Foreword from the Minister for Ageing

Longevity is rewarding our state with a growing and diverse older population. South Australians can look forward to more years of life than people could expect in previous eras. Our state, along with Tasmania, has the highest proportion of older people in the nation.

Those extra years should be active and enjoyable, with high levels of wellbeing, self-esteem and self-protection. Older South Australians should not be at risk of any form of abuse at any time, especially during vulnerable periods. This strategy is a major step forward in preventing that.

This strategy provides a guide for the wider South Australian community. It tells us what abuse is; how to recognise it; how it can be prevented; and how to report it.

I thank the members of the expert steering committee and contributors from the South Australian public for their input into this strategy. I note that a draft safeguarding strategy was released for public comment in June 2013 as part of this process. The steering committee will now shape an action plan to enable the strategy to be implemented.

This strategy rests on the foundation of an Australian first, the South Australian Charter of the Rights and Freedoms of Older People. I congratulate the steering committee on this achievement.

It is important to ensure the safety of those who are most vulnerable now. It is also important to have policies in place for the future so that, as the baby boomer generation ages, older people are aware of, and confident to claim, their right to safety, security and wellbeing at all times.

Zoe Bettison
Minister for Ageing
Statement from the Ministerial Advisory Board on Ageing

The Board has been very pleased to assist in the development of a comprehensive strategy to safeguard the rights of older South Australians. We believe that older citizens have the right to enjoy a safe, fulfilling and enjoyable life free from all forms of harm, at every age, at home and out in the community.

The United Nations Principles for Older Persons 1991 include:

- Older persons should be able to live in dignity and security and be free of exploitation and physical and mental abuse.

The Ministerial Advisory Board strongly supports the UN Principles: including the right to safety. In particular, the Board welcomes the South Australian Charter of the Rights and Freedoms of Older People. The charter leads the way nationally and is an achievement of which South Australia can be proud.

Strategy Steering Committee

Office for the Ageing (OFTA), SA Health, gratefully acknowledges the expert contribution of the agencies represented on the Strategy to Safeguard the Rights of Older South Australians Steering Committee:

- Aged and Community Services South Australia and Northern Territory
- Aged Rights Advocacy Service
- Alzheimer’s Australia (SA)
- Australian Government Department of Social Services – South Australia Branch
- Domiciliary Care, Department of Communities and Social Inclusion
- Flinders University of South Australia, School of Psychology
- Legal Services Commission of South Australia
- Office for the Ageing
- Office of the Public Advocate
- Public Trustee
- SA Health Mental Health Services for Older People
- SA Health Policy and Legislation
- South Australia Police (SAPOL)
- State-wide Older People Clinical Network
- University of South Australia, School of Law
- University of South Australia, School of Psychology, Social Work & Social Policy

COTA SA has also been consulted in the development of this strategy and its feedback is gratefully acknowledged.
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South Australian Charter of the Rights and Freedoms of Older People

This charter serves as the foundation of our strategy. While it is uniquely South Australian, it also stands as the first policy-based Australian charter for older Australians as a defined group. While the charter’s scope encompasses a number of areas covered by policy and law, its purpose in this document is to set the direction for the new strategy – to enable us to take a new approach in South Australia.

Why a charter? A charter sets out a clear position in one place. It captures the highest standard that the community would like to see established. Charters provide a basis upon which decisions can be made and actions taken, whether by individuals, community agencies or government. Charters also influence, form part of, or sit under legislation.

Our charter is a declaration of principles that are ‘rights-based’, rather than ‘needs-based.’ Needs change over time but rights remain constant. Our charter has been endorsed by the Strategy to Safeguard the Rights of Older South Australians Steering Committee and approved by the Minister for Ageing on the recommendation of the steering committee and the Ministerial Advisory Board on Ageing.

Our charter was designed and developed by Professor Wendy Lacey and her colleagues at the University of South Australia as part of the Closing the Gaps report 2011. The charter is derived from the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the United Nations Principles for Older Persons; which have all been endorsed by the Australian Government.
| Dignity and self-determination | 1. Older people have the right to be treated with dignity and humanity and to be free to exercise personal self-determination.  
2. Older people have the right to freedom of movement and to choose their place of residence. These rights shall only be restricted in accordance with law, where such restriction is necessary to protect public health, public order and the rights and freedoms of others. |
| --- | --- |
| Liberty and security of the person | 3. Older people have the right to be free from torture or other forms of cruel, inhuman or degrading treatment.  
4. Older people have the right to liberty and security and to be free from exploitation and physical, social, psychological, financial and sexual abuse. No person shall be deprived of their liberty except in accordance with procedures established by law. |
| Equality and non-discrimination | 5. Older people have the right to exercise their rights free from all forms of discrimination, whether on the basis of age, sex, colour, sexual orientation, religion, political opinion, educational qualification, national origin or ethnicity.  
6. Older people have the right to recognition before the law and to be treated equally before the law. |
| Standards of living and care | 7. Older people have the right to food to nurture them nutritionally and emotionally, adequate clothing and shelter, adequate means and resources, to enjoy the highest attainable standards of physical and mental health and the right to a dignified death. |
| Privacy and family | 8. Older people have the right to be free from arbitrary or unlawful interference with their privacy, family, home or correspondence.  
9. Older people have the right to a family life and to have their family unit respected by others, including government agencies and officials. |
| Social and economic participation | 10. Older people have the right to freely associate with others and to participate fully in the social, economic and cultural life of their community. |
| Freedom of thought, conscience, spirituality, religion and expression | 11. Older people have the right to exercise freedom of thought, conscience, spirituality and religion.  
12. Older people have the right to freedom of opinion and expression and to seek, receive and impart information and ideas, and to lifelong learning. Older adults have the right to seek, and be provided with, personal information about them held by government agencies or officials. |
What is ‘elder abuse’?

A general understanding is that it is an act that causes harm to an older person, carried out by someone the older person knows and trusts. This could be a family member, friend or carer. The harm could be accidental or deliberate.

The World Health Organisation (WHO) defines elder abuse as… ‘Abuse of older people is a single, or repeated action (commission) or lack of appropriate action, (omission), occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person… It is a violation of human rights and a significant cause of injury, illness, lost productivity, isolation and despair.’

Types of Abuse

Physical
Non-accidental actions which results in the infliction of physical pain or injury to an older person.

Psychological
Psychological or emotional abuse is any language or actions designed to intimidate another person and cause fear of violence, isolation, deprivation, or feelings of powerlessness. Such acts or words are intended to diminish a person’s identity, dignity or self-worth.

Financial
Financial abuse involves the illegal or improper use and/or mismanagement of a person’s money, property or resources.

Social
The forced isolation of older people, with the sometimes additional effect of hiding abuse from outside scrutiny and restricting or stopping social contact with others, including attendance at social activities.

Neglect
Involves the failure of a carer or responsible person to provide life necessities, such as adequate food, shelter, clothing, medical or dental care, as well as the refusal to permit others to provide appropriate care (also known as abandonment).

Sexual
Non-consensual sexual contact, language or exploitative behaviour.

Chemical
Substance (or chemical) abuse is any misuse of drugs, alcohol, medications and prescriptions, including the withholding of medication and over-medication.
Introduction

This strategy focuses on preventing the abuse of older people. It rests on the foundation that older people have a right to safety at all times. In South Australia, we do not accept the natural ageing process as one which inevitably results in an older person being manipulated or abused. We uphold the right of older people to self-determination, choice and the freedom to take risks.

Other important rights, such as rights at work; rights to receive services, concessions or payments (including health or community care); the right to equal opportunity; consumer rights; and the right not to be discriminated against because of age are dealt with by a range of policies and both Commonwealth and State legislation.

This is the first strategy released under Prosperity Through Longevity: South Australia’s Ageing Plan 2014-2019, Our Action Plan

www.sahealth.sa.gov.au/prosperitythroughlongevity

Our Strategy to Safeguard the Rights of Older South Australians 2014-2021 responds to ‘Health, wellbeing and security’, the first of the ageing plan’s three key priorities. It introduces the reader to the term ‘elder abuse’. This term is confronting, but it is important to acknowledge that it happens and that we can do something about it.

This strategy responds to our older population’s great diversity, embracing the requirements of people from Aboriginal and culturally and linguistically diverse backgrounds and communities. The term ‘Aboriginal’ is used respectfully in this document as an all-encompassing term for Aboriginal and Torres Strait Islander people.

Four goals for our strategy

The South Australian government affirms a commitment to work with the community to provide older and vulnerable people in all areas of the state with:

> Autonomy
> Freedom from harm
> Dignity
> Enjoyment of life

Four steps for our strategy

1. Working from our charter
2. Understanding the problem
3. Recognising the signs
4. Taking the appropriate action
Chapter One – The big picture

Step One – Working from the charter

Why do we need a safeguarding strategy?

Most of us are living longer. More of us will see old age, which once only a few achieved. As more South Australians live longer, it is vital to have safeguards in place for financial, social, emotional and physical wellbeing. This holds true for individuals, families and communities. Autonomy, freedom from harm and dignity are essential elements of wellbeing.

We know that during periods of personal vulnerability anyone might be at risk of being harmed. Research tells us this is more common than we realise. We also know that the most commonly reported form of abuse of older people is financial abuse, from a trusted person.

Who are our older population?

Approximately a third of South Australia’s diverse population of 1.670 million is aged 50 or over. At the 2011 census, our state had 569,015 people aged 50 years or over, including 4,000 Aboriginal South Australians aged 50 years and over.

396,866 of the large group of 50 plus year olds were Baby Boomers (born 1946-1964). Boomers are known as the ‘younger older’ among the different groups which make up mature South Australians.

At the 2011 census, approximately 16% of our state’s total population (266,712 people) were over 65 years. Of these, 17.9% or 47,673 were born overseas in countries where English is not the first language. (ABS 2011)

The ABS projects that, from 2012 to 2036, the numbers of older South Australians will almost double. Those aged 65 and older will increase to 472,541 or approximately 24% of our population, while those aged 80 and over will increase from 80,683 to 160,485. By 2050, 529,760 people will be over 65 years and of these 203,159 will be aged over 80 years.

Our great diversity

Diversity is a simple term for a large and complex reality. When we talk about difference, we also acknowledge ‘diversity within diversity.’ Each older South Australian is a unique individual with a unique life story. It is important to acknowledge that all mature age people have individual characteristics, needs and preferences and an equal right to autonomy, safety from harm, dignity and wellbeing.

Older people differ in their health, education, skills, finances and assets, place of residence, culture, language, family structures, sexual preferences and identification, living arrangements, work or professions, activities, spirituality and pre and post-retirement lifestyles.

Diversity includes gender, culture and background. It includes seniors who are volunteers; seniors running businesses; seniors who are artists or work in the arts industry; seniors living alone and seniors in remote as well as rural or regional areas.
It includes veterans, seniors living with dementia; seniors in palliative care; seniors caring for grandchildren, seniors with large families and those with no family – and seniors whose families all live elsewhere. It includes values, traditions, attitudes, norms, behaviours, views and interests, whether they be shared by individuals, groups or communities.

Diversity embraces groups of people who have special needs. This group includes adults who experience premature ageing for a numbers of reasons, including: disabilities; HIV and other chronic illnesses; mental health conditions; and seniors dealing with financial and social disadvantage.

Culturally and linguistically diverse (CALD) seniors include post-World War II migrants who arrived from the late 1940s up until, and including, the 1960s. People who migrated to our state when in their early 20s and 30s are increasingly found in our ‘older old’ population of people aged over 80 years. They account for the large numbers of older people from culturally diverse backgrounds.

Baby Boomers (born 1946-1964/5), are often engaged in the workforce and in adult child or grandchild care. They are also quite mobile. By 2036, the first wave of baby boomers will be aged over 80 years. Later-born baby boomers will account for a continuing large proportion of older people in our population for approximately 20 years – through to the mid-2050s. At that time, older people will account for almost one quarter of our population.

Both men and women may be carers. In the future, as in the present, more women than men will live alone. Seniors are often local library users and are the most frequent users of health care, ranging from general practice through to hospital care. Older people are also a fast growing group of users of on-line services. Pre-Boomer generations, and people in their more mature years generally, tend to focus activities on their local area.

**Culturally and Linguistically Diverse (CALD) South Australians**

Respect for elders is culturally important in CALD communities. As post-World War II South Australian migrants have grown older, they have experienced – or are experiencing – what it means to ‘age in a foreign land.’

There are many challenges to growing old in an adopted country. One is that, in today’s society, care of those who are older – both inside and outside the family – can be very different to traditional practices in countries of origin. Older people from CALD backgrounds have an equal right to personal safety. They are also entitled to consideration of their right to receive services that are mindful of their beliefs and practices.
Aboriginal South Australians

In general, Aboriginal and Torres Strait Islander people have a lower life expectancy than non-Aboriginal Australians, with a higher risk of premature ageing. As a result, Aboriginal people may have to deal with problems commonly associated with ageing at a younger age. Abuse of older Aboriginal people has complex causes, including entrenched poverty and social disadvantage.

In the context of Aboriginal culture, all three terms, ‘older people’, ‘elder’ and ‘Elder’ are used. ‘Elders’, with a capital ‘E’, are recognised community representatives and custodians of culture, history, the Dreaming and storylines. Aboriginal Elders are recognised as having an integral role in Aboriginal culture.

Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) older people

Older South Australians, like younger South Australians, differ in sexual orientation, gender identity and intersex status. The life experience of LGBTI seniors requires special attention. The important thing is that safeguarding against elder abuse needs to be connected to personal experience and individual needs. Culturally appropriate advocacy is also important.

In 2013, the Sex Discrimination Amendment Sexual Orientation, Gender Identity and Intersex Status Bill (2013) amended Australia’s Sex Discrimination Act 1984 to provide new protections against discrimination on the basis of a person’s sexual orientation, gender identity and intersex status; including protection against discrimination for same-sex de facto couples.

This legislation included the special measure of prohibiting all services, including Commonwealth-funded aged care services, from discriminating against LGBTI consumers. This significant development was based on evidence that LGBTI people were particularly vulnerable in relation to aged care.
Chapter Two – Elder abuse

Step Two – Understanding the problem
The WHO definition of elder abuse stands as an international guide but in Australia, a commonly used definition of the abuse of older people has been developed by the Australian Network for the Prevention of Elder Abuse (ANPEA):

Any act occurring within a relationship where there is an implication of trust, which results in harm to the older person. Abuse can include physical, sexual, financial, psychological, social and/or neglect.

(ANPEA 1999).

This strategy has considered seven main types of abuse:
> physical
> psychological and emotional
> financial
> social
> neglect
> sexual
> chemical or substance

Adults can experience other types of abuse. One example is cyber-abuse, where people have money and/or personal information stolen by scammers who use underhand methods to win victims’ confidence. While acknowledging other kinds of abuse, this strategy focuses on abuse carried out within established relationships of trust, e.g. families, carers and friends.

Who is most vulnerable/at risk?
Not all older people are at risk, nor will they be vulnerable to abuse. Research indicates that the risk of abuse increases with age, this is the case only when age is combined with other risk factors such as impaired mobility, cognitive impairment or dependency. However, healthy older people can be abused, for example in domestic violence situations.

According to most definitions, an older person is vulnerable if two elements are present:
> an inability to self-protect
> the likelihood of experiencing harm (including self-harm) or exploitation.
The most common forms of abuse

Between 2007 and 2012, the most common forms of older person or elder abuse reported to the South Australian Aged Rights Advocacy Service (ARAS), were psychological and financial, often occurring at the same time. Evidence shows that abuse is largely carried out by people who are most trusted by the victim: family, friends or caregivers.

An example of this might be a person nominated with Power of Attorney withdrawing an older person’s savings, or forcing them to sign a cheque with a threat that, if they object, they may not see their grandchildren again, or family care might be withdrawn.

During this period, the average age of the person being abused was 79-80 years. 80% of abuse was by a family member. 65% of victims of abuse lived in the family home; most victims (65%) were females. 75% of cases were psychological abuse and over 50% were financial abuse. Dementia was involved in 19% of cases.

Where does abuse occur?

Abuse can occur in any place where older people are present. Abuse can take place in the home or out in the community; for example while shopping or during various kinds of appointments. Abuse occurs most often in relationships of trust – including partners, carers, children, relatives, friends, neighbours and spiritual leaders. Older people may also be abused by paid workers, volunteers or professional staff.
Examples

Please note: These common examples have fictitious names and circumstances. Any similarities to people’s names or situations are accidental.

Financial abuse: Ken

Ken had difficulty with his mobility and relied on his daughter, who held a Financial Power of Attorney, to make withdrawals from his bank account. Ken decided that he would like to purchase an electric recliner for comfort and more ease in getting up and down from the chair. The cost of this chair was over $2,000. Ken’s daughter talked him out of purchasing the recliner saying that it was too extravagant. Soon afterwards, an argument erupted between Ken and his daughter when Ken was assessed as needing both a hearing aid and a pair of reading glasses. Ken’s daughter also refused to purchase these items.

Ken became very unhappy with his daughter controlling his finances. He began to suspect that his daughter would not withdraw larger sums of money as this would reduce her inheritance.

Ken sought help from one of his regular community care service providers. They put him onto the Aged Rights Advocacy Service (ARAS) where he could speak to someone about the problem. With the help of ARAS his situation was resolved.

Psychological abuse: Marjorie

Marjorie is 85 years old and lived independently in her Housing Trust home until a recent illness. During the illness, Marjorie’s GP recommended that she not live alone. Soon after, against Marjorie’s will, her two sons moved her out of her home and Marjorie was forced to live with her oldest son and his wife. Marjorie felt that her wishes weren’t considered at the time and was very upset.

Marjorie was unhappy living with her son and daughter-in-law because her daughter-in-law didn’t want her in her home. She verbally abused Marjorie and the grandchildren were also verbally abusive. They told Marjorie that she smelled and refused to eat at the kitchen table with her. This made Marjorie feel devalued as a person, but her son denied that she was being treated badly and threatened to put her in a nursing home if she kept complaining.

Marjorie was very worried but wanted to live on her own in an independent living unit. As soon as she had the opportunity, when no-one else was home, Marjorie rang her GP who put her onto the right people who could assist her to find alternative accommodation.

Social abuse: Irene

Everyone thought Simon was very good to his mother, Irene. Irene told her friends how, after Simon moved into her home, he took her for drives each weekend, cooked meals and helped her with the cleaning. However, friends started to miss Irene at the local club where they used to meet every Thursday. When they phoned Irene’s home, the son would always answer the phone and provide an excuse as to why his mother couldn’t speak to them. Irene’s friends found this to be very strange as she used to contact them by phone regularly before the son moved in.
Finally a friend went to visit Irene, but Simon told her at the door that his mother was lying down and couldn’t see her. Fortunately, Irene was not far away and was surprised to overhear her son’s comments. Irene came to the door and invited her friend to come in. She had been wondering why no one had contacted her. Irene was afraid she had offended her friends.

After social contact was re-established, Irene’s friends took care to phone or drop by as they used to. When phoning, they insisted on waiting until Simon called his mother to the phone. Irene herself was more careful to listen for the phone and to answer the door. Her friends also gave Irene information about who to contact if she needed support in the future.

**Physical abuse: Gary**

Gary lived in his own home with support services. Steven, his only child, was unemployed and visited his father on pension days when Gary would withdraw large sums of money to pay for food and utility bills. Steven would verbally abuse and physically threaten his father until he handed the money over to him. Gary did not make any reports to the police because his son was already well known to them for previous drug offences and he didn’t want to get him into further trouble.

On the last occasion his son visited Gary his son was very intoxicated. He began physically threatening his father and when Gary tried to stand up to his son’s physical threats he was brutally assaulted. Gary was found bleeding on his lounge room floor by his service provider. The service provider called the police and an ambulance and Gary was admitted to hospital.

With the support of a hospital social worker, Gary finally shared his situation with police and was offered solutions that would provide him with safety.

**Neglect: Alicia**

Mary had visited Alicia, her long-term friend, at least twice a week since Alicia’s husband died. At that time, Alicia moved in with her daughter who was also her carer. Alicia’s mobility was limited. She spent most of her days in a recliner chair and was only moved around with assistance from others.

One day, Mary went to visit Alicia at her daughter’s home but there was no answer. This was unusual, so she returned home and tried to phone Alicia. There was no answer. Mary tried to visit Alicia the following day but, again, no one was home. Mary began to worry. She wondered if Alicia had become ill and gone to hospital. She tried to phone Alicia again without success.

On the third visit, when Mary knocked on the door, she heard a voice call out. It sounded like Alicia. Mary called the police from Alicia’s neighbour’s phone. The police entered the house and found Mary sitting in the recliner chair in incontinence pads that were soaked and soiled. There was a glass of water on a table near Alicia but she couldn’t reach it.

Alicia was placed in emergency respite. Her friend’s attention enabled her situation to be remedied.
Risk factors

Ageism
Ageism has a destructive influence. Negative perceptions, attitudes or beliefs of the broader community stereotyping the natural ageing process with assumptions of vulnerability, frailty and dependency do not help. They can contribute to the devaluing and marginalisation of older people, compounding feelings of dependency, isolation and lack of self-esteem. These factors can increase the risk of abuse.

Dependency
Generally, the risk of being abused is increased for people who depend on others for assistance or social, emotional, physical, financial or spiritual support. It’s important to acknowledge that, when autonomy is lessened or absent, personal dignity, freedom from harm and wellbeing can still be maintained.

Family dynamics and living arrangements
Shared living arrangements increase social contact for better and worse and may heighten the risk of conflict or abuse in some situations. In others, over the years a certain level of abuse and violence has become the norm as a form of stress release or conflict management.

Gender
Abuse happens to both older women and older men however statistics show that more women are abused than men. Women’s family, social and cultural roles are important factors in this picture. Power imbalances and shifts in control can contribute to an older person’s risk.

For example, an older woman whose spouse managed all the couple’s financial affairs may be dependent on a family member, friend or neighbour to do her banking or pay bills after being widowed. Her risk of financial exploitation has increased. These days, men are increasingly experiencing abuse by family members, commonly by adult children.

Financial/economic hardship
Financial difficulties, whether experienced by older people or younger people, can impact on the risk of an older person being abused. If there are unresolved financial issues in a family, or if a carer has financial issues, a vulnerable older person may find their resources inappropriately targeted.

Carer stress
Caring for another person takes many forms and sometimes happens without choice, including cultural expectations. Some people do not identify themselves as a ‘carer’, rather seeing themselves as a good spouse, daughter/son, sibling or friend. Without the assistance of carers, many people would be unable to live at home and face moving prematurely into a residential aged care facility.

This strategy focusses on carers who provide care on an informal (unpaid) basis as that group of carers are usually not professionally trained and may have limited support.
Caring for another person, whether a family member, neighbour or friend, is both rewarding and challenging. There are special demands on carers who are seniors themselves. All carers may struggle with juggling many responsibilities, frustration at a lack of resources, or having to compromise their own needs. Older carers may feel isolated or have problems with their own health. These pressures can increase the risk of abuse – to those being cared or to carers themselves.

**Caring for a person with dementia**

Providing care to a person with dementia or cognitive impairment can be challenging for carers. Carers can also suffer these conditions themselves. Dementia or cognitive impairment can cause difficulties with communication which may lead to fatigue, frustration and even aggressive behaviour, resulting in harm or distress to other people.

Some situations may involve an older person perceiving harm or feeling distress where no harm is present, nor was intended. Dementia or cognitive impairment can result in extreme reactions in ordinary situations.

Carers pushed beyond their capabilities may not intend to be verbally or physically abusive. Caregivers may not intend to neglect the person in their care, or ignore their needs. Respite breaks can be very helpful in managing dementia or cognitive impairment, both for the older person and for carers.

There can come a time when an older carer, with their own health issues, can no longer care for a person with dementia in the family home. This is the time for family members, friends and professional workers to provide timely support to both older people, enabling a successful transition to a new living situation for one or both.

**Dementia or cognitive impairment**

Illnesses such as Alzheimer’s and other forms of dementia, Parkinson’s disease and depression can decrease a person’s ability to protect themselves. However, many people with dementia retain the capacity to conduct their own lives, including financial affairs, in the early stages of the disease.

A person with dementia will generally lose capacity for decision making as the illness progresses to the moderate to severe stages. People with dementia who live alone may need particular support to ensure their immediate and long term safety.

A completed Advance Care Directive can help ensure the wishes of the person with dementia for future health care, residential, accommodation and personal decisions.

**Social Isolation**

Social isolation means being cut off from contact with others. It has a well-attested negative affect on both physical and mental health. Socially isolated older people are less likely to receive health and community support services in a timely way. They may miss out on spiritual support and sharing time with friends, family or neighbours. Both carers and those they care for can be at risk of social isolation.
**Substance abuse**
Substance abuse, including drug and alcohol dependency, affecting either the older person, their carer or a family member, can contribute significantly to the abuse of older people in family relationships.

**Cultural and Linguistically Diverse (CALD) older people (see Diversity section)**
Not all older people from CALD backgrounds have limited English literacy skills, but those that do may find it very difficult to communicate when they do not share a common language with others. This can increase if they have a problem with memory, or if they have reverted back to their primary language in their later years. Limited English skills can be more of a problem when other factors are present, such as being frail and/or living alone, or when a person has a disability.

An additional cultural barrier for older people from CALD backgrounds is that their culture may see it as inappropriate to make a complaint about someone in authority, providing a service, or family members. Older CALD people may also not have the confidence to discuss their personal circumstances with someone they don’t know well.

**Aboriginal Elders (see Diversity section)**
Abuse of older people goes against cultural values in the Aboriginal communities, as Elders are highly regarded and respected custodians of traditions and law. Older Aboriginal people often have multiple roles in their community, including multiple caring roles. This includes kinship care.

Carrying out these roles may increase the risk of abuse of older Aboriginal people and many Aboriginal people have either personally experienced abuse or violence, or know someone who has. There are many factors that can contribute to a risk of abuse, either singly or acting together.

**Mental health or psychological conditions**
Mental health issues and/or some psychological conditions have the potential to affect people’s behaviour in a wide range of ways. Depending on individual circumstances, this can include the ability to control anger, frustration, fear and impulse. Mental health conditions can be a risk factor for abuse if a family member, carer, or older person themselves has a mental health condition. People with a mental health condition may have feelings of low self-esteem or self-worth, or could be more vulnerable due to the effects of medication.

**In summary**
These risk factors have been listed to highlight the life conditions and experiences that can make older people more vulnerable to experiencing abuse. During times of vulnerability, people may need to adjust to a lack of personal autonomy. This does not mean that personal safety should be compromised. Abuse should never be tolerated.
Chapter Three – How do you know?

Step Three – Recognising the signs

Identifying abuse – how can you tell?

It is not always easy to tell. Abuse and neglect of older adults is often described as a ‘hidden problem.’ The signs may not be obvious or they may be non-specific or even ambiguous.

Older people may not be able to, or wish to, identify themselves as being abused. Many people do not know that their personal situation is, in fact, abusive. For example, people of all ages may not know that being neglected is a form of abuse.

We know that:

> Physical and psychological abuse may mimic health problems.
> Physical neglect may be harder to recognise than physical abuse.
> Emotional abuse may be hard to distinguish from ‘ordinary family tensions’.
> Sexual abuse may not even be considered.

Abuse may not be obvious

Behaviour which is abusive, or denies a person’s rights, can be subtle. It can be something that has unintended consequences. For example, a carer may either carelessly or deliberately leave a door open during showering, causing an older person to feel exposed, vulnerable and distressed.

Consequences of actions can be difficult to detect. The older person may not be aware of the harmful nature of the behaviour, particularly if their cognitive capacity is impaired. In these cases, whether the older person perceives the action as harmful or distressing is irrelevant. Even if such actions do not constitute abuse, they involve the denial of a person’s dignity and human rights.
Recognising the signs and types of abuse

Please note: These descriptions reflect common examples and any similarities to individuals or situations are accidental.

**Physical**

Non-accidental actions which results in the infliction of physical pain or injury to an older person.

**Includes:**
- physical actions, coercion, physical restraint or confinement
- hitting, slapping, burning, pushing, punching, pinching, biting, arm twisting, cutting, hair pulling
- forced confinement to room, chair or bed inappropriate use (underuse or overuse) of drugs.

**Signs/Indicators**

**Carer/Relative** – overly protective or controlling, conflicting stories, delay in seeking care or reporting an injury, does not leave person unattended, older person described as ‘accident prone’ or having a history of sustaining injuries

**Physical** – injuries in different stages of healing, broken bones, sprains, or dislocations, abrasions, welts, rashes, blisters, lacerations, swelling, signs of being restrained, weight loss, hair loss, poor hygiene

**Arousal** – lack of awareness, drowsiness, vagueness, confusion, sleepiness

**Behavioural** – cringing or acting fearful, agitation, catatonia, frequent requests for care or treatment for minor conditions, unexplained anger, fear or shutting down behaviour around the carer or relative

**Medical** – reports of drug overdose, prescription medication missing or not taken, poor management of medical conditions, repeated accident or emergency department presentation, frequent falls.
Psychological

Psychological or emotional abuse is any language or actions designed to intimidate another person and cause fear of violence, isolation, deprivation, or feelings of powerlessness. Such acts or words are intended to diminish a person's identity, dignity or self-worth.

Includes:
> pressuring, intimidating or bullying
> name-calling, degrading or humiliating
> threatening to harm the person, other people or pets
> verbal abuse, insults or harsh commands
> silencing and emotional blackmail
> talking about not coping as a carer
> repeatedly telling an older person they have dementia, are a burden or unwanted
> treating the person like a child.

Signs/Indicators

Below is a range of behaviours, many of which may show improvement temporarily around other people, reverting back to behaviour when carer returns.

Behavioural
> resignation, withdrawal, shame
> depression, sadness, tearfulness
> confusion and social isolation
> feelings of helplessness
> unexplained paranoia
> excessive fear, nervousness, anxiety
> insomnia
> reluctance to make decisions, changes in self-esteem
> marked passivity or anger
> rocking behaviour
> ambivalence towards the alleged abuser
> apathy, listlessness, lack of confidence.
Financial

Financial abuse involves the illegal or improper use and/or mismanagement of a person’s money, property or resources.

Includes:

- forgery
- stealing
- forced changes to a will
- unusual transfers of money or property
- withholding of funds from the older person
- incurring debts for which the older person is responsible
- failure of others to repay monies loaned
- lack of financial information provided to an older person by their Power of Attorney.

Signs/Indicators

- unpaid bills, inability of the older person to pay for necessities
- defaulting on payments (e.g. rent, service fees)
- missing documents
- credit cards or personal belongings and unusual activity in bank accounts
- changes to a will or other documents when appearing incapable or subject to possible coercion
- confusion regarding assets property and income
- being accompanied by another person when attending financial institutions or using ATM and the other person is reluctant to allow a conversation with the older person regarding transactions
- being overcharged for repairs or services, overdrawn or depleted accounts.
Social
The forced isolation of older people, with the sometimes additional effect of hiding abuse from outside scrutiny and restricting or stopping social contact with others, including attendance at social activities.

Includes:
- restricting, stopping or discouraging social contact with others such as family or friends
- preventing, stopping or restricting activities – either in the community, or residential aged care facility
- withholding mail
- prohibiting, preventing access or not disclosing phone calls
- listening in to calls
- preventing involvement in religious or cultural practices.

Signs/Indicators
- loss of interaction with others
- sadness and grief of people not visiting
- worried or anxious after a particular visit by specific person(s)
- appears shamed
- low self esteem, or is very sad
- withdrawn
- passive (not wanting to participate; listless, uninvolved)
- repeated unanswered phone messages
- repeated justifications or excuses for older person’s absence or not returning messages.
Neglect
Involves the failure of a carer or responsible person to provide life necessities, such as adequate food, shelter, clothing, medical or dental care, as well as the refusal to permit others to provide appropriate care (also known as abandonment).

This definition excludes self-neglect by an older person of their own needs.

Signs/Indicators
It is important that observations of neglect can be camouflaged by overly attentive behaviour in the company of others.

Physical
> inadequate nutrition, accommodation, clothing, medical or dental care
> poor personal hygiene and skin integrity, exposure to unsafe, unhealthy, unsanitary conditions
> malnourishment and unexplained weight loss
> hypothermia or overheating
> inappropriate clothing
> the person left alone or unattended for long periods
> lack of social, cultural, intellectual or physical stimulation
> lack of safety precautions or inappropriate supervision, injuries that have not been properly cared for
> under-medication or over-medication.

Behavioural
> carer may be overly attentive when in the company of others.
**Sexual**

Non-consensual sexual contact, language or exploitative behaviour.

**Includes:**

- rape, sexual assault, indecent assault, sexual harassment
- obscene language or viewing obscene material or making obscene phone calls in the presence of the older person without their consent.

**Signs/Indicators**

**Physical** – unexplained bruising, sexually transmitted diseases, infections, internal injuries, frequent incontinence, difficulty walking, human bite marks, scratches, bruises, pain on touching, choke marks on throat, burn marks, injury to face, neck, chest, abdomen, thighs or buttocks, trauma, including bleeding around the genitals, chest, rectum or mouth, torn or stained clothing

**Arousal** – lack of awareness, drowsiness, vagueness, confusion

**Behavioural** – fearfulness, agitation, disturbed sleep, withdrawal, lack of awareness

**Medical** – similar to physical

**Carer/Relative** – overly protective or controlling, conflicting stories, attends appointments with older person, does not leave the older person unattended, requests behaviour that may be unusual.
Chemical Substance (or chemical) abuse is any misuse of drugs, alcohol, medications and prescriptions, including the withholding of medication and over-medication.

Signs/Indicators
> failure to provide or supervise medication
> over-sedation, reduced physical or mental activity, grogginess or confusion. Reduced or absent therapeutic response to prescribed treatment may be the result of under-medication, or failure to fill prescriptions
> pills scattered about may be signs of inappropriate use of drugs, medications and/or alcohol. If the carer is a substance abuser, he/she may be giving drugs or alcohol to the older person
> family member or carer may take prescription, have the medication dispensed, and then sell the medication for financial gain.
Chapter Four –
What can you do about it?

Step Four – Taking appropriate action

Who needs to be involved? It’s a shared responsibility
A healthy community is one where we all take responsibility and value and respect each other.

Older people are consumers, neighbours, friends, family members, volunteers and members or clients of community or government organisations. For older people living alone, time spent with others might not be frequent, but only happen on an occasional basis. Whatever their circumstances, unless they are socially isolated, older people are naturally involved with their community to greater or lesser degrees.

State governments collaborate with the Commonwealth to ensure, as much as possible, that older people’s needs are met. State governments also work to ensure older people are aware of their rights and entitlements, for example through the state Seniors Card, personal alert, and concessions programs.

Who would I tell? How would I report?
There are many reasons why people can often feel reluctant to report abuse. It is important to know what these reasons are so that, as a community, we can begin to challenge those things that help keep elder abuse invisible to the naked eye and unheard by the ears of many.

For the general person in the community, the idea of reporting the suspected abuse of an older relative, neighbour, friend, or community member can be very confronting. Where does reasonable concern end and interfering begin?

Is it OK to raise your concerns with the older person directly? If not, or if that doesn’t seem to help, is it OK to report concerns or fears about their wellbeing or safety to a third party? What if the abused person does not want to admit, even to themselves, that there is a problem? What if the abused person believes the abuse to be normal behaviour?

What seems reasonable is a good guide. Most people would think that, to quote the old maxim, ‘It’s better to be safe than sorry,’ particularly if the older person is in vulnerable circumstances. Certainly, if you feel the police need to be notified, then you should do so.
Involving South Australia Police (SAPOL)

The most serious forms of abuse are likely to involve criminal behaviour. If a person witnesses or suspects that a crime may have been, or is being, committed, that person should immediately contact SAPOL and report the incident or the facts upon which their suspicion is based.

Call Triple Zero (000) when there is an emergency. For example any situation where life or injury is threatened, or any event that may cause danger to people or property.

Call 131 444 for non-urgent police assistance. For example reporting a crime that has already happened or making general police related inquiries.

SAPOL should also be contacted if serious abuse is reported or disclosed to a person. If you are in doubt, it is best to contact SAPOL and report the situation so that the police can make an informed decision about the appropriate response.

Non-SAPOL reporting

If you are worried about an older person and anxious about raising the matter with them directly, discussing your concerns with a trusted individual, such as a doctor or service provider, or seeking general advice from a specialist agency such as the Aged Rights Advocacy Service, can point you in the right direction and help put your heart at ease.

In managing your own safety, as well as another person’s, it’s always best to use common sense and avoid confronting the people directly involved. Be aware that, unless you have an authority to act on their behalf from the older person themselves, service providers will not discuss their clients with you. Nor will they divulge any details of their clients. However, raising your concerns to responsible persons may enable care workers to be more vigilant.

If you know, or if you strongly suspect that an older person is being abused, consider the following things you could do:

> Do not assume that the older person can, on their own, change their situation.
> When the two of you are alone, have a chat about their wellbeing. If the older person is comfortable to do so, pay careful attention to what they have to say.
> Make a point of letting the older person know that what has happened, or is happening to them, is not their fault.
> Don’t be critical of either the older person or the (possibly) abusive person.
> Let the older person know that this type of thing happens to other people and there are agencies which help people in situations just like theirs.
> Suggest some choices the older person can choose to make, including talking to a care worker or family member, but respect their right to make their own decisions about their life.

For details of who you can contact to report concerns, please go to the end of Chapter Four.
South Australians receiving aged care services or living in aged care facilities

Under the Aged Care Act 1997, there is compulsory reporting for alleged or suspected sexual and physical abuse of people living in Commonwealth-funded residential aged care (‘nursing homes.’)

Providers of residential aged care are required to:

- report to SAPOL and to SA Health incidents involving alleged or suspected reportable assaults. The report must be made within 24 hours of the allegation, or when the approved provider starts to suspect a reportable assault. A reportable assault includes unlawful sexual contact and unreasonable use of force.
- take reasonable measures to ensure staff members report any suspicions or allegations of reportable assaults to the approved provider (or other authorised person), to the Police or the Department.
- take reasonable measures to protect the identity of any staff member who makes a report and protect them from victimisation.

The User Rights Principles 1997 cover both residential and home and community based care that is funded by the Commonwealth, and includes:

- The Charter of Residents’ Rights and Responsibilities
- The Charter of Rights and Responsibilities for Community Aged Care.

Older people receiving a community aged care service or who are a resident of an aged care facility can also contact the Aged Rights Advocacy Service (ARAS) to act as an advocate on their behalf. ARAS also provides advice to concerned family members or carers on what can be done.
Prevention and early intervention

It is a wise saying that prevention is better than cure. This is particularly important in the prevention of abuse of older people. Knowing how to stop abuse from occurring in the first place relies on changing our thinking. This is a positive part of lifelong learning and helps us to protect our own wellbeing, our rights, our finances, and our family members.

The best prevention starts with all of us as individuals and reaches out to the broader community. We can demonstrate that, as a society, we value and respect older people and honour their rights as vital members of our communities.

Key positive factors:

- Personal support through maintaining informal social networks, including family, friends and neighbours
- Maintaining regular communication with friends or contacts outside the home
- Maintaining personal interests, hobbies and activities, which may involve community involvement with others who share the same interest or interests
- Taking breaks, either regularly or occasionally, including respite care for older people and/or carers
- Being respectful and supportive of older people’s choices and preferences
- Being informed. Developing both understanding and awareness
- Knowing our entitlements, rights and responsibilities
- Regular contact with approved banking institution, financial planner/accountant
- Regular contact with a general practitioner or medical professional
- Keeping important telephone numbers handy
- Completing Advance Care Directives
- The right help from the right services at the right time
- Not keeping secret what should be disclosed
- Having the confidence to seek advice or assistance:
  - asking questions
  - seeking information
  - making a report or complaint.
- Documenting anything suspicious
- Taking timely action, before things escalate
Legislation and regulations

All adult South Australians have their rights and interests protected or maintained under a range of Commonwealth and state legislation, including:

Australia’s:
- Privacy Act 1988 and Privacy Amendment (Enhancing Privacy Protection) Act 2012
- Aged Care Act 1997

South Australia’s:
- Criminal Law Consolidation Act 1935 (SA)
- Guardianship and Administration Act 1993 (SA)
- Health and Community Services Complaints Act 2004 (SA)
- Consent to Medical Treatment and Palliative Care Act 1995
- Health Care Act 2008
- Mental Health Act 2009 (SA)
- Intervention Orders (Prevention of Abuse) Act 2009 (SA)
- Public Health Act 2012
- Advance Care Directives Act 2013

The outcome of the South Australian Government’s review of existing Enduring Powers of Attorney can be expected to benefit older people. As will the operation of our state’s Advance Care Directives Act 2013, effective 1 July 2014. This new Act will make it easier for South Australians to protect their future rights in health care, finances, residential accommodation and other personal matters.

Under this Act older people can choose one or more trusted persons as ‘substitute decision-makers.’ These nominated persons will be able to make decisions on behalf of older people if/when they are unable to make such decisions for themselves. These decisions will respect the older person’s values, wishes and preferences.

As an older person, your health, living and/or legal circumstances may determine some specific rights. For example, all seniors who receive government funded aged care services, or live in residential aged care facilities, come under the Commonwealth’s Aged Care Act 1997.

Rights are also supported by principles. The User Rights Principles 1997 that apply to Commonwealth funded residential and home and community based care include:
- The Charter of Residents’ Rights and Responsibilities
- The Charter of Rights and Responsibilities for Community Aged Care.
Where you can find assistance

### Aged Care Complaints Scheme

Complaints can be lodged in the following way:


**Telephone:** 1800 550 552

**In writing:**
Aged Care Complaints Scheme  
Australian Department of Social Services  
GPO Box 9820 (Your capital city and state/territory)

**Website:** [http://agedcarecomplaints.govspace.gov.au](http://agedcarecomplaints.govspace.gov.au)

A free confidential service available to anyone wanting to make a complaint about the quality of care or services they or someone they know is receiving from Australian Government subsidised aged care providers of residential care and community care programs (Home Care Packages and Commonwealth HACC services). As of 1 July 2015, community care programs will be integrated to one programme under the Commonwealth’s Home Support Programme.

The Scheme can be contacted if abuse or mistreatment of older person receiving a service is suspected.

### Aged Rights Advocacy Service

**Office Hours:** Monday to Friday 9:00 – 5:00pm

**Phone:** (08) 8232 5377

**Toll Free:** 1800 700 600 (SA Country)

**Facsimile:** (08) 8232 1794

**Location:** 16 Hutt St, ADELAIDE SA, 5000

**Postal:** PO Box 7234 ADELAIDE SA 5000

**Email:** aras@agedrights.asn.au

**Website:** [http://www.sa.agedrights.asn.au](http://www.sa.agedrights.asn.au)

A free and confidential service for older people or their representatives (with the older person’s permission) who:

- receive services or care from an Australian Government subsidised aged care provider of residential care and/or community care programs (Home Care Packages and Commonwealth HACC services)
- are at risk of, or are being abused by someone they should be able to trust.

ARAS can:

- provide information about rights and entitlements
- support you to resolve your concerns or to speak on your behalf
- offer strategies to protect yourself
- ensure your wishes are listened to and respected.

### Guardianship Board of South Australia

**Office hours:** Monday to Friday 9:00 – 5:00pm

**Phone:** (08) 8368 5600

**Toll Free:** 1800 800 501 (SA Country)

**Facsimile:** (08) 8124 1496

**Location:** Level 8, ABC Building, 85 North East Road, COLLINSWOOD SA 5081

**Postal:** PO Box 138 PROSPECT SA 5082


A State Tribunal operating as the mental health review tribunal as well as making decisions about people with impaired decision-making capacity.

The Board has two separate functions:

It appoints Guardians and Administrators for people with a mental incapacity (in accordance with the Guardianship and Administration Act 1993). In accordance with the Mental Health Act 2009, in certain circumstances it makes involuntary treatment orders for people with a mental illness.

An appointed Guardian is able to make decisions for the person, including accommodation, lifestyle and health decisions. An appointed Administrator is able to make legal, business and financial decisions for the person, including managing the person’s money and property).
### Elder Mediation Australasian Network (EMAN)

Chair, EMAN Executive Committee’s email address: dale.bagshaw@unisa.edu.au

For information about elder mediation services, visit the EMAN website for:

- contact details and services of elder mediation professionals and others who are members of EMAN
- links to publications, conferences and other events and to relevant resources (books, articles, research, reports), services and websites.


Elder mediation can assist older people, their families and significant others with difficult conversations, to make plans and to reach outcomes to disagreements – outcomes that work for the older persons, respect their rights and enhance their safety.

EMAN is a network of professionals dedicated to:

- raising awareness and building knowledge about elder mediation in the community
- developing professional ethics, standards and certification for elder mediators
- encouraging referrals to relevant services, including mediation and other services tailored to the circumstances of older people (our elders) in Australasia.

### Legal Services Commission of South Australia

Phone: (08) 8111 5555
Facsimile: (08) 8111 5599
Location: 159 Gawler Place ADELAIDE SA 5000
Postal: GPO Box 1718 ADELAIDE SA 5001

**Legal Help Line Service**

Phone: 1300 366 424
9:00 – 4:30 Monday to Friday

Provides a range of legal information and advice through the Legal Help Line, interviews by appointment, and community education initiatives.

The Legal Help Line provides a free and confidential telephone advice service which is open to all South Australians seeking preliminary legal information, advice and referral.

### Office of the Public Advocate (OPA)

Office Hours: Monday to Friday 9:00 – 5:00pm
Phone: (08) 8342 8200
Toll Free: 1800 066 969 (SA Country)
Facsimile: (08) 8342 8250
Location: Level 7, ABC Building, 85 North East Road, COLLINSWOOD, SA 5081
Postal: PO Box 213, PROSPECT 5082
E-mail: opasa@opa.sa.gov.au

Provides information, advice or assistance about matters related to current legislation including:

- *Advance Care Directives Act 2013*
- *Guardianship & Administration Act, 1993*
- *Mental Health Act, 1993*
- *Consent to Medical Treatment and Palliative Care Act, 1995*
- *Enduring Powers of Attorney.*

The Public Advocate is the Guardian of Last Resort and provides systemic and some individual advocacy to people with impaired mental capacity and their carers. The Office of the Public Advocate has a Dispute Resolution Service which offers a mediation service to assist in the resolution of disputes about Advance Care Directives and health consent issues.
Public Trustee

Office Hours: Monday to Friday 8.45am – 5.00pm
Telephone: (08) 8226 9200
Toll Free: 1800 673 119 211
Facsimile: (08) 8226 9350
Location: 211 Victoria Square, ADELAIDE, South Australia, 5000
Postal: PO Box 1338 ADELAIDE SA 5001
Email: pt.enquiries@sa.gov.au
Website: http://www.publictrustee.sa.gov.au

Provides trustee services for a range of people in the community including those most vulnerable requiring Financial Administration Orders.

The Public Trustee can act as a trustee, executor of a will, administrator of an estate (whether or not of a deceased person), manager, receiver, committee, curator, guardian, next friend, agent, attorney or stakeholder.

South Australia Police (SAPOL)

Emergencies
Call Triple Zero (000) when there is an emergency. For example any situation where life or injury is threatened, or any event that may cause danger to people or property.

Non-emergencies
Call 131 444 for non-urgent police assistance. For example reporting a crime that has already happened or making general police related enquiries.

Website: http://www.sapolice.sa.gov.au

Responds to and investigates reports of domestic abuse and gives the highest priority to the protection of victims.

Provides support and information to victims and their families to ensure their ongoing safety.

Provides referrals to external service providers and shares information, where appropriate, to ensure the best outcome for victims and their families.

SAPOL Home Assist Program

SAPOL Home Assist Program Coordinator
Telephone: 7322 3211
Website: http://www.sapolice.sa.gov.au/sapol/community_services/joint_community_programs/home_assist_program.jsp

SAPOL Home Assist program provides free home security audits for:
> HACC eligible persons aged over 65
> Aboriginal and Torres Straight Islanders aged over 50
> for persons living with a disability and their carers.

Home Assist Coordinators also provide referrals and advocacy to link older persons suspected of being abused or who are being abused, to the appropriate reporting and support agencies.

Provides free safety and security fact sheets on a range of topics including home security, public transport and driving safely and nuisance callers.
### SAPOL Internet Safety and Awareness


Seniors interested in knowing more about internet safety can learn more on the SAPOL website.

SAPOL provides Internet Safety and Awareness lectures through the WEA providing seniors with information to avoid becoming a victim of financial abuse through topics such as:

- recognising secure sites
- online scams
- internet auctions
- internet safety and shopping online.

### Hospital Senior Staff and Consumer / Patient Advisor

**Website:** [www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)

Health and community services feedback and complaints

If you wish to provide feedback or raise any concerns in relation to patient care and treatment whilst in hospital, please talk to a senior staff member looking after you or your friend / family member. If you feel that your feedback or concern has not been resolved, you can contact the Consumer or Patient Advisor of the health care service. A list of Consumer Advisers is available on the SA Health website [www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au).

### Accessibility

If you require an interpreter:

The **Translating and Interpreting Service (TIS)** can be called on 131 450 and then ask them to put you through to the number of the service that you need.

Some services are able to contact TIS and arrange an interpreter on your behalf.

If you are deaf, have a hearing or speech impairment there are various ways to contact the National Relay Service which can then connect you to the service that you need.

**Website:** [www.relayservice.com.au](http://www.relayservice.com.au)

Depending on your particular needs, you can choose one of the following relay call options.

**TTY users phone:**
133 677 then ask for the number of the service

**Speak and Listen users:**
1300 555 727 then ask for the number of the service

**Internet relay users:**
Connect to the NRS

Next steps

During 2014, an action plan will be developed to enable us, as a community, to work towards achieving the aims of this strategy.
Older South Australians deserve opportunities for participation, volunteering, lifelong learning.

Older people are celebrated, respected, and valued.

Diversity is acknowledged and respected.

Older people enjoy life, have an important and valued place, and are acknowledged and respected.

They are independent, empowered, and have positive self-esteem.

They have autonomy to choose and make decisions, and are free from harm and mistreatment.

Dignity is an important aspect.

Opportunities for participation, volunteering, and lifelong learning are crucial.
References accessed to inform the development of this strategy


A life course perspective of maintaining independence in older age 1999, World Health Organisation


Abuse and neglect policy and procedure 2012, New South Wales Government


Bagshaw, D, Zannettino, L, Wendt, S, Adams 2012, ‘Preventing the financial abuse of older people by a family member’, Designing and evaluating older-person-centred models of family mediation.

Barisic, C., Perpetrators of Elder Abuse: The Role of Shame and the Appropriateness of a Restorative Approach


Department of Human Services, Alzheimer’s Association Victoria and La Trobe University, 2000, Draft protocol: In response to the discussion paper Overcoming Abuse of Older People with Dementia and their Carers, Melbourne.


Elder Abuse Protocol: Guidelines for action 2006, Alliance for the Prevention of Elder Abuse, Western Australia


Our Actions to Prevent the Abuse of Older South Australians, 2007, South Australian Government.

Office of the Public Advocate, University of South Australia and the Human Rights and Security Research and Innovation Cluster 2011, Closing the Gaps: Enhancing South Australia’s Response to the Abuse of Vulnerable Older People, University of South Australia

Preventing Crime Against Older Australians 2005, Australian Institute Crime Reduction Matters, no. 29, Australian Institute of Criminology.


South Australia Aged Rights Advocacy Service, 2011, Protocol for Responding to Abuse of Older People Living at Home in the Community.


