



Responding to the Abuse of Older People (Elder Abuse) Policy

1. Purpose

Older people are significant users of health and disability support services. Early identification of clients who are vulnerable to elder abuse can result in an increase in their safety and health outcomes. Thus, health professionals are well placed to identify and respond to a person experiencing elder abuse.

The purpose of this Policy is to:

- ensure consistent standards for relevant Health Service Providers with regard to identifying and responding to elder abuse
- support early detection of elder abuse
- reduce incidences of elder abuse.

This Policy should be read in conjunction with the supporting *Guideline for Responding to Elder Abuse*, which provides best practice guidance on how Health Service Providers identify, respond to, support and refer a client who they suspect is experiencing elder abuse.

This Policy is underpinned by the Alliance for the Prevention of Elder Abuse: Western Australia (APEA:WA) *Elder Abuse Protocol: Guidelines for Action 2017*.

This Policy is a mandatory requirement under the *Clinical Services Planning and Programs Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016*.

2. Applicability

This Policy is applicable to all Health Service Providers, excluding Health Support Services and PathWest Laboratory Medicine WA. From this point on, all references to Health Service Providers excludes Health Support Services and PathWest Laboratory Medicine WA.

The requirements contained within this Policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or Health Service Provider contract manager is responsible for ensuring that any obligation to comply with this Policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3. Policy Requirements

Health Service Providers must promote a best practice response to elder abuse, as described in the *Guideline for Responding to Elder Abuse* and aligned to the following principles:

- all forms of elder abuse are unacceptable and some acts are unlawful
- the person/s responsible for the abuse is the only person/s to be held accountable, no blame or responsibility for the elder abuse is to be attributed to any person harmed or at risk
- the safety and protection of anyone experiencing elder abuse is paramount
- every person is assumed to be capable of making informed choices and decisions regarding their own lives unless shown otherwise
- victims of elder abuse are to be involved in decisions about their care and have a right to comprehensive, accurate, accessible information (in a language that they can understand) on which to base decisions
- if a victim of elder abuse lacks capacity to make decisions about their care, the relevant health professional must identify an appropriate person authorised by law to act as a substitute decision-maker
- special needs groups including Aboriginal people and people from Culturally and Linguistically Diverse backgrounds have the right to the support of someone from their cultural and linguistic background and access appropriate services on an equitable basis
- effective intervention in elder abuse requires openness, collaboration and partnerships. Health Service Providers will strive to work together with agencies, families and individuals with a focus on safety for clients, while adhering to the requirements for patient confidentiality.

4. Compliance Monitoring

Health Service Providers are responsible for complying with this Policy.

The System Manager may request that Health Service Providers provide the System Manager with clinical data and compliance evidence in relation to the requirements of this Policy.

5. Related Documents

The following documents are mandatory pursuant to this Policy:

- NA

6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this Policy:

- [Guideline: Responding to the Abuse of Older People \(Elder Abuse\)](#)
- [APEA:WA Elder Abuse Protocol: Guidelines for Action \(2017\)](#)
- [Australian Law Reform Commission Elder Abuse Inquiry \(2017\)](#)

- [Australian Society of Geriatric Medicine Position Statement No.1: Elder Abuse, revised 2003 Revision - Elder Abuse - 5-9-03.doc \(anzsgm.org\)](#)[National Plan to Respond to the Abuse of Older Australians \(Elder Abuse\) 2019-2023](#)

7. Definitions

The following definition(s) are relevant to this Policy.

Term	Definition
Contracted health entity	A non-government entity that provides health services under a contract or other agreement entered into with the Department CEO on behalf of the State, a health service provider or the Minister.
Elder abuse	<p>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 person¹. Abuse can be physical, sexual, financial, psychological or social and can also be the result of intentional or unintentional neglect.</p> <p>Note: In Aboriginal and Torres Strait Islander culture the term 'Elder' refers to appointed community representatives with cultural and other responsibilities and is not necessarily an older person.</p> <p>Some service providers may still use the term 'Elder Abuse' as referring to violence towards, or abuse or neglect of, an older person.²</p> <p>This policy and accompanying Guideline is concerned with responding to the abuse of older people as defined by age.</p>
Health Professional	As defined under section 6 of the <i>Health Services Act 2016</i> , Health professional means a person who is — (a) a health practitioner registered under the Health Practitioner Regulation National Law (Western Australia); or (b) in a class of persons prescribed for the purposes of this definition.
Older people	For the purpose of being consistent with statistical research, 'older person' will be defined at the starting age of 65 years. ³ However, for Aboriginal people, due to reduced life expectancy, a person is considered 'older' from 50 years. ⁴

¹ [The Toronto Declaration on the Global Prevention of Elder Abuse](#), World Health Organisation (2002, p3); [Elder Abuse Protocol: Guidelines for Action](#), APEA:WA, 2017

² National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019-2023, Council of Attorneys-General, 2019

³ "Australian Demographic Statistics, Jun 2014". 2016. *Abs.Gov.Au*.
<http://www.abs.gov.au/ausstats/abs@.nsf/0/1CD2B1952AFC5E7ACA257298000F2E76?OpenDocument>.
 Elder Abuse in New South Wales. 2016. Sydney, N.S.W.: Legislative Council: General Purpose Standing Committee No.

⁴ <https://www.myagedcare.gov.au/support-aboriginal-and-torres-strait-islander-people>

8. Policy Contact

Enquiries relating to this Policy may be directed to:

Title: Director, Strategic Program Support

Directorate: Intergovernmental Relations and Strategic Program Support

Email: OED.IGRSPS@health.wa.gov.au

9. Document Control

Version	Published date	Effective from	Review date	Amendment(s)
MP 0121/19	5 September 2019	5 September 2019	May 2020	Original version
MP 0121/19 v.1.1	28 April 2021	28 April 2021	September 2022	Minor amendment to Supporting information
MP 0121/19 v.1.2	30 November 2022	28 April 2022	September 2022	Amendments as below.
A change to policy owner and inclusion of contracted health entities within the applicability statement.				

10. Approval

Approval by	Dr David Russell-Weisz, Director General, Department of Health
Approval date	29 August 2019

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