



# Protocol For Responding To Abuse Of Older People Living At Home In The Community



March 2011



Government  
of South Australia

Funded by 'Improving with Age -  
Our Ageing Plan For South Australia'

aras



aged rights advocacy service inc.



The content of this publication represents the views of ARAS and not that of the South Australian Government's Department for Families and Communities ("Department"). The Department makes no representation in respect of and assumes no legal liability or responsibility for the accuracy, currency, completeness or interpretation of the information contained in this publication. The document is a guide only and is not intended as legal or any other professional advice. Individuals should seek appropriate professional advice before relying on any of the material contained within the publication.



## Foreword



All South Australians deserve to be safe, feel safe and be respected. Security gives us confidence to go out, get on with life and be happy.

With the fastest ageing population of all Australian states, our future prosperity will largely depend on how well we support older people to stay active and connected to the community.

Since coming to office, the Rann Government has increased funding for seniors across a range of areas and priorities. Keeping the elderly safe is a priority - and our funding of this protocol highlights our commitment.

It is a sad reality that older people, often because of age-related health issues, illness or disability, are among the most vulnerable when it comes to abuse - whether it be physical, psychological, sexual or financial. Even worse, the perpetrator is often someone the older person most trusts or depends on.

This can make identifying and dealing with abuse difficult for the older person, as well as others who notice or suspect wrongdoing.

This protocol will help those supporting older people, including service providers, nurses, social workers and care workers, to not only see and report signs of abuse, but to understand the issues surrounding it. The protocol also covers duty of care and provides guidelines on privacy and confidentiality.

Our Government provides around \$174.3 million each year in Home and Community Care Funding, including \$460,400 to the Aged Rights Advocacy Service to help older people live securely in their own homes.

At the centre of this support are the many people and organisations doing a wonderful job caring for our seniors and helping them to stay safe and independent.

I hope this protocol, along with the DVD *There's No Excuse for Abuse*, gives them more confidence as they carry out this valuable work.

**Jennifer Rankine**  
Minister for Ageing



## Contents

Acknowledgements	4
Introduction	5
Purpose of the Protocol	6
Rights of Older People	7
Definition of Abuse	7
Types and Signs of Abuse	8
Risk Factors	10
Barriers to Disclosure of Abuse by an Older Person	11
Barriers to Identification by Service Providers	12
Intervention Principles	12
Interagency Better Practice	14
Privacy	15
Confidentiality	15
Duty of Care	15
Response to Abuse of Older People Flow Chart	16
Choices in Abuse Responses - Informal, Formal, Protective	18
Policy Development	19
Case Studies	20
Relevant South Australian Legislation	24
Resources	25
■ Emergency Contacts	25
■ Alliance for the Prevention of Elder Abuse (APEA) Members	26
■ Further Resources	27
■ Local Resources	32

## Acknowledgements

This protocol has been developed by the Aged Rights Advocacy Service (ARAS) in South Australia as a resource for community aged care service providers. Development and publication have been provided through an Improving with Age grant and in-kind support provided by the South Australian Government through the Office for the Ageing, Department for Families and Communities.

ARAS also thanks the many aged care service providers who took the time to read and provide comment on the draft document.

## Introduction

The Australian Bureau of Statistics shows that South Australia has the oldest population of all States and Territories in Australia. By 2051 almost 31% of the population will be over the age of 65, with the number over the age of 85 years old increasing four fold. Research indicates that around one in twenty people over the age of 65 experience abuse by family or friends. Therefore the potential number of older people at risk of abuse in the future is set to increase rapidly.

In *Improving with Age Our Ageing Plan for South Australia* the State Government of South Australia clarified its commitment to keeping our older citizens safe. South Australia recognises that abuse is a complex and serious problem affecting the health and well being of a significant number of older people and that all relevant service providers have a responsibility to address this issue.

Safety is a key theme of *Improving with Age Our Ageing Plan for South Australia*. In order to progress this aspect of the Plan, the Department for Families and Communities, through Office for the Ageing, funded research and development of a specific abuse prevention action plan entitled *Our Actions to Prevent the Abuse of Older South Australians 2007*.

*Our Actions* sets out priority actions including:

- 1 Providing safety and security by strengthening reporting mechanisms and accountability.
- 2 Implementing strategies for prevention through education and training.
- 3 Raising awareness of older people, the community and professionals.
- 4 Working together to build strong relationships.
- 5 Supporting research and innovation to develop effective prevention models.

Although there is no mandatory reporting requirement in Australia relating to abuse of older people living at home in the community, under duty of care and best practice protocols there is an either an expectation or an obligation (depending on circumstances and the professional qualifications of staff), for services to take action if abuse is identified or suspected.

South Australia is well placed to respond as service providers exhibit substantial goodwill and commitment to supporting the health and well-being of their consumers. Counselling and support should be offered to address the situation and prevent further abuse.

Residential aged care facilities, subsidised by the Australian Government, are required to undertake compulsory reporting of sexual assault or unreasonable use of force ('serious physical assault') in aged care facilities. For further information about compulsory reporting contact the Department of Health and Ageing, Aged Care Information Line on 1800 500 853 or visit their website [www.health.gov.au](http://www.health.gov.au)

ARAS also provides abuse prevention training sessions for staff of residential facilities.

**South Australia is well placed to respond as service providers exhibit substantial goodwill and commitment to supporting the health and well-being of their consumers.**

## Purpose of the Protocol

This protocol has been developed in accordance with the *Our Actions* plan that aims to ensure that older people receive an effective, consistent standard of care and support to assist in overcoming and preventing further abuse. The protocols provide a framework to assist aged care service providers respond to abuse of older people living in the community. Often there are several organisations involved in supporting an older person to overcome abusive situations and experience has shown that the most positive outcomes are achieved through inter-agency collaboration.

The protocol includes definitions and signs of the different forms of abuse, risk factors and principles of intervention when working with older people. The 'Response to Abuse of Older People' flow chart has been developed to guide service providers in providing a consistent response and a list of state-wide specialist resources has been compiled. It is recommended that regional services adapt the framework to reflect services available in their area, and also develop a list of local resources.

It should be remembered that each situation is different and services are expected to exercise a degree of professional judgement when determining the most appropriate responses. The service should always act in the best interests of the older person who has been abused.

*Our Actions* identifies various methods of raising awareness and emphasises the importance of preventative measures to ensure older people are safe from harm, abuse and neglect. There is an expectation that service providers will distribute information products that will assist consumers to make an informed decision about any course of action. ARAS has developed a range of written material available for this purpose.

## Rights of Older People

Australia has been a member of the United Nations (UN) since 1945 and supports the UN Principles for Older Persons. These principles refer to basic human rights underpinning our society and include the right to maintain independence, participate in society, access appropriate care and support services, achieve self-fulfillment and to live in dignity, safe from exploitation, abuse and neglect.

Older people are entitled to information and advice about their rights and options and the right to self-determination, with their wishes and beliefs being respected. Support services should be culturally and linguistically appropriate.

Adults are presumed to have capacity to make informed decisions unless evidence suggests otherwise. If a comprehensive assessment determines that a person lacks capacity an alternative decision maker should be appointed to ensure that decisions are made in the best interests of the person and that their rights are upheld.

**Adults are presumed to have capacity to make informed decisions unless evidence suggests otherwise.**

## Definition of Abuse

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

(Australian Network for the Prevention of Elder Abuse 1999)

While abuse is a term that may have different meanings for different people, it is fundamentally a violation of an individual's human rights by another person and reflects a power imbalance between the two parties. Older people may be more vulnerable to abuse as their level of dependence increases and they rely on others for assistance with activities of daily living. Abuse may involve a single act, repeated behaviour or a lack of appropriate action. If not addressed, it can escalate in frequency and severity. Many forms of abuse are crimes and should be reported to the police.

ARAS statistics indicate that:

- alleged abusers are more commonly adult sons or daughters
- there may be more than one form of abuse involved
- the most commonly reported forms are psychological and financial, and these often present together
- abuse of older people occurs regardless of gender, income, geographic location, religious or cultural background
- the higher numbers of older women experiencing abuse reflects the proportion of males and females in the general population.

## Types and Signs of Abuse

### Physical abuse

Physical abuse is defined as a non-accidental act which results in physical pain or injury and includes physical or chemical restraints or coercion, hitting, slapping, burning, pushing, pinching or forced confinement to a bed, chair or particular place. There may be a discrepancy between the injury and the explanation as to its cause and the older person may attend different hospitals or doctors for treatment. When attending medical appointments the alleged abuser may accompany the older person at all times so that staff have no opportunity to speak with the older person alone.

Signs of physical abuse include injury or bruises in different stages of healing, abrasions, welts, rashes, swelling, unexplained injuries or hair loss, tenderness or pain when being touched, acting fearfully and being over or under medicated or sedated.

### Sexual abuse

Sexual abuse includes non-consensual sexual contact, language or exploitative behaviour including rape, indecent assault, sexual harassment or interference. It may also include viewing obscene material or making obscene phone calls in the presence of the older person without their consent.

Signs include fear and agitation, disturbed sleep, withdrawal, unexplained bruising or bleeding, infections, internal injuries, recent incontinence, difficulty in walking, torn or stained clothing or bedding. As with physical abuse there may be conflicting stories to explain any signs and the alleged abuser may attend appointments with the older person.

### Financial abuse

Financial abuse is defined as the illegal or improper use and/or mismanagement of a person's money, property or resources. It includes forgery, stealing, forced changes to a will, unusual transfer of money or property to another person, withholding of funds from the older person, incurring debts for which the older person is responsible, failure of others to repay monies loaned and lack of financial information provided to an older person by their power of attorney.

Signs include unpaid bills, inability of older person to pay for necessities, defaulting on payments (eg rent, service fees), missing documents, credit cards or personal belongings and unusual activity in bank accounts. Other signs include changes to a will or other documents when appearing incapable of making such decisions and/or confusion regarding assets, property and income. When attending financial institutions or using ATMs the older person may be accompanied by the alleged abuser who may be reluctant to allow a conversation with staff regarding transactions.

### **Psychological /emotional abuse**

Psychological or emotional abuse comprises any language or actions designed to intimidate another person and cause fear of violence, isolation, deprivation or feelings of powerlessness. Examples would include insults, intimidation, treating the older person like a child, threats of restricting access to others (eg grandchildren) or placing them in residential care. Other examples include public or private humiliation, or threatening to harm the older person, other people or pets.

Signs include withdrawal, fearfulness, helplessness, resignation, marked passivity or anger, reluctance to make decisions or talk openly, huddling or rocking behaviour, nervousness, anxiety or ambivalence towards the alleged abuser and/or insomnia.

### **Social abuse**

Social abuse involves restricting or stopping activities and/or social contact with others, including family members. The alleged abuser may not allow the older person to be alone with other people and may attend medical and other appointments with them. They may also withhold mail and monitor, restrict or prohibit use of the telephone. In some cases the older person may be moved away from their family and community.

Signs include sadness, withdrawal, passivity, lack of involvement, listlessness, lack of confidence, anxiety following a visit by particular people, reluctance to speak openly and deferring to the opinion or decisions of alleged abuser. The phone may be disconnected and the older person may have been instructed not to answer the door.

It may be necessary to involve medical practitioners or arrange for police to undertake a welfare check, if evidence suggests that an older person is experiencing social abuse and may be at risk of harm.

### **Neglect**

Neglect refers to the failure of the caregiver to provide necessities or meet basic needs of the older person. Neglect can be deliberate or unintended. If it is deliberate, it is considered to be a form of abuse. If it is unintentional, the response will be different and may include the introduction of community services to provide assistance (eg respite, personal care).

Examples of deliberate neglect include failure to provide suitable accommodation, nutrition, clothing or personal items, unwillingness to allow adequate medical, dental or personal care, inappropriate use of medication, refusal to permit other people or services to provide care and support and/or receiving carer's allowance or payment but not providing care.

Signs include poor hygiene or personal care, exposure to unsafe or unsanitary conditions, absence of health aids (eg dentures, hearing aids, glasses, mobility equipment, continence products), injuries that have not been properly cared for, unkempt appearance, weight loss, secretiveness or agitation, lack of nutritional variety, lack of social activities, and/or lack of personal items (eg photos, ornaments).

## Risk Factors

ARAS data collected since the inception of the Abuse Prevention Program in 1997 indicates that there are various risk factors that may contribute to an older person experiencing, or being vulnerable to abuse. Being old is not, in itself, a risk factor.

### **Risk factors related to the older person include:**

- History of family conflict and/or violence.
- Shift in family dynamics as older people become frail and their role in the family changes.
- Increasing physical and/or psychological dependency and vulnerability as the older person has to rely on others for care and support.
- Older person's own experiences, level of resilience.
- Cognitive impairment resulting in poor memory, lack of insight and inability to manage their financial affairs and other aspects of daily living.
- Isolation provides opportunity for abuse to occur undetected and limits access to others who may be able to intervene and assist.
- Insufficient planning for future care and financial security.
- Lack of knowledge of their rights and resources that could assist in preventing, minimising and stopping the abuse.
- Cultural norms that perpetuate practices that may be considered abusive.

### **Risk factors influencing alleged abusers include:**

- Greed and/or sense of entitlement to the older person's money and assets.
- Financial problems or unemployment.
- History of family conflict and/or violence.
- Misunderstanding of role or deliberate misuse of power of attorney or power of guardianship responsibilities.
- Alcohol or substance abuse and/or gambling addiction.
- Mental health issues or emotional problems.
- Carer stress.

Abuse of older people may have started with the onset of dementia, a shift in the power balance within the family or a change in the circumstances of the abuser. It may also be part of a lifelong abusive family relationship including domestic violence.

Family violence occurs across all cultural and socio-economic groups. Research undertaken by the Western Australian Office of the Public Advocate in 2006 indicates that older people from culturally and linguistically diverse (CALD) communities may be at greater risk of abuse because of a range of factors including reduced language skills (especially in relation to understanding legal and financial documents) and social isolation, leading to dependence on their families. In addition, there may be a limited understanding of what constitutes abusive behaviour and which services can assist in overcoming abuse.

This research also surmises that older people from CALD backgrounds may be unwilling to report abuse because of feelings of shame and possibly being stigmatised by their community. It was also suggested that cross-generational conflict resulting from differing expectations of family members regarding roles and care may also result in abusive practices. Even the terminology may be unfamiliar and it may be preferable to talk about mistreatment or behaviour indicating a lack of respect.

**Family violence occurs across all cultural and socio-economic groups.**

Similarly, sensitivity and culturally appropriate support is necessary when working with older people from Aboriginal communities. A report published by the Western Australian Office of the Public Advocate in 2005 identified a series of factors that suggest that this community may be at greater risk. These include high levels of family violence, historical factors discouraging disclosure of abuse, including involvement of statutory authorities and reduced levels of respect for elders due to a breakdown of family obligation. In addition the Aboriginal community experience premature ageing and lower life expectancy which may make them more vulnerable.

The ARAS Aboriginal Advocacy Program was established in 2003 as a collaborative project with the Council of Aboriginal Elders of South Australia. Service providers or consumers can contact advocates in this program to seek confidential advice about addressing suspected or identified abuse of older people from this community.

## Barriers to Disclosure of Abuse by the Older Person

There are many reasons why an older person may be reluctant to admit that they are being abused or exploited, particularly by a close family member.

### These include:

- Denial - not wanting to admit to themselves or others what is really happening.
- Fear of being accused of lying, not being believed.
- Belief that nothing will change or that they have to 'stick by family no matter what'.
- Fear of retaliation or punishment by the alleged abuser.
- Fear of residential care placement if an abusive carer is removed.
- Shame and embarrassment for themselves and family.
- Desire to preserve what remains of the family relationship.
- Fear of alienation or further isolation.
- Sense of responsibility for family with addictions or mental health problems.
- Belief that family matters are private and should not involve 'outsiders'.
- Lack of awareness of their rights and resources, including services, to assist them to overcome abusive situations.
- Not knowing who to trust enough to tell.
- Fear that the matter will be taken out of their control, resulting in a loss of autonomy.
- Feelings of failure for having raised children who are violent or harmful.
- Communication barriers due to illness, disability, language differences.
- Perception that violence is normal.
- Lack of knowledge, or confidence in the legal system or distrust of authorities.
- Not wanting anything to happen to abuser.
- Cognitive impairment.
- Cultural influences.

## Barriers to Identification by Service Providers

Service providers may not identify abuse or exploitation of older people for a variety of reasons including:

- Lack of awareness of definitions and signs of abuse.
- Victims are often isolated and 'hidden'.
- Symptoms of abuse may be attributed to age related changes or disease.
- Older people may be reluctant to disclose or report the abuse, especially if alleged abuser accompanies them to appointments and/or meetings.
- Lack of protocols for detection.
- Lack of organisational policies and procedures to guide service provider's response.
- Negative societal stereotyping that may lead to discrimination, neglect and marginalisation of older people.
- Personal experiences of the service provider/staff member may influence whether they identify the behaviour as abusive.

## Intervention Principles

Service providers supporting and assisting older people who have experienced abuse should be aware of certain intervention principles, as follows:

- Know your organisational policies, procedures and duty of care responsibilities.
- Consider whether the older person has mental capacity to make informed decisions. If this is unclear, a psycho-geriatric assessment should be arranged to accurately determine the level of capacity and insight.
- If the older person has capacity, respect their autonomy and right to self-determination.
- Uphold the rights of the older person in all actions and interactions.
- Recognise the importance of family relationships.
- Do not escalate action unnecessarily.
- Do no harm.
- Assess safety and risks and implement safety management plans.
- Accept what the older person is saying.
- Be aware of the potential for conflict of interest, especially in small communities.
- Do not be co-opted into others' agendas.
- Maintain current knowledge and training on topic and develop relationships with services who can assist in addressing abuse, particularly ARAS.
- Recognise that privacy and confidentiality cannot be maintained in some situations (eg if risk to safety, criminal act).
- Maintain accurate objective documentation of incidents and action taken by staff.

It is not recommended that service providers confront alleged abusers as this may escalate the situation and place the safety of both the staff member and the older person at risk. Experience suggests that other approaches are more effective and less damaging to family relationships.

People are assumed to be capable of making informed choices and decisions regarding their lives unless evidence suggests otherwise. Decisions made on behalf of people who do not have decision-making capacity will be made with the best interests of the person foremost, and will take their views into account. The Office of the Public Advocate promotes and protects the rights of people with mental incapacity in South Australia. General information is provided on the OPA website and duty officers are available to discuss particular situations by phone. This is particularly important if the older person appears to be at serious risk of harm and evidence indicates they lack capacity and need to be taken into care urgently to ensure their safety.

Older people who are experiencing, or at risk of, abuse have a right to comprehensive, accurate information about options and strategies to assist them decide their course of action. It may be necessary to seek legal advice because many forms of abuse are crimes and legal remedies and protections are available. It is important to take a non-judgmental approach and offer ongoing support and assistance regardless of the person's ultimate decision.

Responses should consider the special needs including those relating to culture, disability, language, religion, geographic location and gender. Ideally older people should be interviewed alone in a comfortable environment, using an interpreter service if necessary. It is not appropriate to utilise friends and family as interpreters or to allow them to be present if abuse is suspected.

ARAS provides education for consumers and staff on the topic of abuse and is also available to discuss specific situations with service providers. Service providers often contact ARAS for advice without identifying the older person involved. Because of the sensitivity of the subject, the initial discussion between the service provider and older person is critical and it is suggested that staff determine appropriate options and strategies beforehand. This is important because there may only be one opportunity to address the abuse. Successful options for intervention should include strategies that are meaningful to the older person regardless of the views of others.

It may be necessary to contact ethno-specific organisations to determine what methods of intervention are acceptable, taking into consideration cultural behaviours and values. ARAS advocates are available to provide ongoing support for service providers throughout the process.

**Responses should consider the special needs including those relating to culture, disability, language, religion, geographic location and gender.**

## Interagency Better Practice

The *Our Actions* document states that one of the priorities for action is to establish collaborative approaches by service providers using a best practice model to ensure that consumers receive an effective, high quality service to support them.

ARAS's experience over the past decade of managing the Abuse Prevention Program has shown that the best result for the consumer occurs when services are willing to work together with the older person's safety and well being as a priority.

Services to address abuse are often provided by different agencies and a collaborative response is more likely to achieve positive outcomes for the older person through the use of facilitated referrals and consistent, more rapid, responses. Successful collaboration would include a commitment to pool knowledge and resources, identify issues, resolve problems and develop new approaches to improving the health and well being of older people.

**A collaborative response is more likely to achieve positive outcomes for the older person through the use of facilitated referrals and consistent, more rapid, responses**

### Interagency better practice would include:

- Recognition of the State Government's zero tolerance approach to abuse of older people.
- An understanding of the nature of abuse of older people and the role of various agencies in addressing the issue.
- A universal commitment to a collaborative approach to support the older person.
- The development of policies and procedures for responding to the abuse of older people that include interagency collaboration as a principle.
- Consideration of the appointment of a case manager to simplify and reduce duplication of service support. Agencies involved would need to agree who would be most suitable (in some cases ARAS may facilitate this process to ensure that the relationship between the older person and service provider is preserved).

- An understanding of the role and core business of different agencies and acknowledgement of their respective constraints.
- A consistent, prompt response for the older person regardless of where they present in the service system.
- Sharing of information to benefit the older person in line with privacy, confidentiality and duty of care responsibilities.
- Facilitated referrals using staff knowledge of process and service options.
- Sensitivity to older people with special needs including those with dementia, from CALD and Aboriginal backgrounds and those living in rural and remote locations.
- Development of memorandums of understanding between agencies to support a consistent response and ensure that when abuse is identified the older person has priority of access to services, particularly if an urgent response is necessary.

### Priority of access

#### Service providers should prioritise support for older people when:

- abuse has been identified
- when the provision of a service would assist in preventing further harm
- the service is the only one available
- there is a delay whilst awaiting the outcome of a Guardianship Board application
- service delivery does not increase risk
- the situation may involve a criminal act
- it is an emergency or urgent.

## Privacy

Service providers are bound by legislation regarding the collection, use and disclosure of personal information to other organisations. Privacy policies should be developed with reference to current legislation and Government directives [eg *Privacy Act 1988*, *Aged Care Act 1997*, *South Australian Government Information Privacy Principles Instruction 1992*].

The National Privacy Principles provide guidelines for the collection and disclosure of personal information. Disclosure and sharing of information is allowed under certain conditions, namely:

- If the consumer provides consent.
- For the primary purpose collected, or directly related to a secondary purpose where the individual would reasonably expect the organisation to disclose.
- If required or authorised by law.
- If necessary to prevent serious or imminent threat to the individual, public health or safety.
- To a 'responsible' person.

It is suggested that service providers obtain legal advice to ensure their privacy policies are in accordance with relevant legislation. However it may be possible for services to define the primary purpose for collection broadly and advise the consumer accordingly so that they can then document relevant information about abuse of an older person. For example, the following wording might be used 'Information will be collected about all aspects of living deemed relevant to health and well being. This information will be used to provide a holistic service that assists consumers to remain living independently in their own homes'.

## Confidentiality

Confidentiality is between the consumer and the organisation, not the consumer and the care worker. Older people should be informed of this and advised that if abuse is suspected, the care worker is obliged to report this to their manager who will then offer counselling and support to safeguard the consumer's well being. Confidentiality policies should include the provision of information about likely action if abuse is suspected or identified. ARAS has developed a pocket guide for consumers that may be useful in communicating this information (currently available in English, Italian and Greek).

Service providers who are working collaboratively to assist in overcoming an abusive situation should consider appropriate ways of sharing relevant personal information to the benefit of the older person and to ensure the safety of staff.

## Duty of Care

A duty of care is a legal obligation to avoid causing harm and arises where harm is 'reasonably foreseeable' if care is not taken. There must be a sufficient relationship of closeness (sometimes referred to as 'proximity') between the two people in order for a duty of care to exist.

[*Legal Services Commission of South Australia Law Handbook*  
[www.lawhandbook.sa.gov.au](http://www.lawhandbook.sa.gov.au)]

Although there is no mandatory reporting of abuse of older people in Australia, it is expected that services will have policies in place to guide them in responding to abuse, whether or not it is criminal in nature. If abuse is identified then it could be argued that services have a duty of care to provide information and support for the older person to assist them to prevent further abuse. The appropriate course of action will depend on the mental capacity of the older person as outlined in the following section.

## Response to Abuse of Older People Flow Chart

Responses to abuse of older people may differ depending on various factors including whether or not the situation constitutes an emergency, whether the older person has the mental capacity to make informed decisions and if so, whether they have consented to intervention by service providers. Mental capacity refers to the ability to understand the nature and effect of a particular decision or action, consider the consequences of various options and communicate their final decision. It is important to determine the level of risk to the older person and develop strategies to manage this.

Each situation is different and requires some consideration to determine the most effective and appropriate response. If the older person has capacity, their right to self determination and autonomy must be respected. They should be provided with comprehensive information about options and strategies to address the abuse and any action taken to assist them must be according to their wishes.

- Emergency response - if there is an immediate threat to life or serious risk of physical harm or damage to property then the appropriate emergency service should be called without delay.

While awaiting arrival of emergency services, care workers should support the older person as required, protect any evidence and contact their manager. It is inadvisable to question the older person in depth as this may contaminate their recall. When the situation has been resolved the care worker should debrief with management and document the incident according to relevant agency policies.

- Non-emergency - if the situation is not urgent the response will depend on the level of decision making capacity of the older person. If they have been assessed as lacking capacity, or evidence strongly suggests this, then the Office of the Public Advocate should be consulted about appropriate action. A psycho-geriatric assessment may be required and an application to the Guardianship Board prepared

and lodged by the service provider. If the older person is at serious risk, an interim order may need to be invoked to allow the older person to be removed to alternative accommodation.

If the person has capacity they should be offered support and counselling in accordance with the agency's policies and procedures. A case manager may need to be appointed to provide information and facilitate referrals to other services if the older person agrees to accept assistance. It is important to plan how to manage the alleged abuser's likely response if they become aware of any intervention.

The right to self determination can involve risk and the level of risk must be recognised, understood and minimised.

In a situation where there is family violence, a risk assessment should be undertaken including consideration of the older person's assessment of risk, identified risk factors and the service provider's professional judgement in line with organisational policies and procedures.

If deemed necessary, a safety plan should be developed in consultation with the older person and other support services including GP, police, or domestic violence services.

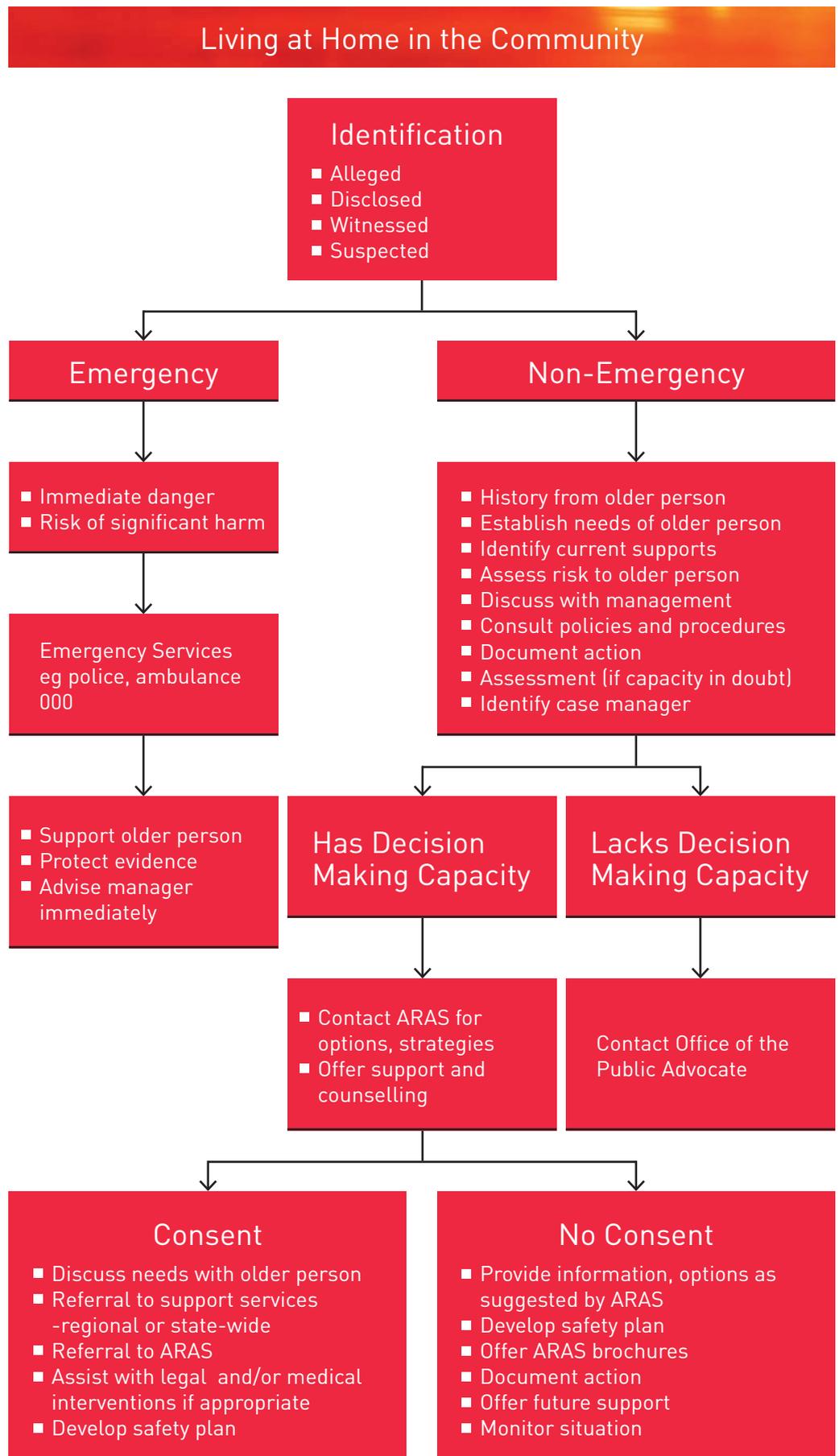
### A safety plan should identify:

- Emergency contact numbers.
- Safe places to go in an emergency.
- How the older person will get to the safe place.
- Supportive family, friends or neighbours who are willing to assist.
- Others who may be at risk.
- Support with pet care.
- An available source of cash money.
- A place to store valuables and important documents.
- Other services which could assist.

Service providers are encouraged to contact ARAS to discuss possible options so that the older person can make an informed decision. If they then decide not to take action to address the abuse, they should be reassured that support will still be available in the future, if requested.

**Each situation is different and requires some consideration to determine the most effective and appropriate response.**

## Response to Abuse of Older People Flow Chart



## Choices in Abuse Responses

Responses to abuse can be informal, formal or protective depending on the circumstances, level of capacity of the older person and their preferences. Often a combination of strategies will achieve the most positive outcome. Some examples of choices in abuse prevention are outlined in the diagram left. Abuse thrives in secrecy, so the more connections a person has the less likely they will be to experience abuse.

**Informal** strategies would include advising people of their rights and options, determining whether the person is able to self advocate or whether other family members or friends could provide support. Often people are unaware of their rights or how to access information. Social clubs and religious or cultural groups also provide informal support, keeping the older person involved in community activities and enabling the development of friendships outside the immediate family.

**Formal** strategies might involve accessing community or private services thereby reducing reliance on an alleged abuser to provide support. It may also be necessary to advocate with other agencies on behalf of the older person so that their situation is fully understood and elicits a prompt response (eg regarding housing, accessing emergency financial assistance, access to legal advice, assessment for services).

People may choose to move to residential care or alternative accommodation and may need help completing documentation and with the move itself. They may also need assistance to access and fund respite.

**Protective** strategies include exploration of legal options and the broad range of police responses depending on the type of abuse. Banking arrangements may need to be changed and advance directive documents, such as enduring power of attorney and enduring power of guardianship, drawn up or revoked.

### Informal

- Access to information on rights and options
- Family and friends
- Clubs, Church
- Cultural groups
- Ability to self advocate.

### Formal

- Community Services (HACC, CACP, EACH)
- Private Community Services
- ACAT
- Advocate within formal networks eg housing, financial assistance
- Counselling
- Mediation.

### Protective

- Move to aged care facility or independent accommodation
- Legal options
- Change banking arrangements
- Donate power of Attorney/ Guardianship
- Police eg restraining or intervention orders, welfare checks, criminal charges.

## Policy Development

Service providers have a duty of care to provide information and support to address abuse of older people. There is an expectation that service providers will develop policies and procedures to guide staff in responding to abuse and these must align with the principles outlined in the *Our Actions* document.

Policies and procedures will raise staff awareness of abuse of older people, improve recognition and responses to abuse and clearly outline internal lines of responsibility. Staff intervention will aim to increase an older person's understanding of their options and confidence in their capacity to take action to stop the abuse, minimise the impact of abuse and prevent further harm. Even if the person decides not to take action they should feel supported and confident enough to approach the service provider in future if they change their minds. Organisational policies require a statement to that effect.

### Topics for policy inclusion:

- General overarching statement regarding organisational stance ie zero tolerance.
- Explanation of any requirement of Government or other bodies to have a policy.
- Definitions of abuse of older people.
- Description of abuse - types, signs, risk factors.
- Principles including rights of older people.
- Provision of information to older people about abuse, prevention and support in overcoming abusive situations.
- Acknowledgement of specialised response for consumers with special needs.

- Organisational procedures for addressing alleged abuse of an older person by:
  - Family, friend, informal carer
  - An employee of the organisation
  - An employee of another organisation
  - Anonymous allegations
  - Where allegation concerns a resident of a Commonwealth subsidised aged care facility or hospital.
- Organisational procedures for addressing alleged abuse of an older person:
  - When the older person consents and accepts help
  - When person refuses assistance
  - When person does not have capacity to make their own decisions.
- Duty of care.
- Privacy and confidentiality clarification.
- Record keeping/documentation.
- Commitment to staff education and training.
- Staff supervision and debriefing.
- Collaboration with other agencies to achieve a positive outcome - may involve developing a local interagency protocol or memorandum of understanding (MOU).
- Resources:
  - State-wide including ARAS, Alliance for the Prevention of Elder Abuse (APEA) member (Legal Services Commission, Office for the Public Advocate, SAPOL, Public Trustee).
  - Local and regional.
- Process for evaluation and review of policy and procedures.

ARAS is available to comment on draft policies.

## Case Studies

The following examples indicate the range of supports that may assist in overcoming abuse and prevention of further harm. As every situation differs it is suggested that service providers contact ARAS for a confidential discussion about possible options to assist in particular circumstances.

### Physical abuse

Bill was 85 years old and lived in his own home with the support of community services. His only grandchild was unemployed and visited his grandfather on pension days when Bill would withdraw large sums of money to pay for food and utility bills. His grandson would verbally abuse and physically threaten his grandfather until he handed the money over to him. Bill did not want to make any reports to the police because his grandson was already well known to them as a result of previous drug offences.

On the last occasion his grandson visited, he was very intoxicated and again began threatening his grandfather. Bill tried to stand up for himself and was brutally assaulted. He lay bleeding on the kitchen floor until he was found by the service provider. An ambulance was called and he was admitted to hospital in a serious condition.

### Options for assistance

- Service provider reports the assault to the police for investigation, in accordance with their organisational policies and procedures, as assault is a criminal offence and serious injuries were sustained.
- Restraining/intervention order application.
- When Bill has recovered, conduct a needs assessment to identify whether care needs have changed.
- Involve hospital social work department to determine whether he wants to continue living at home or move to alternative accommodation.
- Appropriate services reinstated at home and additional support as required including police home safety audit, possibly changing locks and personal alarm.
- Alternatively, assistance in accessing residential placement or other accommodation.
- Review of financial arrangements including payment of accounts electronically, appointment of someone to assist with financial matters.
- Provision of information about advance directives including power of attorney and power of guardianship.
- Counselling support (eg Victim Support Service.)

### **Sexual abuse**

Daphne was 75 years old and lived in the family home with her son. She had a stroke six months ago and knew she would need support on discharge from hospital. Her son offered to be her carer and moved in. As well as domestic assistance she also needed help with her personal care.

Daphne was very uncomfortable with the way her son was showering her and told him so, but he ignored her complaints and continued. She felt too ashamed to tell anyone and was so anxious that she hadn't showered for four days. One morning when her son was out she tried to shower herself but fell and lay on the shower floor with the water running for two hours before her daughter found her. Daphne was taken to hospital and although she did not sustain any injuries she does not want to return home.

### **Options for assistance**

- Involve social workers to clarify reasons why Daphne doesn't want to return home.
- Involve police because of the alleged sexual abuse.
- Referral to Sexual Assault Service for information, advice and counselling.
- Free legal advice regarding situation (eg Women's Legal Service.)
- Undertake needs assessment to determine the level of support required by Daphne.
- Referral to community services to provide personal care and other domestic support as required, if that is a barrier to returning home.
- Assistance to access alternative accommodation, including residential care if appropriate.
- Involve police or family in removing the son from her house if that is Daphne's wish.
- Provide information about advance directives, particularly power of guardianship so that Daphne's choices are respected with regard to her future health, well being and living arrangements.

### **Financial abuse**

Grace was 87 years old and had difficulty with her mobility so she relied on her daughter to help with shopping and banking. She had donated power of attorney to her daughter because she trusted her. Grace had difficulty getting out of chairs so she decided to purchase an electric recliner lift chair which cost over \$2,000. Her daughter talked her out of purchasing the chair saying that it was too extravagant. A few weeks later an argument erupted when Grace was assessed as needing both a hearing aid and a pair of reading glasses and again her daughter said they were unnecessary and refused to buy them.

Grace was very unhappy about her daughter controlling her finances and suspected that her daughter was restricting spending to preserve her inheritance.

### **Options for assistance**

- Reassure Grace that her daughter has a responsibility to make financial decisions in Grace's best interests and that purchasing equipment to assist her manage activities of daily living seems reasonable.
- Grace should contact her bank to clarify her current financial situation.
- Investigate other methods of acquiring these items if she does not have the means to purchase them (eg community services equipment programs, financial assistance through Centrelink etc.)
- Revoke the current Power of Attorney document as Grace has capacity and make a new one nominating another person or trustee company to manage her affairs. Legal services can assist Grace with this.
- Grace could seek legal advice regarding the most effective way of seeking redress if money has been taken.
- Mediation may assist Grace to discuss the matter with her daughter and provide both parties with the opportunity to explain their views.

### **Psychological abuse**

Marjorie was 78 years old and had been living independently in her rented unit until a recent illness. On her GP's recommendation, her two sons moved her out of her home and she was forced to live with her eldest son and his wife. She feels that her wishes were not considered when this was done and is still very upset.

Her daughter-in-law did not want her there and verbally abused Marjorie as did her grandchildren. They made hurtful comments and refused to eat at the kitchen table with her. Marjorie felt humiliated and powerless. She retreated to her bedroom and felt very isolated and depressed. Her son denied that she was being treated badly and threatened to put her in a nursing home if she kept complaining.

#### **Options for assistance**

- Provide Marjorie with an opportunity to discuss the situation confidentially in a safe place.
- Reassure Marjorie that she has a right to be treated with dignity and respect and to decide where and with whom she lives.
- Discuss the various accommodation options with her.
- With Marjorie's permission her doctor could be contacted to arrange an assessment of her care needs and appropriate referrals made to support services.
- Marjorie could access emergency respite while she considers her future.
- Financial and practical assistance may be needed if she decides to move.

### **Social abuse**

Irene was 72 years old and her only son seemed to other people to be very good to his mother. He took her for drives each weekend and she told her friends how appreciative she was of his help around the house and with the cooking. But after he moved in with her she no longer attended the local club every Thursday.

When her friends phoned Irene's home her son would always answer and give them an excuse as to why his mother couldn't speak to them. Irene's friends found this to be very unusual as they had previously been in regular phone contact. Finally a friend went to visit Irene but Simon told her that his mother was lying down and couldn't see her. She did not believe this and as there were no other family members, the friend contacted the police and voiced her concerns. The police attended and found Irene locked in a room at the back of the house. She was taken to hospital.

#### **Options for assistance**

- Police investigation regarding Irene's detention which may result in charges being laid, restraining/intervention orders being enacted.
- Assessment of Irene's health and mental capacity.
- Social work involvement in supporting Irene and facilitating referral to other support services if she wishes to return home (eg counselling, social activities, domestic assistance, transport).
- ACAT assessment, respite or permanent residential care.
- Police involvement in removing son from Irene's home and ensuring that she is safe and free from further abuse.
- Possible changing of locks, personal safety alarm, police safety audit.

## Neglect

When Jim's wife passed away he wanted to continue living at home so his daughter offered to become his carer. His mobility was limited and he relied on his daughter for assistance with shopping, medication management and nutrition. Jim managed his own personal care using equipment provided through a local community service.

Recently a neighbour called in and when no-one answered the door, he tried the handle and found it unlocked. Jim was alone in the house. He was very upset and said he was very thirsty and hungry. His clothes were dirty and he was unshaven. The phone had been disconnected so the neighbour called an ambulance using his own mobile. Medical checks revealed that Jim was dehydrated and had not been taking his medication.

When he had recovered, Jim confided to his doctor that his daughter spent a lot of time playing the pokies. Jim suspected that the money intended to pay for utilities, medication and food was being spent at the nearby hotel.

## Options for assistance

- Assessment for additional community services, including medication management by community nurse and provision of equipment to assist Jim's mobility.
- ACAT assessment if necessary.
- Contact Centrelink to advise that daughter was no longer his carer.
- Seek legal advice regarding recovery of any monies taken and information about advance directives including enduring power of attorney and enduring power of guardianship.
- Provision of information about gambling support services for daughter.
- Counselling for Jim through gambling services as he has been affected by his daughter's addiction.
- Provision of external key safe, personal care alarm.
- Meals delivery to Jim's home.
- Access social activities, supported holidays for Jim.
- Information about residential respite process.

## Relevant South Australian Legislation

The following information provides a limited number of legislative examples and is a general guide only. For information regarding specific situations advice should be sought from South Australia Police (SAPOL) or legal services.

### Intervention Orders (Prevention of Abuse) Act 2009

This Act makes amendments to a number of legislations. The most notable is the Summary Procedure Act 1921 as it is under that legislation that most standard restraining orders are obtained between two adults. The other important change is that it repeals the Domestic Violence Act 1994 which is the legislation relied upon to obtain restraining orders in a marriage/relationship.

The legislation then provides examples of emotional or psychological harm and unreasonable and non-consensual denial of financial, social or personal autonomy.

### Criminal Law Consolidation Act 1935

This act refers to the following forms of abuse:

- Financial abuse
  - Theft (and receiving)
  - Deception
  - Dishonest exploitation of position of advantage
- Physical abuse
  - Assault
  - Sexual abuse
    - Rape
    - Incest
- Psychological abuse
  - Unlawful threats
  - Neglect
    - Acts endangering life or creating risk of serious harm
    - Failing to provide food etc in certain circumstances
  - Aggravated offences

## Resources

### Emergency Contacts

#### **Assessment and Crisis Intervention Service (ACIS)**

Mental Health 24 hour emergency and after hours crisis service.  
Ph: 131 465

#### **Ambulance, Fire or Police**

For life threatening or time critical emergency.  
Ph: 000

#### **Crisis Care**

Emergency after hours service.  
Mon-Fri 4pm to 9am; weekends and public holidays 24 hours.  
Ph: 131 611

#### **Domestic Violence Helpline**

Telephone counsellors can assist with counselling, support, information or referral to other agencies.  
Ph: 1800 800 098 (toll free 24 hours)  
[www.ucwesleyadelaide.org.au](http://www.ucwesleyadelaide.org.au)

#### **Domestic Violence Crisis Service**

Ph: 1300 782 200 (24 hours)

#### **Lifeline**

Ph: 131 114  
[www.lifeline.org.au](http://www.lifeline.org.au)

#### **Yarrow Place Rape and Sexual Assault Service**

24 hour emergency line.  
Ph: (08) 8226 8787 or 1800 817 421 (toll free)  
(Office: (08) 8226 8777 Mon-Fri 9am-5pm)  
[www.yarrowplace.sa.gov.au](http://www.yarrowplace.sa.gov.au)

## Alliance for the Prevention of Elder Abuse (APEA) Members

### **Aged Rights Advocacy Service**

Provides confidential advice and support to uphold the rights of older people.  
Assists older people who are at risk of, or experiencing abuse by family or friends.  
Ph: (08) 8232 5377 or 1800 700 600 (toll free)  
[www.sa.agedrights.asn.au](http://www.sa.agedrights.asn.au)

### **Legal Services Commission**

Information, legal advice, and preparation of Enduring Powers of Attorney and Guardianship.  
Ph: 1300 366 424 for Legal Help Line (Mon to Fri 9am to 4:30pm)  
Ph: (08) 8463 3555 for free personal half hour appointments at Wakefield St, Adelaide.  
Other offices located at Elizabeth, Holden Hill, Mount Barker, Noarlunga, Pt Adelaide, Pt Augusta and Whyalla.  
[www.lsc.sa.gov.au](http://www.lsc.sa.gov.au)

### **Office of the Public Advocate**

Promotes and protects the rights of people with mental incapacity.  
Ph: (08) 8342 8200 or 1800 066 969 (toll free)  
[www.opa.sa.gov.au](http://www.opa.sa.gov.au)

### **Public Trustee**

Advice, preparation and management of Enduring Powers of Attorney and Wills.  
Ph: (08) 8226 9200 or 1800 673 119 (toll free)  
[www.publictrustee.sa.gov.au](http://www.publictrustee.sa.gov.au)

### **South Australia Police (SAPOL)**

Prevents, detects and investigates reports of crime.  
Ph: 131 444 to report a crime or for police assistance  
Ph: 000 Emergency assistance  
[www.police.sa.gov.au](http://www.police.sa.gov.au)

### **SAPOL Home Assist Scheme**

Provides crime prevention advice and services to assist older people, and those with a disability, to safely remain in their own home.  
Ph: (08) 8204 2817  
[www.police.sa.gov.au](http://www.police.sa.gov.au) (search for 'Home Assist Scheme')

## Further Resources

### **Aboriginal Advocacy Program**

Aged Rights Advocacy Service

Provides information and advocacy support to access and resolve issues regarding services and addressing abuse of older people. State-wide, free and confidential.

Ph: (08) 8232 5377 or 1800 700 600 (toll free)

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

### **Nunga Mi: Minar Shelter and Domestic Violence Service**

Support and emergency accommodation for Aboriginal women and children who are victims of domestic violence.

Ph: 1300 782 200 (DV Crisis Service) 9am-5pm

AH: 13 16 11 (Crisis Care)

### **Aboriginal Home Care**

Provides HACC services for older people, people with a disability and their carers in the metropolitan area.

Ph: (08) 8346 9155

[www.aboriginalelders.com.au](http://www.aboriginalelders.com.au)

### **Aboriginal HACC Services**

Information about a broad range of support services for Aboriginal people, including community care programs and links to residential care information, can be accessed on the Department for Families and Communities website [www.ageing.sa.gov.au](http://www.ageing.sa.gov.au) (search for 'Seniors - Aboriginal Services').

### **Aboriginal Legal Rights Movement**

Provides legal advice and support to uphold cultural, economic and political social rights for Aboriginal and Torres Strait Islander people.

Ph: (08) 8113 3777 or 1800 643 222 (toll free)

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

### **Adelaide Aged Care Assessment Team**

Assessment, information and advice for older people finding it difficult to manage at home. Assessment of eligibility for residential care and respite.

Ph: (08) 8193 1203

[www.domcaresa.gov.au](http://www.domcaresa.gov.au)

### **Aged Care Assessment Teams - Regional**

For information regarding local ACATs please contact your Community Health Service.

### **Aged Care Complaints Investigation Scheme, Department of Health and Ageing**

Investigates compulsory reports of alleged or suspected reportable assaults, including sexual or serious physical assault, in residential care facilities.

Ph: 1800 550 552 (toll free)

[www.health.gov.au](http://www.health.gov.au) (search for 'compulsory reporting')

### **Aged Care Information Line**

Information about residential aged care, community care options and locations and assessments by Aged Care Assessment Teams (ACATs).

Ph: 1800 500 853 (toll free)

[www.health.gov.au](http://www.health.gov.au) (search for 'aged care information')

**Alzheimer's Australia SA**

National Dementia Helpline

Ph: 1800 100 500 (toll free)

Dementia Behaviour Management Advisory Service

Ph: 1800 699 799 (24 hours, 7 days a week)

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

**Carer Advisory Service Info-Line**

State-wide information service for carers.

Ph: 1800 242 636 (toll free)

[www.carers-sa.asn.au/resource.htm](http://www.carers-sa.asn.au/resource.htm)

**Carers SA**

Provide counselling, advice, advocacy, education and training.

Ph: (08) 8291 5600 or 1800 815 549 (toll free)

[www.carersaustralia.com.au](http://www.carersaustralia.com.au)

**Centrelink**

Government pensions, emergency payments, social work support.

Age pension, retirement services Ph:13 23 00

Disability, Sickness and Carer's payments Ph:13 27 17

[www.centrelink.gov.au](http://www.centrelink.gov.au)

**Commonwealth Respite and Carelink Centre**

Information on community, aged and disability services and carer support to assist older people to live independently in their own homes.

Also service fees, assessment processes and eligibility criteria.

Ph: 1800 052 222 (toll free)

[www.carelinksa.asn.au](http://www.carelinksa.asn.au)

**Community Legal Centres**

Provide free legal advice, case work and some legal representation.

Various locations.

Ph: (08) 8342 1800

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

**Council of Aboriginal Elders of South Australia (CAESA)**

State-wide peak advocacy and information service providing links between aged care service providers and the Aboriginal community.

Ph: (08) 8367 0783

[www.caesa.org](http://www.caesa.org)

**Domiciliary Care SA**

Provides services for people with reduced ability to care for themselves, living in their own homes. Services include physical assistance, rehabilitation and personal care, respite and support for carers.

Metropolitan Access Team Ph: (08) 8193 1234 (8.30am-5pm)

[www.domcare.sa.gov.au](http://www.domcare.sa.gov.au)

**Domiciliary Care - Regional**

For information about domiciliary care services please contact your local Community Health Service.

**Drought Link Hotline**

Ph: 180 2020

[www.service.sa.gov.au/drought](http://www.service.sa.gov.au/drought)

[www.pir.sa.gov.au/pirsa/drought](http://www.pir.sa.gov.au/pirsa/drought)

**Drug and Alcohol Services South Australia**

Telephone counselling, information and referrals.

Ph: 1300 131 340 (24 hours)

[www.dassa.sa.gov.au](http://www.dassa.sa.gov.au)

**Ethnic Link**

Assists CALD consumers access support to remain living in their homes.

Ph: (08) 8241 0201 or 1800 648 598 (toll free)

Offices in Adelaide, Renmark, Whyalla

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

**Families SA**

Free, confidential financial counselling delivered through Families SA District Centres.

**Family Accommodation and Information Referral Service**

Telephone assessment, referral to access accommodation, advice on other housing for victims of Domestic Violence.

Ph: 1800 003 308 (toll free)

**Financial Information Service (FIS)**

Provides information and education on financial and lifestyle issues.

Ph: 13 23 00

[www.centrelink.gov.au/internet/internet.nsf/services/fis.htm](http://www.centrelink.gov.au/internet/internet.nsf/services/fis.htm)

**Gambling Help Line**

Information, support, personal and financial counselling, referrals.

Ph: 1800 060 757 (toll free)

[www.problemgambling.sa.gov.au](http://www.problemgambling.sa.gov.au)

**Guardianship Board**

Can determine Administration Orders, Guardianship Orders and Orders giving consent to treatment. Also hears appeals against detention under Mental Health Act 1993, and makes orders for compulsory detention and treatment of people with a mental illness.

Ph: (08) 8368 5600 or 1800 800 501 (toll free)

[www.guardianshipboard.sa.gov.au](http://www.guardianshipboard.sa.gov.au)

**Housing SA**

Ph: 13 12 99

[www.housing.sa.gov.au](http://www.housing.sa.gov.au)

**Migrant Women's Support and Accommodation Service**

Support and emergency accommodation for migrant women and children who are victims of domestic violence.

Ph: (08) 8346 9417 (After hours, 24-hour call Crisis Care on 13 16 11)

[www.migrantwomensservices.com.au](http://www.migrantwomensservices.com.au)

**Older Persons Mental Health Services, SA - Country Liaison Service**

Provides visiting and/or remote consultation and liaison service to Country Health regions.

Ph: (08) 8305 1559

[www.mhsfopcls.com](http://www.mhsfopcls.com)

**Older Persons Mental Health Services - Eastern Community Team**

Information, case management, short to medium term support for older people living at home or in residential facilities, support groups. Eastern metropolitan area.

Ph: (08) 8336 7301

**Older Persons Mental Health Services - Northern Community Team**

Information, case management, short to medium term support for older people living at home or in residential facilities, support groups. Northern metropolitan area.

Ph: (08) 8182 9204

**Older Persons Mental Health Services - Southern Community Team**

Information, case management, short to medium term support for older people living at home or in residential facilities, support groups. Southern metropolitan area.

Ph: (08) 8374 5800

**Older Persons Mental Health Services - Western Community Team**

Information, case management, short to medium term support for older people living at home or in residential facilities, support groups. Western metropolitan area.

Ph: (08) 8268 7431

**Relationships Australia**

Community based, not for profit organisation providing relationship support services including information, counselling and education.

Central Office Ph: (08) 8223 4566 or 1300 364 277

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

**Rural Financial Counselling Service SA**

Provides free rural counselling services to assist primary producers, small rural businesses and fishing enterprises in rural areas, who are experiencing financial hardship. Counsellors are located in various regions across the State.

Ph: (08) 8364 2577 or 1800 836 211 (toll free)

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

**Seniors Information Service**

Provides information about various services for seniors.

Ph: (08) 8168 8776 or 1800 636 368 (toll free)

[www.seniors.asn.au](http://www.seniors.asn.au)

**Translating and Interpreting Service (TIS)**

24 hours a day, 7 days a week

Ph: 131 450

[www.immi.gov.au/tis](http://www.immi.gov.au/tis)

**Victim Support Service**

Ph: (08) 8231 5626 or 1800 182 368 (toll free)

Regional Offices - Berri, Mt Gambier, Murray Bridge, Pt Augusta, Pt Lincoln, Pt Pirie.

[www.victimsa.org](http://www.victimsa.org)

**Women's Information Service**

Provides free confidential information, support and and referral services for all women.

Ph: (08) 8303 0590 or 1800 188 158 (toll free)

[www.wis.sa.gov.au](http://www.wis.sa.gov.au)

**Women's Legal Service (SA)**

Provides free, confidential legal service for women.

Telephone Advice Line (Mon, Tues, Thurs, Fri, 1pm-3pm or Tues 6pm-8pm)

Ph: (08) 8221 5553 or 1800 816 349 (toll free)

Adelaide office and to make appointments:

Ph: (08) 8231 8929 or 1800 685 037 (toll free)

Outreach services - Pt Adelaide, Elizabeth, Noarlunga, Murray Bridge and Pt Augusta.

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

**Yarrow Place Rape and Sexual Assault Service**

Lead public health state-wide agency responding to adult rape and sexual assault in South Australia.

Ph: (08) 8226 8777 or 1800 817 421 (toll free)

(24 hour emergency line Ph: (08) 8226 8787)

[www.yarrowplace.sa.gov.au](http://www.yarrowplace.sa.gov.au)







Government  
of South Australia

Funded by 'Improving with Age -  
Our Ageing Plan For South Australia'

aras



aged rights advocacy service inc.