ELDER ABUSE AND NEGLECT POLICY AND PROCEDURE

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Purpose and Scope

The purpose of this policy and procedure is to demonstrate Bilingual Care's commitment to preventing elder abuse and neglect and should be read in conjunction with Bilingual Care's *Protecting Consumers from Harm Policy and Procedure*.

This policy and procedure applies to Bilingual Care staff, associated providers, volunteers, consumers, their family members, supporters and authorised representatives. It meets all relevant legislation, regulations, and Standards.

Applicable Strengthened Aged Care Quality Standards

- *Standard 1. The Individual*
- *Standard 2. The Organisation*

Definitions

Cognitive Capacity – the ability to understand an act, a decision, or transaction and its consequence. A person has capacity to make an informed decision if they understand the general nature and effect of a particular decision or action, can weigh up the consequences of different options, and communicate their decision.

Duty of Care - a legal obligation to avoid causing harm or to prevent harm occurring to another person through any act that is careless or negligent and arises from a relationship between parties. Health and aged care workers have a duty of care to the older people they are assisting.

Elder Abuse - any act in a relationship of trust which results in harm to an older person. It can be emotional, psychological, financial, physical, or sexual. It can also be the result of intentional or unintentional neglect. It may include, but is not limited to, the following:

- frightening someone by threatening to hurt a pet or break belongings
- intimidating, humiliating, or harassing a person
- threatening to evict someone or put them in a nursing home
- stopping a person from seeing family or friends
- denying someone the right to make their own decisions
- pension skimming
- selling someone's belongings without permission
- misusing an Enduring Power of Attorney by taking money or property improperly
- forcing a person to change their will
- denying someone access to or control over their own funds
- not allowing services to help someone
- neglecting a person's physical, medical, or emotional needs
- slapping, hitting, pushing, or restraining a person or

- making unwanted sexual approaches or behaving indecently.

Neglect - the failure to provide a person with the basic necessities of life, such as food, clothing, shelter, medical attention, or supervision, to the extent that their health and development is, or is likely to be, significantly harmed.

Key Principles

The following principles must guide Bilingual Care staff when responding to abuse or neglect of older people living in community settings:

Appropriate Protection – where a person is not sufficiently competent to make their own decisions, it may be necessary to appoint a guardian or administrator. Even if a person is represented by a guardian or administrator, their wishes should still be considered, as far as possible.

Best Interests – the interests of an older person's safety and wellbeing are paramount.

Collaborative Responses – effective prevention and response requires a collaborative approach which recognises the complexity of the issue, and the skills and experience of appropriate services.

Community Responsibility - the most effective response is achieved when agencies work collaboratively and in partnership with the community.

Competence - all adults are considered competent to make informed decisions unless demonstrated otherwise.

Importance of Relationships – all responses to allegations of abuse should be respectful of the existing relationships that are considered important to the older person.

Self Determination – with appropriate information and support, individuals should be encouraged to make their own decisions.

Policy

Bilingual Care is committed to providing an environment of safety and dignity to its consumers, and to implementing a formal process to identify, report, and investigate all instances of actual and suspected elder abuse and neglect. This includes identifying contributing factors and making the necessary recommendations to prevent a recurrence.

Personal beliefs and professional values, and social, cultural, and family experiences all influence a person's perception of what constitutes abuse and neglect of older people. Bilingual Care ensures all relevant tools are in place to support identification and appropriate action in cases of actual or suspected elder abuse and neglect.

Bilingual Care will act in the best interests of any consumer who has been abused or neglected, by upholding their rights and ensuring that their dignity and respect are always maintained.

Procedures

Roles and Responsibilities

The Leadership Team must ensure Bilingual Care meets its responsibilities with respect to the prevention of elder abuse and neglect. This includes taking reasonable steps to ensure:

- staff have access to appropriate training and information to aid in the identification and reporting of elder abuse and neglect
- Bilingual Care has, and implements, processes for complying with its incident reporting duties and obligations and
- staff understand that confidentiality is between the consumer or their carer and Bilingual Care, not the staff member, and that the consumer has the right to decide what personal information is revealed outside the organisation.

The Managing Director is responsible for:

- assessing and responding to immediate and serious risks of harm to consumers and reporting to the police, where appropriate
- supporting staff that respond to an emergency situation, and protecting and documenting any relevant evidence
- identifying response options, including collecting information about what the consumer wants for referral options
- discussing options with the consumer or their appointed legal guardian if they have one
- supporting the consumer with empathy, asking what they want, and exploring their needs. This may include referring them to the Elder Abuse Helpline on 1300 651 192 or at http://www.eapu.com.au/
- referring, if appropriate, to a specialist response agency for further assessment or investigation
- finalising relevant *Incident Reports*
- developing a *Care Plan* to support the consumer to prevent further abuse. This should include interventions to stop reoccurrence, and may include a safety plan developed in consultation with the consumer and
- supporting staff who identified the abuse or neglect, including providing access to debriefing and training.

Staff are responsible for:

- reporting instances of actual or suspected cases of elder abuse or neglect to the Managing Director as soon as practicable
- contacting the police and other emergency services where relevant, and protecting and documenting clear and relevant evidence
- supporting the consumer with empathy, asking what they want, and helping them to explore any needs
- participating in the documentation of the incident in an *Incident Report* and
- participating in debriefings, where appropriate.

Risk Management

Bilingual Care takes a proactive, risk-based approach to preventing elder abuse, neglect and exploitation. Risks are identified, assessed and managed through initial and regular assessments that consider the consumer's environment, health, relationships, support arrangements, communication needs and expressed preferences.

Factors that may increase the risk of elder abuse could include[1] [2]:

- **Social isolation and reduced support** – consumers may be at greater risk when they live alone or have limited contact with family, friends or community or socially isolated due to ill-health, mobility or transport barriers.
- **Dependence on others** – risks may increase if the consumer relies heavily on others (or a single family member/carer) for daily support, personal care, finances or transport; or may feel unable to manage without a particular person, even if the relationship is harmful.
- **Cognitive impairment, disability or communication barriers** – if there is difficulty with communicating, speaking up or being misunderstood, or relying on others to speak on their behalf.
- **Financial vulnerability** – having limited income or financial stress, or relies on others to manage their money, pay bills or access accounts. Risks also increase if the consumer is unfamiliar with banking, digital services or financial systems, or is financially dependent on others.
- **Family dynamics and relationships** – living with or being financially dependent on adult children or relatives, family conflicts, or role reversals where family members feel burdened by caring responsibilities. Abuse often occurs in relationships of trust.
- **Cultural, linguistic or migration-related factors** – language barriers or limited English proficiency, cultural backgrounds where discussing family issues is discouraged, fear or shame due to family and/or community consequences from speaking up, cultural experiences that affect trust in services or authorities.
- **Aboriginal and Torres Strait Islander context** – mistrust of systems due to past harm, kinship responsibilities or financial pressures from family networks, fear of further harm or disconnection from community and culture.
- **Changes in circumstances** – periods of change can increase vulnerability, such a recent hospitalisation, health decline, loss of independence or control, or changes in living arrangements or carers. These changes can temporarily increase reliance on others and reduce usual alertness/protections.

Having one or more risk factors does not mean a consumer is experiencing abuse. These factors are signals for staff to increase awareness, have regular check-ins and ensure that feedback and complaints pathways are accessible for the consumer.

Risk management strategies are developed in partnership with the consumer, recognising their right to dignity of risk, choice and control, and are reviewed whenever circumstances change, concerns emerge or an incident occurs. Individualised care planning, regular monitoring and respectful conversations support early identification of increased risk, particularly in private home settings where services are delivered.

Staff receive training to recognise indicators of abuse, respond in trauma-informed and culturally safe ways, and escalate concerns appropriately.

The Leadership Team uses information from incidents, complaints, audits and disclosures to identify trends, reduce systemic risks and drive continuous improvement and promote a culture of transparency, accountability and shared responsibility for consumer safety and wellbeing.

[1] Australian Institute of Family Studies (2021) *National Elder Abuse Prevalence Study: Final report*. AIFS, accessed 28 April 2026 https://aifs.gov.au/research/research-reports/national-elder-abuse-prevalence-study-final-report

[2] Australian Institute of Family Studies (2022) *Elder abuse in Australia: Culturally and linguistically diverse Australians*. AIFS, accessed 28 April 2026, https://aifs.gov.au/all-research/research-snapshots/elder-abuse-australia-culturally-and-linguistically-diverse

General

All staff play an important role in identifying actual and suspected neglect or abuse and protecting older people by responding to this. They also have a duty of care to report incidents, suspected incidents, and changes in consumers' wellbeing.

Any action taken must depend on the individual situation and will often involve a primary assessment team such as a Geriatrician, Doctor, and Social Worker, in conjunction with the person already involved with the situation.

Steps for Suspicions of Elder Abuse[3] [4]

1. **Listen and Ask**
    - If you suspect someone is experience abuse and they want to discuss the situation, listen and give the person time to talk without judgment. Acknowledge their feelings and experiences.

    - Ask the older person about any concerns you have noticed. Some examples might be:
        "You seem unhappy with things at home"
        "You look like you're feeling down/anxious."
        "Have you been feeling unsafe?"
        "I've noticed your son/ daughter seems to treat you disrespectfully"
        "I've noticed you seem to be struggling to pay bills"
        "Are you eating well at the moment?"
        "You don't seem to be getting out much anymore"

    - It can be very hard for people to talk about their situation. If they answer, try to give them time to talk about it openly. You can respond with statements that reaffirm their experience and name the abuse where appropriate. You could respond by saying something like:
        - "no one has the right to do that"
        - "that sounds like abuse to me"
        - "It seems like they are not listening to you and being very disrespectful"

2. **Ensure Immediate Safety**
    - Check if the person is in danger.
    - If urgent risk exists, contact emergency services (000) and see *Responding to Incidents or Reports* below.

3. **Respect Autonomy**
    - Do not make decisions for them. Support their right to choose what happens next.
    - Inform the consumer that you have a duty to notify the Managing Director or other senior position at Bilingual Care to ensure their safety and wellbeing. No actions will be taken without their consent.

[3] Elder Abuse Prevention Unit (2026) *Helping someone else*. Elder Abuse Prevention Unit, accessed 28 April 2026, https://eapu.com.au/helping-someone-else/
[4] Compass (2026) *Helping me respond*. Compass – Guiding action on elder abuse, accessed 28 April 2026, https://www.compass.info/elder-abuse/responding/helping-me-respond/

- Do not take over 'fixing the problem'. If the person does not want to speak with professional help, that is ok too. If you judge someone for not wanting to take action against the abuser, they may stop talking to you.
- You can help the consumer by talking about ways to minimise safety risks, developing a safety plan or by continuing to check in.
- Document concerns in consumer's case notes in Ezihealth and notify the Managing Director or other senior role if the Managing Director is involved.

4. **Maintain Confidentiality**
   - Keep information private unless consent is given or safety/legal obligations require disclosure.

5. **Provide Information and Encourage Professional Help**
   - Explain available options (legal, financial, housing, health) and inform the consumer it is important to seek support.
   - Suggest contacting specialist services for elder abuse, aged care advocacy, or counselling.
   - Share contact details for support services (e.g., EAPU, legal aid, counselling).
   - Offer to assist with making calls or appointments if they agree.

6. **Document Concerns**
   - Record observations factually (dates, times, what was said or seen) in the consumer's file in Ezihealth or *Incident Report*.
   - Avoid assumptions or personal opinions in notes.

7. **Follow Up**
   - Check in regularly to see if the situation has changed.
   - Continue offering support without pressure.

8. **Know Your Limits and Self-Care**
   - Do not attempt to investigate or confront the alleged abuser.
   - Report to the Managing Director who can refer to appropriate authorities if required.
   - Seek guidance or debriefing if the situation affects you emotionally.

Responding to Incidents or Reports

Bilingual Care respects each consumers' right to dignity, independence, and safety. Based on this, Bilingual Care staff must respond to actual or suspected elder abuse immediately by following the below *Response Framework.*[5]

[5] Based on: UnitingCare Community's Elder Abuse Prevention Unit 2012, *A Guide for Elder Abuse Protocols,* Queensland Government, accessed 14 March 2023, https://www.eapu.com.au/uploads/EAPU_general_resources/EA_Protocols_FEB_2012-EAPU.pdf

<table>
<tr><th colspan="4">Response Framework</th></tr>
<tr><td>Emergency - Life Threatening Situation
(No Consent Required)</td><td colspan="2"><u>Has Capacity</u>
Is an interpreter or cultural advisor required?
Discuss situation and options with consumer.
Assess risk, existing support, etc.
Document requirements and outcomes of discussions and assessments.
Request consumer's consent to being provided further assistance.</td><td colspan="2"><u>Impaired Capacity</u>
Is an interpreter or cultural advisor required?
Discuss situation and options with consumer.
Assess risk, existing support, etc.
Document requirements and outcomes of discussions and assessments.
Determine who can provide consent.
Include consumer in decisions where possible.
If there is no appointed legal decision maker, or the decision maker is the abuser, refer to appropriate regulatory body.</td></tr>
<tr><td rowspan="2">Contact 000 (police and ambulance).
Liaise with emergency services.
Follow procedures for reporting incidents (see Consumer Incident Management Policy and Procedure).
Once safety is addressed and the emergency resolved, follow the 'Has Capacity' or 'Impaired Capacity' pathway as appropriate.</td><td><u>Consent</u>
Document consumer's consent.
Explore intervention and safety options.
Implement intervention and safety options (e.g., make referrals, arrange assistance, advocate as required, etc.).</td><td><u>No Consent</u>
Document consumer's non-consent.
Provide referral options and contacts.
Provide safety information or plan.
Consider whether duty of care is met.</td><td><u>Consent</u>
Document consumer and/or decision maker's consent.
Explore intervention and safety options.
Implement intervention and safety options (e.g., make referrals, arrange assistance, advocate as required, etc.).</td><td><u>No Consent</u>
Document consumer and/or decision maker's non-consent.
Address emergency.
Refer to appropriate regulatory body.
Consider whether duty of care is met.</td></tr>
<tr><td colspan="2">Follow Up as Required</td><td colspan="2">Follow Up as Required</td></tr>
</table>

All incidents or reports must be responded to, reported, and followed up in accordance with Bilingual Care's *Consumer Incident Management Policy and Procedure*.

Bilingual Care will follow open disclosure principles when responding to incidents or suspected incidents of elder abuse or neglect. This includes providing honest, timely and respectful communication with the consumer and their family/supporters (as appropriate) as per Bilingual Care's *Open Disclosure Policy and Procedure*. Open disclosure does not replace or delay mandatory reporting obligations.

Cultural Considerations in Understanding and Responding to Elder Abuse

Bilingual Care recognises that experiences, perceptions and impacts of abuse, neglect and exploitation may differ depending on a person's cultural background, lived experiences, values, family structures, language and history. What constitutes elder abuse may not always be described or disclosed in the same way across cultures, and fear, shame, respect for family authority, migration experiences or mistrust of systems may act as barriers to speaking up.

Responses to suspected or disclosed abuse must therefore be culturally responsive, trauma-informed and person-centred, involving respectful listening, appropriate communication supports (including interpreters where required), and an understanding of the individual's cultural context. Staff are to avoid making assumptions, and consumers should be supported to define what safety, dignity and wellbeing mean for them.

Aboriginal and Torres Strait Islander Cultural Safety[6]

For Aboriginal and Torres Strait Islander people, elder abuse may be shaped by the ongoing impacts of colonisation, dispossession, intergenerational trauma, past forced removals, racism, and mistrust of government and service systems. Elders often hold important cultural, spiritual and community roles, and experiences of abuse may be intertwined with kinship obligations, community dynamics or financial pressures.

Information about 'humbugging', an Aboriginal term used in the Kimberley to describe when someone demands money that belongs to someone else with no intention of repaying it, can be found on the Kimberly Jiyigas (birds) website[7].

To provide culturally safe care, staff must recognise the authority and role of Elders, and respond to concerns in partnership with the consumer, their chosen supporters, and, where appropriate, Aboriginal Community Controlled Organisations or culturally appropriate services. In responding to concerns about abuse or suspected abuse, staff will prioritise respect, self-determination and healing and ensure that safeguarding actions do not cause further harm or disconnection from culture, community or Country.

Elder Abuse Help and Support Services

National

1800 ELDERHelp
Telephone: 1800 353 374 (national free call phone number that automatically redirects callers seeking information and advice on elder abuse with existing phone line service in their jurisdiction)

New South Wales

NSW Ageing and Disability Abuse Helpline
Telephone: 1800 628 221
Email: nswadc@adc.nsw.gov.au
Website: https://ageingdisabilitycommission.nsw.gov.au/

[6] South Australian Department of Human Services (n.d.) Elder abuse: People from an Aboriginal background. Government of South Australia, accessed: 28 April 2026, https://dhs.sa.gov.au/__data/assets/pdf_file/0017/180035/Elder-Abuse-People-from-an-Aboriginal-background.pdf
[7] https://kimberleybirds.com.au/financial-elder-abuse/

Identifying and Responding to Neglect

Neglect may occur through a single act or omission, repeated failures, or systemic issues, and includes situations where a consumer's basic care, support, safety or wellbeing needs are not met, whether intentionally or unintentionally. Neglect may involve actions or inactions by workers, providers, carers or others, and may place the consumer at risk of harm, even if harm has not yet occurred.

Staff must remain alert to indicators of possible neglect. This might include signs of:

- unmet personal care, nutrition, hydration or hygiene needs
- missed medications or lack of access to required health care
- unsafe or unhygienic living conditions
- deterioration in physical or mental health without explanation and/or
- withdrawal, fear, distress or statements suggesting needs are not being met.

If neglect is suspected or observed:

1. Check the consumer's immediate safety and wellbeing. Explain concerns clearly and respectfully. If the consumer chooses not to accept assistance, this must be documented in the consumer's case notes in Ezihealth. Do not take over decisions or act without consent unless there is a serious and immediate safety risk or legal requirement.

2. If there is an immediate risk of serious harm or injury, take urgent action to protect the consumer, including contacting emergency services (000) where required.

3. Report the incident as per Bilingual Care's *Consumer Incident Reporting Policy and Procedure*, including SIRS reporting if applicable.

4. Take reasonable steps to address immediate unmet needs (e.g. arranging essential care or supports) without delay.

5. Determine ways to support the consumer to prevent future or ongoing neglect, involving them as much as possible in the decision-making process. This may include changes to care arrangements, service delivery, training, supervision, or referral to external agencies where appropriate.

Feedback and Complaints and Whistleblowing

Consumers and staff are encouraged to speak up at any time and are supported to do so without fear of disadvantage. Feedback and complaints may be raised verbally or in writing, and support is available to assist consumers to express concerns in a way that meets their communication, cultural or accessibility needs, as per Bilingual Care's *Feedback and Complaints Policy and Procedure*.

If a person has concerns about elder abuse, neglect or exploitation and does not feel safe or comfortable using Bilingual Care's standard feedback or complaints pathways, whistleblower processes are available and may be used at any time. Whistleblower disclosures may be made confidentially or anonymously through designated reporting channels and may be raised by consumers, families, their supporters, representatives, workers, volunteers, associated providers or others. For information about whistleblower protections and reporting options see Bilingual Care's *Whistleblower Policy and Procedure*.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Consumer Incident Management Policy and Procedure*
- *Feedback and Complaints Policy and Procedure*
- *Inclusion, Diversity and Culturally Safe Service Delivery*
- *Open Disclosure Policy and Procedure*
- *Protecting Consumers from Harm Policy and Procedure*
- *Whistleblower Policy and Procedure*
- *Feedback and Complaints Register*
- *Incident Reports*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Leadership Team and incorporate staff, consumer, and other stakeholder feedback.

Bilingual Care's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant will be incorporated into service planning and delivery processes.

DOCUMENT CONTROL

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2.0	**06/07/2026**	**MD**
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