




**Life Choices – Support Services  
Response to Abuse of People who  
are Older and People with a  
Disability Policy**

### DOCUMENT AUTHORISATION

<b>RESPONSIBLE OFFICER:</b>		MANAGER OF COMMUNITY SERVICES			
<b>REVIEWED BY:</b>		MANEX			
<b>REVIEW DUE DATE:</b>		November 2024			
<b>REVISION NUMBER:</b>		5			
<b>DOCUMENT NUMBER:</b>		CS_LC-SSP005			
<b>PREVIOUS VERSIONS:</b>	<b>DATE:</b>	<b>RESOLUTION NO:</b>	<b>DESCRIPTION OF AMENDMENTS:</b>	<b>AUTHOR / EDITOR:</b>	<b>REVIEW / SIGN OFF:</b>
5	25/11/2021	26.11/21	Addition of information related to the NDIS Quality and Safeguards Commission and the Australian Government Aged Care Quality Commission. Deletion of obsolete flowchart and report forms. Review of contact phone and email addresses	Manager of Community Services	Council

Note: Document Control continued at Appendix A



.....  
General Manager

18/1/22.  
.....  
Date

## PURPOSE

The purpose of this policy is to:

- To support participants/consumers in understanding their rights;
- To work within an ethical and consistent framework to raise awareness of abuse;
- To prevent any form of abuse; and
- To adhere to the *NSW Disability Inclusion Act 2014* and / or the *Aged Care Act 1997* as well as contemporary relevant industry standards.

## APPLICABILITY

All Council staff working with participants and/or consumers that are older or with a disability.

## OUTCOMES

Glen Innes Severn Council's **Life Choices - Support Services (LC-SS)** Response to Abuse of People who are Older and People with a Disability Policy provides a standard approach for staff to identify abuse and/or risk of abuse. Furthermore, Council acknowledges that awareness (of the possibility) of abuse is essential to ensure that people with a disability and/or people who are older have the right to live safely in their own homes, free of violence, abuse, neglect and exploitation is upheld. Further acknowledging that prevention is the best protection and can be enhanced through suitable recruitment screening processes and clear protocols for identifying the risk indicators for abuse.

## ROLES AND RESPONSIBILITIES

Glen Innes Severn Council and LC-SS staff have an obligation to prevent (where possible), identify, respond to and report abuse of people who are older and or people with a disability. Staff are responsible for advocating for, protecting, and supporting the needs and rights of each individual consumer.

The informed decision of each consumer will be respected unless the consumer is proven to lack capacity, or their decision is likely to cause harm to themselves or others. Each consumer is considered to have capacity unless proven otherwise via a medical assessment.

## DEFINITIONS

The Interagency Protocol for Preventing and Responding to Abuse of older people (Elder Abuse) NSW Interagency Policy (2020) defines abuse as '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 a person'. Abuse can be of various forms such as physical, psychological/emotional, sexual, and financial. Abuse can also include domestic violence, systems abuse and 'restrictive practices'. It also reflects intentional or unintentional neglect.

---

## TYPES OF ABUSE

Physical Abuse – can involve physical coercion or restraint, pain or injury. Behaviours of abuse could include slapping, severe beating, inappropriate restraint or confining, pinching, kicking, hitting, burning, biting, shaking.

Psychological Abuse – is language or actions designed to intimidate another person and are usually characterised by a pattern of behaviour repeated over time, intended to inflict mental distress. This could include verbal intimidation, humiliation or harassment, shouting, bullying, threats of physical harm, threats of institutionalisation, withdrawal of affection (i.e., refusing access to grandchildren) emotional blackmail, removal or damage of possessions, and restricting or removing 'choice' and decision making.

Sexual Abuse – is a general term used for a range of unwanted sexual behaviour including rape, indecent assault, sexual harassment or inappropriate touching.

Financial Abuse – is the illegal or improper use or mismanagement of a person's money, or property. This may include stealing, misappropriating money, forcing changes of a will or other legal documents, denying access to personal funds, forging signatures or misusing Power of Attorney responsibilities.

Social Abuse – involves preventing a person from having contact with family and friends or access to social activities. It includes isolation, prevention of independence and choice using threats, manipulation and control.

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 education to care for a dependent person. The carer may not be aware of the types of support available or may be unwell and unable to provide a standard of care.

Intentional neglect is considered so when an older person is abandoned or not provided with adequate food, clothing and personal items, medical or dental care. Inappropriate use of medication, not providing adequate hygiene and personal care, and not allowing other people to provide adequate care are considered forms of neglect.

System Abuse – occurs when the needs of people who are older or people with a disability who are receiving a service are not recognised and essential services are not provided or are inadequate, inappropriate or poorly coordinated. This can include neglect or abuse resulting from poor practice, exclusion from community life and the loss of basic human rights.

---

Domestic Violence – is a range of abusive behaviours to gain and maintain control. Domestic violence can occur between family members, between people who are living or have lived in the same household or residential facility without the need for the relationship to be intimate and in relationships involving paid or unpaid care and dependency (Interagency Protocol for responding to abuse of older people).

## **RESTRICTIVE OR RESTRICTED PRACTICES**

The **National Disability Insurance Scheme (NDIS)** Quality and Safeguards Commission is responsible for a range of functions under the National Quality and Safeguarding Framework aimed at protecting and preventing harm to persons with disability in the NDIS market. The Commission will build the capability of NDIS participants and providers to uphold the rights of persons with disability and realise the benefits of the NDIS. The rules are intended to support participants to be informed purchasers and consumers of NDIS supports and services and to live free from abuse, neglect, violence and exploitation.

<https://www.legislation.gov.au/Details/F2018L00632>

Restrictive practices – When working with people with a disability the least restrictive response to any behaviour should be practiced. Any strategies which impose restrictions on a consumer's rights, choice or freedoms must only be considered for implementation with legal consent and must be sanctioned by means of a documented Behaviour Support Plan in line with the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

## **POLICY STATEMENT**

Glen Innes Severn Council is committed to providing a standard approach for paid and unpaid staff (including contractors) in responding to abuse of people who are older and people with a disability within the LC-SS Sector of Glen Innes Severn Council, through correct and consistent identification, documentation and procedure.

## **PREVENTING ABUSE**

Glen Innes Severn Council facilitates community education and awareness of abuse.

All staff (including paid, unpaid staff and contractors) require National Police Certificates and Working with Children screening prior to employment.

Prevention strategies include the employment of skilled staff who respect the rights of consumers, are aware of current policies and legislation pertaining to abuse and who will support consumers and their families/guardians to access complaint mechanisms and provide feedback regarding services.

A standard approach with clear protocols for identifying the risk indicators for abuse will be applied. Regular training will be provided to staff for identifying/responding and reporting abuse. Staff will respond immediately to any suspected abuse. Adequate referral systems will be in place for the reporting of abuse.

Services will provide a coordinated service response.

---

Staff will document all interactions with consumers in the form of a case note, to ensure any unusual behaviors or physical observations are detected, reported documented and reviewed for 'patterns' or repeated observations.

## **IDENTIFYING ABUSE**

Glen Innes Severn Council staff may witness abuse. They may have suspicion of abuse or have abuse disclosed to them. In order to identify abuse it is important that the following steps be taken:

Staff must be vigilant at all times when working with consumers and be observant of consumer physical appearances, behaviours and state of being (refer to **Appendix 2** for signs and symptoms of possible abuse);

Any unusual or 'out of character' behavior (of a consumer) must be documented clearly and concisely by staff in a case note, reported to the direct supervisor and reviewed for recurrence or patterns;

If abuse is witnessed or 'disclosed' staff have a duty of care to act immediately as per the following information (Responding to Abuse) and the Service Response to Abuse flowchart (**Appendix 3**). If abuse is suspected, staff must report to their supervisor immediately and follow the Service Response to Abuse (**Appendix 3**).

## **RESPONDING TO ABUSE**

Abuse **MUST** be taken seriously and acted upon immediately.

If a consumer discloses abuse to a staff member, it is important to establish that confidentiality exists between the participant and the organisation, not an individual staff.

Staff must explain to the consumer that they have the right to choose the course of action unless there is a risk of harm to self or others.

Staff must ensure that the consumer is aware of their right to nominate an advocate of their choice.

Support must be offered to a consumer who is making a report and through the investigative process.

People who are older and people with a disability will be informed of their rights, including their right to make their own decisions and to an advocate of their choice.

Regular information will be provided in the LC-SS newsletter regarding abuse.

Privacy and confidentiality will be adhered to at all times (refer to Glen Innes Severn Council's Privacy Management Plan and Privacy Policy).

Any disclosure of abuse must be reported to staff direct supervisor immediately and documented in the Report of Suspected Abuse (**Appendix 4**) within twenty four (24) hours.

---

The Supervisor must assess the situation and consider if the consumer has the capacity to make a decision. If there is doubt that a consumer has capacity, a referral for medical assessment must occur.

Supervisor and staff are to refer to the Service Response to Abuse (**Appendix 3**) and follow the steps within this flowchart.

**If staff witness abuse, and there is immediate danger, staff must contact Emergency Services (000).**

**Note** - Cultural differences must be respected and where possible a liaison officer or interpreter should be offered for the victim of abuse. Refer to Interpreter information (**Appendix 1**).

## **REPORTING ABUSE**

Confidentiality is critical, it is important to establish that confidentiality exists between the participant and the organisation, not an individual staff. (Refer to Glen Innes Severn Council's Privacy Policy). Details of the informant must remain confidential, and their identity protected.

Consider the environment for communication (between the victim or informant and staff) this is particularly important if the suspected abuser is the carer of the victim.

Information regarding abuse must remain separate from general access files to ensure confidentiality of the informant, suspected victim and suspected abuser.

Services must promote an open environment where reporting of abuse is supported and encouraged and where staff feel comfortable to discuss concerns. Documentation must occur which is concise and clear in the Report of Suspected Abuse form (**Appendix 4**) **within 24 hours**. This form must be completed and filed in ECM in a locked/confidential file.

Referral must be made immediately to investigating organisation (Police /Ambulance/sexual assault team/hospital/Guardianship Tribunal) by staff and/or supervisor.

Registered NDIS providers must ensure that key personnel and other workers in certain types of roles have a worker screening clearance that meets the requirements of the NDIS Practice Standards. This helps ensure that key personnel and workers in these roles do not pose an unacceptable risk to the safety and wellbeing of NDIS participants.

Worker screening is only one of a range of requirements that registered NDIS providers must comply with to minimise risk of harm to people with disability.

Requirements relating to worker screening form part of the NDIS Practice Standards. Registered NDIS providers in all states and territories are required to comply with all the relevant NDIS Practice Standards. The requirements relating to worker screening are set out in the National Disability Insurance Scheme (Practice Standards – Worker Screening) Rules 2018.

---

All NDIS providers have obligations under the NDIS Code of Conduct, including:

- Provide supports and services in a safe and competent manner, with care and skill.
- Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.
- Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of, people with disability.
- Take all reasonable steps to prevent and respond to sexual misconduct.

The effective management of incidents supports NDIS providers to meet the above obligations.

NDIS providers that are registered with the NDIS Quality and Safeguards Commission must, as a condition of registration, have an incident management system to record and manage incidents that occur in connection with providing supports and services to people with disability.

Registered NDIS providers must also notify the NDIS Commission of all reportable incidents (including alleged reportable incidents) that occur in connection with the NDIS supports or services they deliver.

The **Australian Government Aged Care Quality and Safety Commission** has developed a **Serious Incident Response Scheme (SIRS)** for reportable incidents in the aged care industry. (*Residential aged care facilities are currently required to comply, community based aged care services will be required to comply at a date to set during 2022*).

The Commission must be notified of all reportable incidents. This includes incidents that occur, or are alleged or suspected to have occurred, and includes incidents involving a care recipient with cognitive or mental impairment (such as dementia).

Incidents that do not result from one of the reportable incident types should not be reported to the Commission, however depending on the circumstances they may need to be reported to another government body. Approved providers should consider their local regulatory environment when determining whether such an incident must be reported and to whom.

All incidents that occur in the provision of care, whether reportable or non-reportable, must be managed in line with a service's incident management system.

## **MANAGING STAFF WHO ARE SUSPECTED OF ABUSE**

Council and Council staff will take all reasonable steps to protect the confidentiality of both the informant and the victim. If the allegation is such that it would be a criminal offence, the matter will be reported to the police.

---



Depending upon the nature and severity of the accusation, the accused staff member may be suspended pending the outcome of an internal investigation. The staff member may be subject to disciplinary action including termination of employment if the matter is found to have substance.

### **MANAGING STAFF WHO IDENTIFY/REPORT OR RESPOND TO ABUSE**

Staff who have identified, reported, or responded to abuse must be offered support.

Staff who have identified, reported, or responded to abuse must have their identity protected and their report must remain confidential.

Staff are to be provided with adequate debriefing and follow up. Staff are to be offered counseling through the Employee Assistance Program.

### **LEGISLATION AND SUPPORTING DOCUMENTS**

#### **Relevant Legislation, Regulations and Industry Standards include:**

The basis for responding to observed, reported, or suspected abuse, is something which 'should be common sense to us all' (Interagency Protocol for Responding to Abuse of Older People (2020)). Legislation and guidelines provide further protection for people who are older and people with a disability, who deserve the same protection as any member of our community.

The NSW *Disability Inclusion Act 2014* referencing the National Standards for Disability Services outlines the obligations of staff to ensure the rights of people with a disability are met as equal members of society. The **National Disability Insurance Scheme (NDIS)** (Restrictive Practices and Behaviour Support) Rules 2018 are also relevant from 1 July 2018.

Similarly, the *Commonwealth Aged Care Act 1997* and amendments, and the Aged Care Quality Standards outline the obligations service providers have to ensure the rights of people who are older are met as equal members of society.

Glen Innes Severn Council staff must be aware of their obligations under Council policies including the Privacy Policy and Privacy Management Plan. Staff must adhere to Councils Code of Conduct and LC-SS Code of Ethics during the course of their work.

---

## Information and Resources

### NSW Police

Emergency - 000

Non-Emergency - 13 14 44

### Translating and interpreting service

Phone: 13 14 50

### The NSW Rape Crisis Centre

<http://www.nswrapecrisis.com.au/>

Phone: 1800 424 017

A state-wide 24 hour telephone crisis, support and referral service for women and men who have experienced sexual violence.

### Community Legal Centres

[www.clcsw.org.au/](http://www.clcsw.org.au/)

There are almost 40 Community Legal Centres in NSW. They provide confidential free information and advice and assistance on a range of issues. Anyone needing legal advice or assistance who cannot afford the services of a private solicitor can contact a Community Legal Centre. The office is able to assist those seeking legal advice by referrals to an appropriate legal service provider. Community Legal Centres may be a source of information and assistance for residents (with decision making capacity) in cases of financial abuse.

### Seniors Rights Service

<https://seniorsrightsservice.org.au/about-us/>

Phone: 1800 424 079

Interpreter Service (TIS): 131 450

TTY: 133 677 (then ask for 02 9281 3600)

The Seniors Rights Service is a community legal facilities centre that protects the rights of older people. Providing telephone advice, advocacy, legal advice and educational services.

### The Guardianship Tribunal

[www.ncat.nsw.gov.au](http://www.ncat.nsw.gov.au)

Phone: (02) 9556 7600 or 1300 006 228

TTY: (02) 9556 7634

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.

### Elder Abuse Prevention Unit (Helpline)

Phone: 1300 651 192

### Local Disability Advocacy Services

Phone: (02) 6766 4588 or (02) 6776 6201

---

**Intellectual Disability Rights Service (IDRS)**

Phone: (02) 9318 0144 or 1300 665 908

This service provides advice on a range of legal issues and representation in priority areas such as criminal law, care and protection and guardianship. IDRS also engages in policy and law reform work and undertakes community education.

**Criminal Justice Support Network (CJSN)**

Phone: 1300 665 908 (24 hours)

CJSN is a State-wide support and information service for people with an intellectual disability who are involved in criminal matters (whether they are victims, witnesses, suspects, or defendants). CJSN, amongst other things can provide support workers to assist a person with an intellectual disability at police interviews at court and at related legal appointments.

**Law Access NSW**

Phone: 1300 888 529.

Law Access NSW is a website and telephone service that can assist people in finding information and other services that will assist them with their legal needs.

**Australian National Disability Abuse and Neglect Hotline**

Phone: 1800 737 732

TTY: call 131450, then ask for 1800 737 732

**Womens Legal Service**

[www.wlsnsw.org.au](http://www.wlsnsw.org.au)

Phone: (02) 8745 6988 or rural 1800 801 501

TTY: 131450, then ask for 02 8745 6900

WLS NSW is an independent non-profit organisation which provides a voice for women in NSW, and promotes access to justice, particularly for women who are disadvantaged by their social and economic circumstances.

The NDIS Quality and Safeguards Commission is a new independent agency established to improve the quality and safety of NDIS supports and services. In operation in NSW from 1 July 2018. Complaints can be made by phoning 1800 035 544 or TTY 133 677 between 9am to 5pm local time, Monday to Friday. Interpreters can be arranged by calling 133 677. The National Relay Service can be used by asking for 1800 035 544. There is also a link to completing a [complaint contact form](#).

The Aged Care Complaints Commissioner (the Complaints Commissioner) provides a free service for anyone to raise their concerns about the quality of care and services being delivered to people receiving aged care services subsidised by the Australian Government. Contact can be made by phoning 1800 550 552, by mail to the Aged Care Complaints Commissioner, GPO Box 9848 (Your capital city and state/territory) or through an [complaint contact form](#).

---

## **Behaviours and Signs of Possible Abuse**

### **Behaviours of Physical Abuse**

Slapping, beating, inappropriate restraint, pinching, kicking, hitting, burning, biting and shoving, among other behaviours.

### **Signs of Physical Abuse**

Unusual bedsores indicating physical restraint, bruises, cringing or acting fearful, lacerations or abrasions, agitation, welts or rashes, drowsiness, broken or healing bones, burns, noticeable decline in physical wellbeing, unexplained hair loss, weight loss, facial swelling or missing teeth, pain or restricted movements, unexplained accidents or injuries and conflicting stories between suspected victim, staff or family members about the cause of the injury.

### **Behaviours of Psychological/Emotional Abuse**

Treating the person like a child, intimidation, emotional blackmail, name calling, insults, silence, inappropriate removal of an individual's decision-making power and choice, threats of restricting access to others, coercion, being forced to collude in family conflict, sleep deprivation, threats of punishment or abandonment, withdrawal of affection, denial of basic rights, witness to family arguments.

### **Signs of Psychological/Emotional Abuse**

Unusual behavior or confusion not associated with illness, low self-esteem, appearing shamed, mental anguish, agitation or anxiety, depression (not explained by other causes), changed appetite, apathy, reluctance to make decisions, reluctance to talk openly, nervousness around a particular person, loss of interest in self or environment, passivity, helplessness, hopelessness, withdrawal, insomnia, fearfulness, sleep deprivation, anger.

### **Behaviours of Sexual Abuse**

Sexual harassment, sexual interference, rape, indecent assault, and unnecessary stripping, cleansing among other behaviours.

### **Signs of Sexual Abuse**

Changes in sleep patterns, sleep disturbance, recurring nightmares, abnormal use of sexually explicit language or references by the individual, unexplained sexually transmitted diseases or infections, bite marks, unusual bruising, withdrawal, bruising in genital areas, inner thighs or around the breasts, unexplained genital or anal bleeding, increased anxiety and/or other emotional changes, difficulty in walking or sitting, torn, stained or bloody underclothing, continence pads or bed linen, fingertip bruising on upper arms, fear of certain people or places among other signs.

### **Behaviours of Neglect**

Inadequate provision of clothing, food or personal items, unwillingness to allow adequate medical, dental or personal care, over/under/misuse of medication, refusal to allow others to provide adequate care.

---

**Signs of Neglect**

Poor hygiene or personal care, exposure to danger, malnutrition, dehydration, unkept appearance, lack of personal items, absence of health aids e.g. dentures, walking aids, etc, inappropriate / lack of clothing, weight loss, secretiveness or agitation, overly attentive carer in company of others among other signs.

**Behaviours of Social Abuse**

Restricting contact with friends or family, excluding the individual from activities within the home, prevention from attending activities.

**Signs of Social Abuse**

Sadness and grief because of people not visiting, appearing ashamed, anxiety around particular person, passivity, withdrawal, lack of interaction with others, listlessness, sadness, loss of interaction with others, overtly attentive carer in company of others among other signs.

**Behaviours of Financial Abuse**

Unprecedented transfer of money or property to another person, pressure from others to hand over money or items, unwillingness of others to repay money loaned, Enduring Power of Attorney's refusal to provide information about financial affairs to the individual, fraud, stealing, forgery, embezzlement, reluctance to pay accounts or debts, withholding funds from the individual, forced changes to a will, among other behaviours.

**Signs of Financial Abuse**

The person is fearful and anxious when discussing finances, may frequently change her/his mind about their power of attorney, unpaid accounts, unwillingness to provide or purchase items for the older person, withholding of funds from the individual, management of a competent individual's finances by another person when not asked to do so.

The person lacks money for items needed or for their own wishes or for example to pay for outings, dramatic change in living conditions, change in relationships regarding finance, purchasing unusual gifts, receipt of accounts for items not belonging to individuals, loss of jewellery or personal belongings, removal of cash, money missing from the individual's bank accounts, unprecedented transfer of funds, among other signs.

**Relevant Council Policies and Procedures include:**

- Code of Ethics Policy for Life Choices - Support Services;
  - Code of Conduct for Council Staff;
  - Service Delivery Policy Statement Register - People with a Disability and;
  - Service Delivery Policy Statement Register - People who are Older.
-

## **VARIATION AND REVIEW**

The LC-SS Response to Abuse of People who are Older, and People with a Disability Policy will be reviewed every three (3) years, or earlier if deemed necessary, to ensure that it meets the requirements of legislation and the needs of Council. The term of the Policy does not expire on the review date, but will continue in force until superseded, rescinded or varied either by legislation or a new resolution of Council.

---

## Appendix A

### Document Control Continued

PREVIOUS VERSIONS:	DATE:	RESOLUTION NO:	DESCRIPTION OF AMENDMENTS:	AUTHOR / EDITOR:	REVIEW / SIGN OFF:
4	22/11/2018	23.11/18	<p>Addition of Introduction (page1);</p> <ul style="list-style-type: none"> <li>• Addition of Aims, Policy Statement and Applicability sections (page 2);</li> <li>• Updates to current Legislation (pages 2 and 3);</li> <li>• Updates to Restrictive Practices (page 4);</li> <li>• Addition of Implementation and Communication and Variation and Review sections (page 7);</li> <li>• Updates to Appendix 1 relating to information on external agencies (pages 8 and 9).</li> </ul>	Manager of Community Services	Council
3	28/05/2015	14.05/15	<p>Changes to Legislation (page 4);</p> <ul style="list-style-type: none"> <li>• Clarification on the types of abuse (pages 4 to 5);</li> <li>• Changes throughout the document (except where it relates to document titles) from 'Older People' to 'People who are Older' to put the person, rather than their age status first;</li> <li>• Changes to names and updated contact details of some external agencies (pages 9 to 11);</li> <li>• The word 'client' has been removed and replaced with 'consumer'; Glen Innes Severn Council – Open Ordinary Meeting – 28 May 2015 Page 48 Item 9.10</li> <li>• Updates to legislation details;</li> <li>• The previous two (2) entities that made up the Aged and Disability Services, namely Garden</li> </ul>	Manager of Community Services	Council

<b>PREVIOUS VERSIONS:</b>	<b>DATE:</b>	<b>RESOLUTION NO:</b>	<b>DESCRIPTION OF AMENDMENTS:</b>	<b>AUTHOR / EDITOR:</b>	<b>REVIEW / SIGN OFF:</b>
			Court and Northern Community Care, have been removed and replaced with Life Choices – Support Services, reflecting both the title and the section		
2	26/04/2012	19.04/12		Manager of Community Services	Council
1	26-11-2009	14.11/09	Initial Policy Developed	Manager of Community Services	Council