents of nursing homes, hostels and retirement villages and people receiving Community Aged Care Packages.
TARS promotes and protects the legal rights of each person;
- to be regarded as a unique and valued individual,
- to have their beliefs values and wishes respected,
- to make informed decisions about their life,
and be consulted about matters that will effect their quality of life.

References

- This policy will be considered by Council at its meeting on 24 April 2017 and replaces that of the same name adopted 24 June 2013
- UHSC Code of Conduct
- Department of Health and Ageing Standards

Review Date

November 2020 by Director Operations

[Signature]

Authorised by: Waid Crockett, General Manager

[Date]