

## Identifying and responding to abuse of older people

**Summary** The Policy Directive outlines requirements for NSW Health organisations to ensure that staff identify and respond to abuse of older people appropriately during the course of service delivery.

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**Branch contact** (02) 9424 5944

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**Distributed to** Ministry of Health, Public Health System, NSW Ambulance Service

**Audience** All Staff of NSW Health



# NSW Health

## POLICY DIRECTIVE

### Identify and responding to abuse of older people

#### POLICY STATEMENT

NSW Health has a duty of care to identify and respond to abuse of older people.

NSW Health supports the *National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019-2023* (the National Plan) and the *Preventing and responding to abuse of older people (Elder Abuse) NSW Interagency Policy* (the Interagency Policy).

#### SUMMARY OF POLICY REQUIREMENTS

NSW Health plays a key role in identifying and responding to abuse of older people as older people are high users of health services and frontline health staff may be the first to identify abuse of an older person.

This Policy Directive aligns with the National Plan and Interagency Policy as well as related NSW Health policies including the *Integrated Prevention and Response to Violence Abuse and Neglect Framework* which outlines the vision, guiding principles, objectives and strategic priorities to strengthen NSW Health's response to violence, abuse and neglect.

All NSW Health organisations are required to develop local protocols and provide training to ensure staff can identify and respond to abuse of older people. Local protocols must include guidance on:

- reporting obligations
- escalation processes
- training requirements for staff
- escalating matters to the police
- contacting the NSW Ageing and Disability Abuse Helpline and
- pathways for coordination with other services and agencies.

NSW Health staff must recognise the diversity of older people and consider how cultural background may be a barrier to seeking support and increase risk of experiencing abuse.

NSW Health staff must support patients who consent to report abuse and seek advice from identified experts on reporting and confidentiality where consent is not given, but there is a threat to the patient's safety.

Decision making capacity must be considered and advice must be sought when capacity is unclear, or the perpetrator is also the guardian.



# NSW Health

## POLICY DIRECTIVE

### REVISION HISTORY

Version	Approved By	Amendment Notes
PD2023_023 September-2023	Deputy Secretary, Health System Strategy and Patient Experience	Revised to include the: <ul style="list-style-type: none"> <li>Updated <i>Preventing and responding to abuse of older people (Elder Abuse) NSW Interagency Policy</i> (June 2020)</li> <li>Updated NSW Health Policy Directive <i>Reporting for Residential Aged Care Services</i> (PD2022_054)</li> <li>Updated NSW Health Policy Directive <i>Responding to Sexual Assault (adult and child) Policy and Procedures</i> (PD2020_006)</li> <li>Updated NSW Health Policy Directive <i>Managing Misconduct</i> (PD2018_031)</li> <li>NSW Health <i>Integrated Prevention and Response to Violence, Abuse and Neglect Framework</i></li> <li>Updated references, resources, policies and protocols.</li> </ul>
PD2020_001 January-2020	Deputy Secretary, Health System Strategy and Planning	Revised to include: <ul style="list-style-type: none"> <li>NSW Health responsibilities against the National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019-2023</li> <li>Information about the NSW Ageing and Disability Commission</li> <li>Updated references to the Elder Abuse Helpline to the NSW Ageing and Disability Abuse Helpline</li> <li>The updated policy, PD 2019_049 Compulsory Reporting Protocol for Residential Aged Care Services</li> <li>Updated reference, resources, policies and protocols.</li> </ul>
PD2018_027 July-2018	Deputy Secretary, Strategy and Resources	Initial policy.

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## 1. BACKGROUND

Australian Governments recognise that abuse of older people is a serious and complex problem that requires collective action to ensure older people are better protected from all forms of abuse. All governments in Australia agreed on a [National Plan to Respond to the Abuse of Older Australians \(Elder Abuse\)](#) in 2019 to reduce the prevalence of abuse of older people. The key priority areas for action in the National Plan include governments working together to build understanding of abuse of older people and strengthen service responses and safeguards.

The [National Elder Abuse Prevalence Study](#) (December 2021) estimated the prevalence of abuse of older people living in the community in Australia is approximately 14.8% or one in six older Australians in the community<sup>1</sup>. These figures likely underestimate the total prevalence of abuse of older people in Australia because they exclude people who lack capacity, and people who did not participate in the study due to reasons such as frailty or living in residential aged care.

The Royal Commission into Aged Care Quality and Safety (the Royal Commission) found around 39.2% of people living in Australian residential aged care facilities experienced neglect, emotional abuse or physical abuse by paid staff. Recommendations in the Final Report from the Royal Commission (March 2021) have guided national reforms including:

- strengthened governance requirements in the aged care sector
- expanded incident reporting to include the most common types of abuse of older people and to include home and flexible care services (including Transitional Aged Care and Multi-Purpose Services)
- a new Code of Conduct for people working in the aged care sector
- new Aged Care Quality Standards (in effect from July 2024).

All NSW Health staff are responsible for identifying and responding appropriately to abuse of older people. Older people are frequent users of health services and frontline health staff may be the first to identify abuse of an older person.

### 1.1. About this document

This Policy Directive outlines the responsibilities of NSW Health organisations and staff to identify and respond to abuse of older people. It aligns with the [Preventing and responding to abuse of older people \(Elder Abuse\) - NSW Interagency Policy](#) (June 2020) and intersects with [It Stops Here – Standing together to end domestic and family violence in NSW](#), the NSW Government's Domestic and Family Violence Framework for Reform.

NSW Health organisations must use this Policy Directive to guide the development and implementation of local protocols for identifying and responding to abuse of older people. This Policy Directive provides information on reporting obligations, referral pathways, supports, resources and training requirements.

**1.2. Key definitions**

<b>Aboriginal</b>	In this Policy Directive, the term Aboriginal is used for Aboriginal and Torres Strait Islander or First Nations people, in recognition that Aboriginal people are the original inhabitants of NSW.
<b>Abuse of older people</b>	<p>Australia has adopted the World Health Organisation definition of abuse of older people (also referred to as elder abuse):</p> <p><i>‘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’.</i></p> <p>Abuse of older people may take different forms and can include financial, psychological, physical, sexual abuse or neglect. These forms of abuse may occur at the same time.</p> <p>The definition of abuse does not include self-neglect or self-harm.</p>
<b>Authorised representative/ Substitute decision-maker</b>	<p>As per the <i>Health Records and Information Privacy Act 2002</i> (NSW) [HRIP Act], an authorised representative (substitute decision-maker) of a person who does not have capacity to make decisions relating to using or disclosing personal information includes:</p> <ul style="list-style-type: none"> <li>• the attorney for a person under an enduring power of attorney, or</li> <li>• the guardian of a person under a Guardianship Order of the NSW Civil and Administrative Tribunal (NCAT) Guardianship Division, or</li> <li>• a person otherwise empowered under law to act as an agent or in the best interests of the person.</li> </ul>
<b>Carer</b>	<p>As defined under the <i>Carers (Recognition) Act 2010</i> (NSW), a carer provides ongoing personal care, support and assistance to a person who needs help because of disability, a medical condition (including a terminal or chronic illness), mental illness, or where the person is frail and aged.</p> <p>A person is not a carer under the <i>Carers (Recognition) Act 2010</i> (NSW) if they care for a person as a paid employee, or under a contract for services, as a volunteer for a charitable / welfare / community organisation or as part of the requirements for education or training.</p>

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<b>Clients</b>	Patients, consumers and residential care clients in NSW Health settings. In this Policy Directive these terms will be used interchangeably.
<b>Cultural safety</b>	Cultural safety is a concept that aims to recognise, respect and nurture the unique cultural identity of a person to create safety for them and meet their needs, expectations and rights. It means centring on the perspective of the other person rather than our own <sup>2</sup> .
<b>Decision-making capacity</b>	A person has decision making capacity if they are able to: <ul style="list-style-type: none"> <li>• understand the facts and choice involved in the decision</li> <li>• weigh up the consequences of the choices and</li> <li>• communicate their decision.</li> </ul>
<b>Domestic and Family Violence (DFV)</b>	While there is no single, universally agreed definition of domestic and family violence, this Policy Directive adopts the NSW Government definition of domestic and family violence: <p><i>‘any behaviour in a domestic relationship, which is violent, threatening, coercive or controlling and causing a person to live in fear for their own or someone else’s safety. It usually manifests as part of a pattern of ongoing controlling or coercive behaviour.’<sup>3</sup></i></p>
<b>Family Violence</b>	The preferred term for violence between Aboriginal and Torres Strait Islander people, as it covers the extended family and kinship relationships in which violence may occur. <sup>4</sup>
<b>Frailty</b>	Frailty is a common syndrome that occurs from a combination of deconditioning and acute illness on a background of existing functional decline that is often under-recognised. <sup>5</sup>
<b>Older People</b>	The Policy Directive defines older people as all people aged 65 years and over; and Aboriginal people aged 50 years and over.
<b>Serious crimes</b>	A serious indictable offence is anything punishable by 5 or more years imprisonment. Serious crimes under NSW law include: murder, attempted murder, sexual assault, acts of indecency, rape, sexual offences against people with cognitive impairment, physical assault, grievous bodily harm, poisoning to endanger life or inflict harm or to injure or cause distress, domestic violence, neglect, kidnapping, robbery/ stealing, stealing or destroying wills, fraud, forgery, harassment and intimidation.

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<b>Serious threat</b>	<p>‘At serious threat’ means there is evidence of a serious threat to a person’s life, health or safety due to domestic violence, and urgent action is necessary to prevent or lessen this threat.</p> <p>A threat does not have to be imminent to be considered serious.</p>
<b>Trauma informed care, practice and systems</b>	<p>Trauma informed care recognises the prevalence of trauma and its impacts on the emotional, psychological and social wellbeing of people and communities. Trauma-informed practice integrates an understanding of past and current experiences of violence and trauma in all aspects of service delivery.</p> <p>The goal of trauma-informed systems is to avoid re-traumatising individuals and to support safety, choice and control as critical to healing.</p>

**1.2.1. Types of abuse**

The following are the most recognised forms of abuse of older people and are taken from the [Preventing and responding to abuse of older people \(Elder Abuse\) - NSW Interagency Policy](#) (June 2020). This list is not exhaustive.

<b>Financial abuse</b>	<p>The illegal or improper use of management of an older person’s money, property or other financial resources.</p>
<b>Neglect</b>	<p>The failure of a responsible person to provide the older person with the necessities of life – such as adequate food, shelter, clothing medical or dental care – or to prevent others from providing them.</p> <p>It can also include failing to take reasonable actions to assist the older person to access necessary aged care or other supports. Neglect can be intentional or passive.</p>
<b>Physical abuse</b>	<p>Intentionally inflicting physical pain or injury or physical coercion. Includes all forms of physical assault, including physical and/ or chemical restraint.</p>
<b>Psychological/ Emotional abuse</b>	<p>The infliction of mental stress involving actions and threats that cause isolation, fear of violence, restricting or preventing social contact with others, deprivation and feelings of shame and powerlessness.</p>
<b>Sexual abuse</b>	<p>Unwanted sexual acts including sexual contact, rape, language or exploitative behaviours where the older person’s consent has not been obtained, where consent has been obtained through coercion, or where consent is not possible due to cognitive incapacity.</p>



### 1.3. Whole of NSW government frameworks

NSW Government initiatives aim to ensure that abuse of older people is prevented, identified and responded to using multi-disciplinary approaches and person-centred care include:

- [Ageing Well in NSW: Seniors Strategy 2021 – 2031](#) (Seniors Strategy). The Seniors Strategy notes that older people value safe communities as they age, and safety from abuse is one of their key concerns. The Seniors Strategy commits to raising awareness about abuse of older people and developing prevention and response strategies.
- [Preventing and responding to abuse of older people \(Elder Abuse\) - NSW Interagency Policy](#) (June 2020) requires NSW Government agencies with significant interaction with older people to implement policies and protocols to identify and respond to abuse of older people. It also emphasises the importance of agencies and organisations working together to protect older people from abuse and respond to it when it occurs.
- [It Stops Here – Standing together to end domestic and family violence in NSW \(It Stops Here\)](#) is the NSW Government’s Domestic and Family Violence Framework for Reform. The reforms aim to address the prevalence and devastating effects of domestic and family violence on victims across the lifespan by introducing faster and more efficient referral pathways, increasing sharing of essential information between services, and increasing the focus on prevention and delivering programs that hold perpetrators accountable and reduce re-offending.

A key element of *It Stops Here* is the Safer Pathway program. NSW Health is a key partner in the Safer Pathway reforms and participates statewide in Safety Action Meetings (SAMs) for victims at serious threat from domestic and family violence, including older people.

## 2. ABOUT ABUSE OF OLDER PEOPLE

Abuse of older people is often a hidden issue and is likely to be underreported.<sup>7</sup> Older people often face barriers to reporting, especially if the perpetrator is a family member.

Repercussions for reporting a family member might include withdrawal of support or access to loved grandchildren.

The [National Elder Abuse Prevalence Study](#) (December 2021) found that intergenerational family relationships account for a substantial proportion of abuse of older people with adult children accounting for 18% of perpetrators. Partners/ spouses account for a further 10% of perpetrators. Familial perpetrators are particularly likely to engage in financial abuse. Friends, acquaintances and neighbours also account for a significant proportion of perpetrators (12%, 9%, and 7%, respectively).<sup>1</sup>

Older people may experience challenges which increase the likelihood of abuse such as higher care needs, frailty, increased dependency on caregivers and/ or cognitive decline. Vulnerability may also arise when perpetrators of abuse exploit older people’s experiences of marginalisation and increased dependency.

## **2.1. Risk factors and barriers to disclosure**

The following factors may increase an older person's vulnerability and risk of abuse:

- ageism
- cognitive impairment
- living with a disability or mental health illness
- having multiple chronic comorbidities, in particular depression and dementia
- social isolation
- being female
- previous experience of domestic family violence
- history of child sexual abuse
- poor financial literacy
- being in custody.

Barriers to disclosing abuse include:

- lack of service access
- cultural issues including language barriers or cultural mores
- cognitive impairment
- dynamics of dependence, particularly if an older person is abused by a carer
- shame
- emotional connection to the perpetrator
- fear of institutionalisation
- fear of repercussions from family or community.

Some individuals and communities may face additional barriers to seeking support and increased risk of experiencing abuse, see Section 4 for further information.

## **3. NSW INTERAGENCY POLICY THEMES AND PRINCIPLES**

The [\*Preventing and responding to abuse of older people \(Elder Abuse\) - NSW Interagency Policy\*](#) (the Interagency Policy) sets out an approach to preventing and responding to abuse of older people for NSW Government agencies. The Interagency Policy outlines four themes:

- prevention and early detection
- support for people who are abused or at risk of abuse
- intervention and protection
- a commitment to collective action.

These themes are supported by the following principles:

- Safety
- Empower
- Respect
- Respond
- Separate
- Collaborate.

The requirements of each NSW Government agency for the implementation of measures to prevent and respond to abuse of older people are set out in **Appendix 3** of the NSW Interagency Policy.

NSW Health organisations should use the Interagency Policy to develop and implement local protocols.

### **3.1. NSW Ageing and Disability Commission**

The NSW Government established the Ageing and Disability Commission (ADC) in July 2019 to better safeguard older people and adults with disability from abuse, neglect and exploitation in home and community settings.

The ADC has a vision for every older person and adult with disability to feel safe, respected and dignified in their home, and in the community. The focus of the ADC is to:

- provide support to those at need
- raise community awareness to reduce and prevent abuse, neglect and exploitation toward older people and adults with disability
- investigate concerns and allegations of abuse, neglect and exploitation
- report and advise government on related systemic issues.

The ADC operates the [Ageing and Disability Abuse Helpline](#) (1800 628 221) which is a central point for information, advice, referral and data collection.

The ADC reviews and investigates reports of abuse, neglect and exploitation of older people and adults with a disability in NSW, that are outside the remit of other complaint or investigative bodies.

The ADC does not investigate the conduct of paid service providers for older people or adults with disability. Complaints about paid National Disability Insurance Scheme (NDIS) service providers should go to the NDIS Quality and Safeguards Commission, and complaints about paid aged care service providers should go to the Aged Care Quality and Safety Commission.

NSW Health staff can call the ADC helpline for advice without sharing identifying information. Information can be shared with the ADC as outlined in the NSW Health [Privacy Manual for Health Information](#), and the Memorandum of Understanding established between the ADC and NSW Health. See Section 6.3 for further information in relation to consent and confidentiality.

### **3.2. Identification of abuse of older people across the health system**

It is the responsibility of all NSW Health staff to identify and respond to abuse of older people. Older people are frequent users of health services and frontline health staff may be the first to identify abuse of an older person. Abuse can occur anywhere, including in the home, in institutions, or in health care settings.

Some examples of where abuse of older people may be identified are:

- hospital presentation (including emergency departments, outpatient clinics, family case conferencing, inpatient and aged care unit admissions)
- presentation at primary care clinics
- aged care assessments (Aged Care Assessment Teams (ACAT) and Regional Assessment Service (RAS))
- State government residential aged care facilities and multi-purpose services
- community-based nursing and allied health care including home visits
- mental health services including services specifically for older people
- outreach services
- ambulance services.

## **4. RECOGNISING DIVERSITY OF OLDER PEOPLE**

Person-centred, trauma-informed approaches are important for all people who have experienced abuse. An older person's individual needs and the context in which the abuse is occurring must always be considered.

Sensitive and appropriate identification and response pathways are needed when abuse is identified for any older person. It is important to recognise that past experiences may affect an older person's decision to disclose or report abuse. It may also be pertinent to consider the relationship or perception the older person may have of government entities and how past experiences of discrimination may affect willingness to report abuse.

Risk or protective factors can arise at the individual, community and societal level. Individual level factors include living situation, health and wellbeing, risk taking behaviours, as well as personal relationships. Community level factors include service availability, and society level factors include discrimination, ageism and family violence.

Australia's [Aged Care Diversity Framework](#) (December 2017) outlines strategies and actions for achieving a high quality aged care system that ensures all older people experience equitable access and outcomes and embraces their life experiences.<sup>8</sup>

### **4.1. Aboriginal People**

Aboriginal people continue to experience impacts from the legacy of colonisation and intergenerational trauma. One of the most profound negative consequences of colonisation

was the removal of Aboriginal children from their families which occurred as a part of government policies in the 20th century, referred to as The Stolen Generations.

Abuse of older people compounds previous harm to Stolen Generations survivors. Cultural safety must be prioritised in abuse reporting and referral pathways for older Aboriginal people. Older Aboriginal people not of the Stolen Generation would have also experienced racism, which NSW Health is working to eradicate.

The safety of Aboriginal people and a better understanding of abuse prevention are priorities for NSW Health as demonstrated by the NSW Health [Formal Apology](#) from the Secretary, NSW Health in 2022.

NSW Health is committed to the [2022-2024 NSW Closing the Gap Implementation Plan](#), which provides guidance via its Priority Reforms on ensuring that the Aboriginal community has a key role in policy and program design, access to culturally safe services, better data on service performance to enable increased government accountability, as well as strengthened opportunities for decision-making via a meaningful partnership approach.

NSW Health organisations must provide trauma informed and culturally appropriate services and support to older Aboriginal people who may be at risk of or experiencing abuse. Cultural safety is a key commitment for NSW Health and the responsibility of all staff, not limited to the support available from Aboriginal colleagues and the Community-Controlled Sector, both key contributors in this area. Strong connection with culture is known to strengthen resilience, persistence and adaptation in the face of colonisation and entrenched disadvantage.<sup>9</sup>

NSW Health staff must ensure that care is person-centred and respect older Aboriginal people's right to self-determine their care and support. Barriers to disclosure are further complicated by past and ongoing systemic racism and discrimination. Staff are encouraged to seek advice from the local Violence, Abuse and Neglect (VAN) Services Senior Manager, and procedures must be adapted for local circumstances.

NSW Health supports approaches to safeguard older Aboriginal people's rights and assist in preventing abuse identified in the 2019 Final Report by Wardliparingga, [What keeps you safe: approaches to promote the safety of older Aboriginal people](#)<sup>10</sup>:

- raise community awareness
- provide useful and effective information about abuse including where to get help
- enable and support older Aboriginal people to connect with and to continue their culture
- uphold the safety of older Aboriginal people

NSW Health organisations are to work collaboratively with Aboriginal health workers, Aboriginal family health workers, Aboriginal mental health workers, Aboriginal health units and Aboriginal Community Controlled Health Organisations. Local programs need to provide interventions and support services that are culturally sensitive and appropriate for older Aboriginal people experiencing abuse.

Relevant NSW Health documents and resources for staff include:

- My Health Learning eLearning module *Asking the Question: Improving the Identification of Aboriginal People* (course code 103260592)
- My Health Learning eLearning module *Respecting the Difference: Know the Difference* (course code 39988681)
- My Health Learning eLearning module *Respecting the Difference: Be the Difference* (course code 434623634)
- NSW Health Guideline *Aboriginal Family Health Workers – Operational Guidelines* ([GL2009\\_001](#))
- [NSW Health Aboriginal Family Health Strategy](#)
- [NSW Health Sexual Assault Services Cultural Safety Roadmap](#).

## **4.2. People from culturally and linguistically diverse backgrounds**

Cultural and linguistic factors may affect how someone understands abuse and seeks support. For example, in many families, there are inter-generational attitudes about how to care for the older generation. This may relate to older generations keeping traditional beliefs and values from their country of origin, while younger generations may have adopted values and beliefs from the community they have settled in.

Access to culturally appropriate care services is essential for ongoing health and wellbeing and for health service delivery. Research highlights how important it is to access services delivered in a familiar cultural context and language group.<sup>5</sup> It is also important for staff to recognise the diversity within communities to avoid stereotyping.

Older people, their families, and carers, who do not speak English as a first language, have the right to free, confidential, and professional interpreters when using NSW Health services. Professional interpreters promote effective communication, ensure quality and safety in care, and minimise potential adverse events. Children and other family members should not be used as interpreters.

The NSW Health Policy Directive *Standard Procedures for Working with Health Care Interpreters* ([PD2017\\_044](#)) mandates the use of health care interpreters in all health care situations where communication is essential for patients / clients who are not fluent in English, including people who are deaf. Use of family members to interpret carries risk of unrecognised abuse.

The [NSW Ageing and Disability Commission](#) provides resources and information in a range of community languages that includes information about what support services are available.

## **4.3. Regional / rural communities**

In regional, rural and remote communities, NSW Health staff, clients and community members may have concerns about identifying perpetrators of abuse within their own community.

Perpetrators may have access to personal information about the older person reporting the abuse and there are potential issues such as isolation, stigma, and fear of exclusion that may prevent reporting.

NSW Health organisations are to take all measures to maintain the confidentiality of staff and others involved in the identification process. Local health district and specialty health network specific protocols will ensure the response is appropriate for its local community.

#### **4.4. Carers**

Older carers may be victims of abuse while some carers may be identified as perpetrators of abuse of the older person they are caring for. The safety of all parties must be considered, and appropriate support investigated, however, the safety of the victim must be addressed as the priority with the needs of the perpetrator addressed separately. [Carers NSW](#) provides resources, information and referrals to support carers. See also [No to Violence Men's Referral Service](#). Ongoing care arrangements need to be considered when determining the appropriate response to abuse of an older person.

#### **4.5. Lesbian, gay, bisexual, transgender, intersex, and queer+ (LGBTIQ+) people**

Older lesbian, gay, bisexual, transgender, intersex, and queer+ (LGBTIQ+) people may experience abuse due to their gender identity or sexual orientation. LGBTIQ+ people are more likely to age alone or be socially isolated. Older LGBTIQ+ people may not rely on their biological families, but depend on alternative support networks, which may make them more vulnerable to abuse.

Older LGBTIQ+ people are also more likely to hide their sexual orientation or gender identity due to fear of discrimination and lack of respect. Older LGBTIQ+ people often experience invisibility of their gender identity or sexual orientation.<sup>6</sup> This may lead to a reluctance to disclose and report abuse.

Specific services such as Silver Rainbow: Ageing and Aged Care provide services to promote the wellbeing of older LGBTIQ+ people and raise awareness in the aged care sector. Refer to [Silver Rainbow](#) for further information.

### **5. INTERSECTION WITH OTHER NSW POLICY DIRECTIVES AND PROTOCOLS**

This Policy Directive complements and supports the implementation of other key NSW policies. Relevant policies and reforms that intersect with this Policy Directive are listed in Figure 1 and Table 1.

This Policy Directive aligns with the NSW Health [Integrated Prevention and Response to Violence, Abuse and Neglect Framework](#) (IPARVAN Framework). The IPARVAN Framework outlines the vision for NSW Health that people of all ages are supported by the public health system to live free of violence, abuse and neglect and their adverse impacts. This will be done in part through expanding Violence, Abuse and Neglect (VAN) services to ensure they are coordinated and integrated.



Integrated service responses are defined as the provision of service responses in accordance with a person-centred approach that provides seamless care across multiple services, adopts a multidisciplinary and trauma-informed approach, and is designed around the holistic needs of the individual throughout the life course.

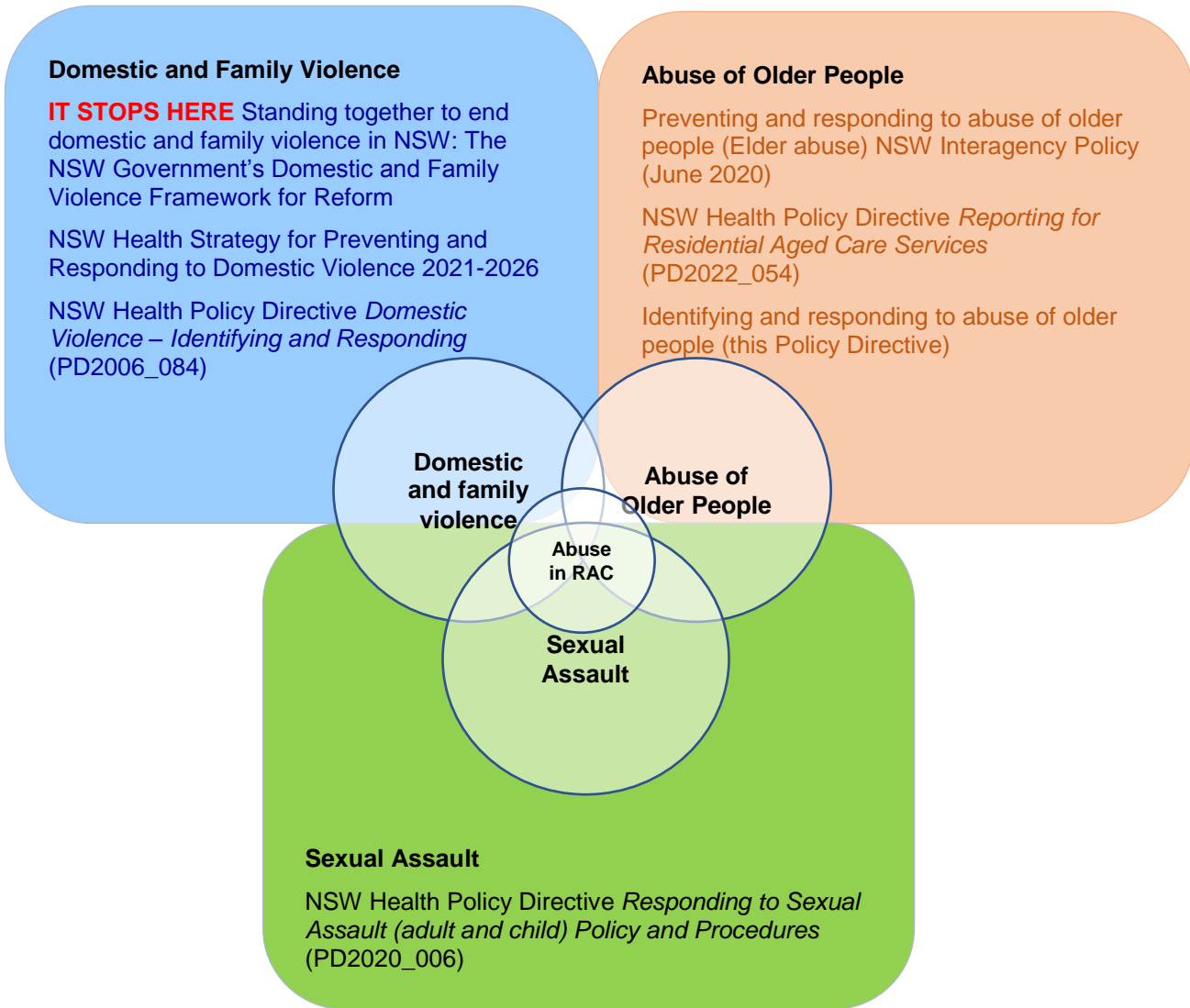
It is important to recognise that older people may be victims of domestic violence and sexual assault and must be supported by domestic violence and sexual assault services as needed. Consultation with these services must occur where domestic violence and/or sexual assault are identified for older people. Refer to the NSW Health Policy Directives *Domestic Violence – Identifying and Responding* ([PD2006\\_084](#)) and *Responding to Sexual Assault (adult and child) Policy and Procedures* ([PD2020\\_006](#)) for details.



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**Figure 1: Intersection between Abuse of Older People, Domestic and Family Violence and Sexual Assault**

Figure 1 illustrates the intersection between abuse of older people, domestic and family violence, sexual assault and the related policies.



## 6. NSW HEALTH ORGANISATIONS' RESPONSIBILITIES

NSW Health organisations are required to have local protocols and provide training to guide staff in identifying and responding to abuse of older people. This includes domestic violence and sexual assault as forms of abuse of older people (See Appendix 3 for a sample action plan). Local protocols must include:

### *Compliance with reporting obligations*

Staff must document and report abuse according to the NSW Health VAN and record keeping policies and procedures. See Table 1 and Section 6.2 for further information.

### *Escalation processes and training requirements for staff*

NSW Health organisations are required to identify staff with expertise who can support other staff in managing situations where abuse of an older person is suspected or has been identified. See Section 8.2 for a proposed model of staff responsibilities and suggested training opportunities NSW Health organisations can adapt to local situations.

### *Guidance for escalating matters to NSW Police*

Where there is a risk of immediate harm or reasonable grounds to believe a crime has been committed this must be reported to NSW Police. Section 5.2 of the [Preventing and responding to abuse of older people \(Elder Abuse\) - NSW Interagency Policy](#) outlines how to manage serious crimes.

In cases of domestic violence, NSW Health staff are encouraged to contact their local Violence Abuse and Neglect (VAN) Senior Manager for consultation and guidance. The [Safety Action Meeting \(SAM\) Manual \(2020\)](#) outlines how key government and non-government service providers work with domestic violence victims and perpetrators in the local area to prevent or lessen serious threats to the safety of domestic violence victims through targeted information sharing.

### *Guidance for contacting the NSW Ageing and Disability Abuse Helpline*

The NSW Government funds the NSW Ageing and Disability Helpline as a central point of contact for information, advice, referral and data collection. Local protocols must include when to seek advice or notify the Helpline. See Appendix 3 for resource contact details.

### *Pathways for coordinating with other local services and agencies*

Older people experiencing abuse may come into contact with various services and agencies. It is an essential requirement of the [Preventing and responding to abuse of older people \(Elder Abuse\) - NSW Interagency Policy](#) that agencies collaborate with key partners at a local level.

### 6.1. NSW Health staff training

Local protocols must include training requirements including local escalation procedures.

The [NSW Health Education Centre Against Violence \(ECAV\)](#) is a statewide unit responsible for workforce development in the specialist areas of prevention and response to violence,

abuse and neglect. The following courses are available for NSW Health staff who have direct contact with older people in service delivery:

- Not seen or heard: Recognising & responding to abuse of older people (IN1004)
- Uncovering the shame: Responding to the abuse of Aboriginal older people (AB35)
- Recognising & responding to abuse of older people: Virtual training (IN1004-V).

Detailed course information is available on the ECAV [Full Course List](#) website.

The NSW Ministry of Health in conjunction with Health Education and Training Institute (HETI), has developed online staff training which aims to raise awareness of abuse of older people across the health system and outline the role of NSW Health organisations in supporting staff to identify and respond to abuse of older people. The eLearning module *Abuse of Older People* (course code 204136280) is available via My Health Learning and is recommended for all NSW Health staff.

## **6.2. Reporting concerns and responding to risks of harm**

All NSW Health staff have a duty of care to their clients. Staff have a responsibility to identify abuse of older people and respond appropriately. This may include referring the older person to other services. A breach of duty of care may occur if staff fail to provide appropriate care or care that falls short of the expected standard of competent professional practice.

NSW Health staff must facilitate any requests by an older person to report abuse to NSW Police as quickly as possible. The older person may also be referred to a Safety Action Meeting (SAM) if at serious threat for abuse by a person in their household or someone who they rely on for care and may also be referred to specialist VAN services. Carers and family members may also be able to access VAN services to assist them in supporting an older person.

Health workers should contact their local VAN Senior Manager for guidance on when to report the abuse of older people and working with interagency partners (including at Safety Action Meetings) to reduce threat.

In cases of sexual assault, all local health districts have specialist Sexual Assault Services (SASs) that provide free and confidential information, counselling, medical treatment, forensic examination and support services 24 hours a day, 7 days a week. Service locations and contact details are available on the [NSW Health Sexual Assault Services contact list](#).

NSW Health staff may contact the Employee Assistance Program (EAP) to discuss personal, family or work-related concerns impacting on health or quality of life. Staff can check their local intranet for details or speak with their local Human Resources (HR) team for details.

This Policy Directive does not replace requirements to report to the Commonwealth under the Department of Health and Aged Care's Serious Incident Response Scheme (SIRS) for Commonwealth funded aged care services. This includes residential aged care and flexible care services (see NSW Health Policy Directive *Reporting for Residential Aged Care Services* [PD2022\\_054](#)).

### **6.2.1. Allegations of abuse against NSW Health staff**

When an alleged perpetrator is a NSW Health staff member and they may have committed a criminal act and/ or breached the NSW Health Policy Directive *NSW Health Code of Conduct* ([PD2015\\_049](#)), the required procedures and escalation protocols for investigation of abuse should immediately be activated.

Commonwealth reporting for aged care under the SIRS and disability to the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission still apply in residential aged care and Multi-Purpose Services. Staff must report any breach or concerns to their line manager. If staff are not comfortable reporting to their line manager, they should report the matter to a more senior staff member.

Managers are responsible for addressing the alleged breaches promptly, fairly and reasonably. They must assess the seriousness of any reported breaches, and how the breach should be dealt with in line with NSW Health Policy Directives *Managing Complaints and Concerns about Clinicians* ([PD2018\\_032](#)) and *Managing Misconduct* ([PD2018\\_031](#)).

### **6.2.2. Safety, capacity and consent**

Reporting abuse of older people with consent is best practice, and reporting without consent may carry additional safety and client disengagement risks. Staff should seek consent to report abuse from an older person when the potential perpetrator is not present.

Appendix 4 of the [Preventing and responding to abuse of older people \(Elder Abuse\) - NSW Interagency Policy](#) (June 2020) provides useful guidance on the factors to be considered and the need to balance safety, capacity and consent when responding to abuse of older people.

Information disclosure to police and other bodies without consent may be appropriate in certain circumstances. This should be assessed on a case-by-case basis (see section 6.2.3. Confidentiality for further information).

Where an older person lacks decision-making capacity to determine the response to abuse, consent should be sought from the authorised representative (substitute decision-maker). NSW Health staff should consider whether any action is required to ensure the safety of the older person, including reporting the abuse and making an application to the [Guardianship Division of the NSW Civil and Administrative Tribunal](#) for a guardianship order.

When considering issues of capacity, refer to the NSW Department of Communities and Justice [Capacity Toolkit](#). Capacity can be decision specific, at a given point in time, and influenced by many factors that may be present in the context of abuse including stress, mental ill health, and the influence of others. Capacity can, and should be, supported (and can be regained). Staff are to seek expert advice in cases of uncertainty.

If the older person is under guardianship or a financial management order, this should be documented in the patient medical record with a copy of the guardianship or financial management document.

If the guardian or financial manager is the alleged perpetrator, then staff must contact the [Guardianship Division of the NSW Civil and Administrative Tribunal](#) via phone on 1300 109 290 to seek review of the appointment or order.

Where the older person does not provide consent, and the disclosure of abuse without consent is not appropriate, staff should inform the older person about available resources in case they change their mind. If an older person does not wish to report or address the abuse, this must be clearly documented in the older person's medical record.

### **6.2.3. Confidentiality**

All NSW Health staff must follow requirements in the NSW Health [Privacy Manual for Health Information](#), comply with relevant privacy legislation, and maintain client privacy and confidentiality.

Section 13A of the *Crimes (Domestic and Personal Violence) Act 2007* (NSW) creates a regime for disclosing information in relation to a domestic violence threat. It includes sharing information without consent if the threat is serious enough. See the Department of Communities and Justice's [website](#) for more information on the legislation.

NSW Health workers are encouraged to contact their local VAN Senior Manager for consultation and guidance on individual circumstances.

For cases of abuse by a spouse / partner see Sections 6.2.3 and 6.2.5 of the NSW Health Policy Directive *Domestic Violence Routine Screening* ([PD2023\\_009](#)). See also the [Domestic Violence Information Sharing Protocol](#) (September 2014).

The *Ageing and Disability Commissioner Act 2019* (NSW) allows the Ageing and Disability Commission (ADC) to enter into information sharing arrangements with relevant agencies for the purpose of protecting older people and adults with disability from abuse, neglect or exploitation. The ADC and NSW Health have established a Memorandum of Understanding to facilitate prompt investigation of reports of alleged abuse.

### **6.2.4. Documentation**

Staff must document abuse according to the NSW Health record keeping policies and procedures. If abuse is suspected, this must be documented. If abuse has occurred and the older person has not consented to the abuse being reported, or refused other assistance or intervention, this must also be documented.

The relevant NSW Health Policy Directives are:

- *Health Care Records - Documentation and Management* ([PD2012\\_069](#))
- *Domestic Violence - Identifying and Responding* ([PD2006\\_084](#))
- *Responding to Sexual Assault (adult and child) Policy and Procedures* ([PD2020\\_006](#))
- *Reporting for Residential Aged Care Services* ([PD2022\\_054](#))
- *Incident Management* ([PD2020\\_047](#))

For Transitional Aged Care Programme services provided at the person's home and Commonwealth Home Support Programme services refer to NSW Health Policy Directive *Reporting for Residential Aged Care Services* ([PD2022\\_054](#)).

### 6.2.5. Data collection and implementation monitoring

NSW Health organisations have clinical governance structures in place to monitor and respond to reported incidents. Data is collected on incidents that occur in NSW Health organisations that meet the incident requirements outlined in the NSW Health Policy Directive *Incident Management* ([PD2020\\_047](#)).

The Australian Government also requires reporting on incidents in aged care services through the SIRS and for NDIS participants as outlined in the NSW Health Policy Directive *Reporting for Residential Aged Care Services* ([PD2022\\_054](#)). Information collected is treated confidentially acknowledging the sensitivity of health record data.

NSW Health is required to report to the NSW Department of Communities and Justice on implementation of the [Preventing and responding to abuse of older people \(Elder Abuse\) - NSW Interagency Policy](#). It requires all agencies with significant interface with older people to examine how data collection on abuse of older people can be strengthened.

## 7. REFERENCES

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## **8. APPENDICES**

- 8.1 Appendix 1: Resources
- 8.2 Appendix 2: Proposed model of staff responsibilities
- 8.3 Appendix 3: Sample NSW Health Organisation Action Plan

**8.1. Appendix 1: Resources**

Contact	Description
<a href="#">Aged Care Quality and Safety Commission</a>	<p>The Aged Care Quality and Safety Commission (the Commission) was established on 1 January 2019, bringing together the functions of the Australian Aged Care Quality Agency and the Aged Care Complaints Commissioner. Additional aged care regulatory functions were transferred to the Commission from the then Department of Health on 1 January 2020.</p> <p>The Commission is the national regulator of aged care services, and the primary point of contact for consumers and providers in relation to quality and safety.</p> <p>The Commission operates independently and objectively in performing its functions and exercising its powers as set out in the <i>Aged Care Quality and Safety Commission Act 2018</i> (ACQSC Act) and the <i>Aged Care Quality and Safety Commission Rules 2018</i> (Rules). The Commission is responsible for the following outcome in the 2021-22 Portfolio Budget Statements:</p> <p style="text-align: center;"><i>Protect and enhance the safety, health, wellbeing and quality of life of aged care consumers including through effective engagement with them, regulation and education of Commonwealth-funded aged care service providers and resolution of aged care complaints.</i></p> <p>Contact details: 1800 951 822 (free call), Monday to Friday 9am to 5pm AEST.</p>
<a href="#">NDIS Quality and Safeguards Commission</a>	<p>Registered NDIS providers are required to notify the NDIS Commission of all reportable incidents (including alleged reportable incidents) that occur in connection with the NDIS supports or services they deliver. All incidents must be reported via the NDIS Commission Portal within 24 hours of the incident.</p> <p>The NDIS Commission can take complaints from anyone, including NSW Health staff, about:</p> <ul style="list-style-type: none"> <li>• NDIS services or supports that were not provided in a safe and respectful way</li> <li>• NDIS services and supports that were not delivered to an appropriate standard</li> <li>• how an NDIS provider has managed a complaint about services or supports provided to an NDIS participant.</li> </ul> <p>The NDIS Commission also has oversight responsibility for supports funded under the Continuity of Supports (CoS) Program.</p> <p>Contact details: 1800 035 544 (free call), Monday to Friday 9am to 5pm AEST.</p>
<a href="#">Cancer Council</a>	<p>This service supports people with cancer and may help older people with cancer with financial and legal advice.</p> <p>Contact details: 13 11 20, Monday to Friday 9am to 5pm AEST.</p>
<a href="#">Carers NSW</a>	<p>This is the peak non-government organisation for carers in NSW and provides supports to carers across NSW.</p> <p>Contact details: 1800 242 636 (free call), Monday to Friday 9am to 5pm.</p>
<a href="#">Carer Gateway</a>	<p>This national online and phone service provides information and resources to support carers.</p> <p>Contact details: 1800 422 737, Monday to Friday, 8am to 6pm local time.</p>

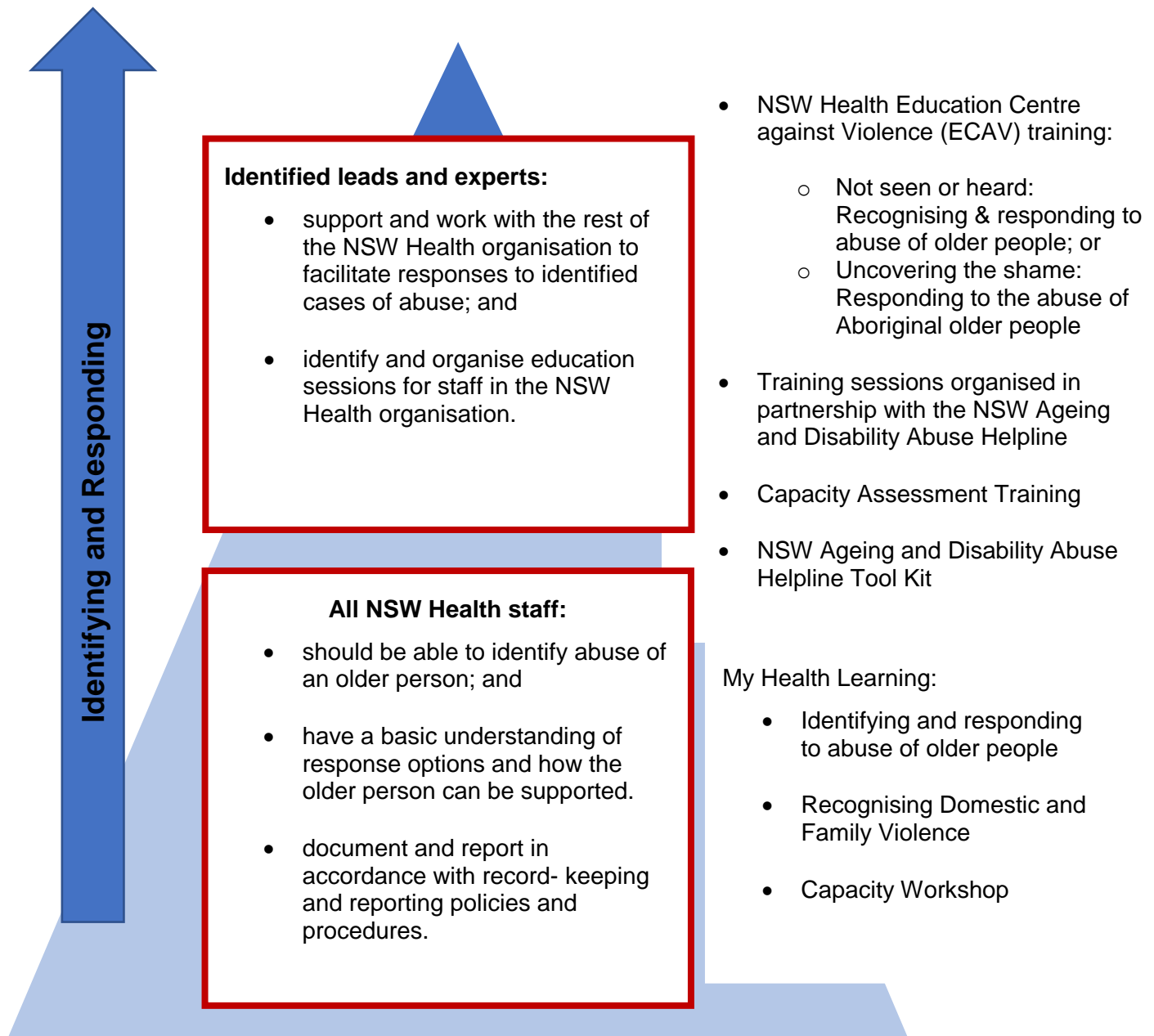


## Identifying and responding to abuse of older people

<a href="#">Compass</a>	The national resource hub website developed under the National Plan to Respond to Abuse of Older People 1800 ElderHelp (1800 353 374).
<a href="#">Education Centre Against Violence (ECAV)</a>	The NSW Health Education Centre Against Violence (ECAV) is a statewide unit responsible for workforce development in the specialist area of prevention and response to violence.
<a href="#">Emergency Care Institute NSW (ECI)</a>	Resource service providing information to improve outcomes for patients and presenting at hospital emergency departments across NSW. Resources include signs, interventions, types of abuse and Elder Abuse Suspicion Index (EASI).
<a href="#">Health Justice Australia</a>	This is the national centre for health justice partnerships and includes a list of existing partnerships across NSW.
<a href="#">Legal Aid NSW</a>	This service helps people with their legal problems. Contact details: 1300 888 529
<a href="#">MensLine Australia</a>	The service provides support to men who want to talk about their family and relationship concerns. Contact Details: 1300 78 99 78 or online chat
<a href="#">Mental Health Line</a>	This is a telephone service providing a telephone mental health triage assessment and referral service staffed by mental health clinicians. Contact details: 1800 011 511 (24 hours)
<a href="#">My Aged Care</a> (also for Aged Care Assessment Teams and Regional Assessment Services)	This service provides access to information about aged care services in the home, residential care and respite. Contact Details: 1800 200 422
<a href="#">National Sexual Assault, Domestic Family Violence Counselling Service</a>	This 24-hour service supports people affected by sexual assault, domestic or family violence and abuse. Contact details: 1800 RESPECT (1800 737 732)
<a href="#">NSW Ageing and Disability Abuse Helpline</a>	This is a free service to speak with a trained professional about concerns of an older person or adult with disability. It is part of the NSW Ageing and Disability Commission, established in July 2019. Contact details: 1800 628 221, Monday to Friday 9am to 5pm.
<a href="#">NSW Capacity Toolkit</a> What is 'capacity'? How do I decide whether a person has the capacity to make their own decisions?	Information for government and community workers, professionals, families and carers in New South Wales.
<a href="#">NSW Civil and Administrative Tribunal (NCAT)</a>	This is the NSW Government specialist tribunal service. Resources include the Person Responsible Fact Sheet. Contact details: 1300 006 228
<a href="#">NSW Elder Abuse Toolkit</a> Identifying and Responding to the Abuse of Older People: the 5-step Approach	A toolkit to identify and respond to abuse of an older person provides a framework for agencies that have staff, including volunteers, in positions where the abuse of an older person may be suspected, witnessed or disclosed. Contact Details: 1800 628 221 – Monday to Friday 8.30am to 5pm.
NSW Police Emergency services	This service is to report crimes in emergency situations. Contact details: 000 (24 hours)

## Identifying and responding to abuse of older people

<a href="#">NSW Police Aged Crime Prevention Officers (ACPO)</a>	Aged Crime Prevention Officers assist Police Area Commands and Police Districts in preventing and responding to the abuse, neglect and exploitation of vulnerable people.
NSW Police Assistance Line	This service allows you to report a crime over the phone that is not life threatening or a time critical emergency. Contact details: 131 444 (24 hours)
NSW Health Sexual Assault Services contact list	NSW Health has a network of specialist Sexual Assault Services (SAS) delivered by local health districts. Every local health district has an SAS that operates 24 hours a day, seven days a week. See <a href="#">Sexual Assault Services</a> for more information. For service locations and contact details see <a href="#">contact list</a> .
NSW Sexual Violence Helpline	<a href="#">Full Stop</a> Australia is funded by NSW Health to deliver the 24/7 helpline. Contact details: 1800 FULL STOP(1800 424 017)
<a href="#">NSW Trustee and Guardian (TAG)</a>	TAG's role is to act as an independent and impartial Executor, Administrator, Attorney and Trustee for the people of NSW. TAG also provides direct financial management services and authorisation and direction to private financial managers. Contact details: 1300 364 103
<a href="#">No to Violence Men's Referral Service</a>	24/7 telephone counselling and referral for men who use violence and controlling behaviour; their partners, family and friends; and professionals wanting to support their clients who may be using or experiencing family violence. Contact details: 1300 766 491.
<a href="#">Older Person's Advocacy Network (OPAN)</a>	Helps older people understand and exercise their aged care rights, seek aged care services that suit their individual needs and find solutions to issues they may be experiencing with their aged care provider. Contact details: 1800 700 600
<a href="#">Older People's Mental Health Services</a>	This NSW Health service offers assessment, care planning and case management to ensure the provision of coordinated services to older people with mental health problems.
<a href="#">Ready to Listen</a>	Campaign which highlights the issue of sexual assault in Australian residential aged care facilities.
<a href="#">Seniors Rights Service</a>	This is a community legal centre to protect the rights of older people. Contact details: 1800 424 079
<a href="#">Silver Rainbow LGBTI: Ageing and Aged Care</a>	This service provides national coordination and support activities promoting the wellbeing of LGBTIQI older people.
<a href="#">Victims Access Line</a>	This service provides confidential emotional support, practical information on how to access the Approved Counselling Scheme and information to victims of violent crimes about applying for compensation through the Victims Compensation Tribunal. Contact details: 1800 633 063, Monday to Friday 9am to 5pm.
13 YARN	This is an Aboriginal & Torres Strait Islander crisis support line funded by the Australian Government which offers confidential one-on-one yarning opportunity with a Lifeline-trained Aboriginal & Torres Strait Islander Crisis Supporter who can provide crisis support 24 hours a day, 7 days a week. Contact details: 13 92 76.

**8.2. Appendix 2: Proposed model of staff responsibilities**


Model adapted from the Hunter New England Delirium Clinical Care Standards Education Action Plan.

### 8.3. Appendix 3: Sample NSW Health Organisation Action Plan

The sample action plan provided below is intended as a tool to guide NSW Health organisations in the implementation of the policy and support the development of local protocols.

#### *Implementation of NSW Health Policy: Identifying and Responding to Abuse of Older People*

Key Directions	Action Required	Resources/ Support	Indicator/Outcome
Staff who have lead responsibility and expertise in abuse of older people are identified	<ul style="list-style-type: none"> <li>- Experts within the NSW Health organisations are identified and provided with appropriate training</li> <li>- Promotion/ dissemination across NSW Health organisation of expert/ lead contacts</li> </ul>	<ul style="list-style-type: none"> <li>- NSW Health organisations Violence, Abuse and Neglect (VAN) services</li> <li>- NSW Health Education Centre Against Violence (ECAV) training:               <ul style="list-style-type: none"> <li>o Not seen or heard: Recognising and responding to abuse of older people; or</li> <li>o Uncovering the shame: Responding to abuse of Aboriginal older people.</li> </ul> </li> <li>- Training sessions organised in partnership with the NSW Ageing and Disability Abuse Helpline and Resource Unit</li> </ul>	<ul style="list-style-type: none"> <li>- Percentage of staff leaders who have attended training with the NSW Health ECAV and / or the NSW Ageing and Disability Abuse Helpline and Resource Unit</li> </ul>
Develop and implement local protocols	<ul style="list-style-type: none"> <li>- Develop NSW Health organisation protocol</li> <li>- Develop interagency protocols to guide joint responses</li> </ul>	<ul style="list-style-type: none"> <li>- Local policies and protocols in family violence</li> <li>- Sample policies and protocols developed by the NSW Ageing and Disability Abuse Helpline and Resource Unit</li> <li>- Existing NSW Health organisation protocols or guidelines</li> </ul>	<ul style="list-style-type: none"> <li>- Each NSW Health organisation has a standing organisation-wide protocol on identifying and responding to abuse of older people in place</li> </ul>

## Identifying and responding to abuse of older people

Key Directions	Action Required	Resources/ Support	Indicator/Outcome
Identify and implement local referral pathways	<ul style="list-style-type: none"> <li>- Develop local referral pathways to facilitate necessary referrals for identified cases of abuse</li> <li>- All protocols should include intra-agency collaborations (such as NSW Police, NSW Ambulance, general practitioner)</li> </ul>	<ul style="list-style-type: none"> <li>- Local referral pathways for VAN services</li> <li>- Culturally sensitive and appropriate family mediation meetings</li> <li>- Safer Pathway and Safety Action Meetings</li> </ul>	<ul style="list-style-type: none"> <li>- Each NSW Health organisation has developed pathways for referral and response to abuse of older people, including collaboration with other agencies.</li> </ul>
NSW Health staff are trained appropriately	<ul style="list-style-type: none"> <li>- Identified staff to complete online training module on 'Abuse of Older People' on the State Learning Management System (LMS): My Health Learning platform</li> <li>- NSW Health staff to participate in further training as required by their roles</li> </ul>	<ul style="list-style-type: none"> <li>- LMS: My Health Learning: <ul style="list-style-type: none"> <li>o 'Abuse of Older People'</li> </ul> </li> <li>- NSW Health ECAV: <ul style="list-style-type: none"> <li>o Not seen or heard: Recognising and responding to abuse of older people; or</li> <li>o Uncovering the shame: Responding to abuse of Aboriginal older people</li> </ul> </li> <li>- Training sessions organised in partnership with NSW Ageing and Disability Abuse Helpline and Resource Unit</li> <li>- Existing local health district training modules</li> </ul>	<ul style="list-style-type: none"> <li>- Percentage of staff who completed</li> <li>- online training module 'Abuse of Older People' on LMS: My Health Learning platform within 3 months of commencement.</li> <li>- ECAV training and/ or alternative in 12 months</li> </ul>