

Policy Directive



SLHD Policy to Safeguard Adults at Risk from Abuse

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Summary:	The following procedures are aimed at ensuring that staff across all settings of the Local Health District, are able to respond appropriately to suspected and/or actual abuse of adults at risk.
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Note: Sydney Local Health District* (SLHD) was established on 1 July 2011 following amendments to the Health Services Act 1997 which included renaming the former Sydney Local Health Network (SLHN). The former SLHN was established 1 January 2011, with the dissolution of the former Sydney South West Area Health Service (SSWAHS).

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SLHD Policy to Safeguard Adults at Risk from Abuse

1. Introduction

This policy and procedure provides a framework to respond to the abuse of vulnerable adults residing in Sydney Local Health District (SLHD). It sets standard principles to guide the interventions of staff to mitigate the risk of further abuse, harm and trauma. It recognises that some people are vulnerable to abuse and exploitation and are unable to protect themselves from harm and mistreatment. It also recognises that vulnerable adults at risk may be either unable or unwilling to disclose their experience of abuse, or indeed may not recognise that experience as abuse.

SLHD is committed to ensuring a standardised response to the abuse of adults at risk that is integrated and coordinated across all services and facilities. Collaboration between the services in the District, and with the range of external community agencies is critical in protecting and supporting adults from abuse.

All SLHD staff have a duty to respond to actual or suspected cases of abuse with prompt, timely and appropriate action in line with these procedures. Services and staff must actively work together to prevent, identify and investigate cases of abuse, recognising that vulnerable adults at risk of abuse may be high users of health services.

When abuse does take place, it needs to be dealt with swiftly, effectively and in a way that is proportionate to the issue. The rights of the individual at risk are to be central to the process and heard throughout.

This Policy is aligned with the publication of the [Department of Family and Community Services \(FACS\) Preventing and responding to abuse of older people: NSW Interagency Policy \(2014\)](#) (the 'NSW Interagency Policy 2014', and with the publication 'Abuse and Neglect Policy and Procedures 2007', Amended 2010 by Ageing Disability and Home Care, Department of Human Services NSW.

(i) The Risks Addressed by this Policy

- Ensuring SLHD has a standardised and appropriate response to the abuse of adults at risk.
- Ensuring vulnerable adults who are at risk of / or who are being abused and who access SLHD services receive information, support or appropriate assistance to safeguard them from abuse.
- Meeting interagency responsibilities outlined in the NSW Interagency Policy 2014.
- Meeting contractual demands of funding bodies.
- Ensuring issues of safety and security of staff are eliminated or controlled as far as reasonably practicable.

(ii) The Aims / Expected Outcome of this Policy

- SLHD staff have been educated on issues surrounding abuse and are able to identify and respond to suspected and actual abuse situations appropriately.
- Vulnerable adults at risk of abuse in SLHD receive timely and appropriate assistance, information and support. They are empowered to practice self-determination and have access to support services that empower them to respond to situations of abuse.
- The appropriate management of risk regarding staff safety and security when working with vulnerable adults at risk of abuse

(iii) Scope of this policy

This policy applies to instances of abuse of older people and abuse of other vulnerable adults at risk.

In those cases where the risk arises from a context of domestic and family violence, the following policy and procedures should be used:

- [Domestic Violence – Identifying and Responding \(PD2006_084\)](#)

In those cases where the risk gives rise to child protection concerns, the following policy and procedures should be used:

- [Child Wellbeing and Child Protection Policies and Procedures for NSW Health \(PD2013_007\)](#)

In those cases where the risk gives rise to concerns of abuse involving a resident of a Commonwealth funded aged care facility, reference should be made to;

- [Aged Care Act 1997](#), specifically section 63-1AA which covers reportable assaults as well as the [Compulsory reporting Guidelines for Approved Providers of Residential Aged Care \(2008\)](#).
- SLHD staff who identify or suspect abuse of someone in a Commonwealth Funded aged care facility should report this to the Aged Care Complaints Investigation Scheme on **1800 550 552**, after briefing SLHD Executive staff.
- The NSW Elder Abuse Helpline and resource unit is also available to offer support and guidance on 1800 628221.

In cases where the risk gives rise to concerns of institutional abuse involving a person with a disability reference should be made to:

- NSW Department of Family and Community Services, Ageing Disability and Home Care, [Abuse and Neglect Policy and Procedures](#), 2007 (amended 2014)
- SLHD staff who identify or suspect systemic or institutional abuse involving a person with a disability should consider a report to the [Ombudsman of NSW who handles complaints about most community and disability services in NSW](#).

(iv) **Safety and security of staff**

Risk management processes to manage the safety and security of staff when working with vulnerable adults at risk of abuse must be in place.

This includes the availability of support for staff working with vulnerable adults who are at risk of abuse /or who have been abused as it can be challenging and confronting work. Staff should be offered a debriefing session within 24hours of an incident occurring that is facilitated by their manager/or clinical senior.

2. Definitions

2.1 Who is an Adult at Risk?

SLHD considers an Adult at Risk to be a person 18years or over who is unable to take care of themselves, or unable to protect themselves from significant harm and exploitation due to age-related physical frailty, cognitive impairment, disability, illness or mental health and so are in need of care services and supports.

2.2 What is abuse?

SLHD draws on the definition of elder abuse as described by the NSW Interagency Policy, and the internationally accepted definition used by the World Health Organisation (WHO), to define the abuse of all vulnerable adults at risk.

“...abuse can be defined as a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to the [adult at risk]”... (NSW Interagency Policy 2014)

“...Abuse is a violation of an individual’s human rights by another person or persons...”
(NSW Interagency Policy 2014).

Abuse can take place in any setting such as a person's home, clinic or hospital, supported housing, day centre or residential aged care facility. Different forms of abuse can coexist. No single factor causes abuse.

A number of abusive acts are crimes and informing the Police must be considered. Further information on *Sharing of information and working with the Police* can be found at section 5.6.

3. Forms of Abuse

3.1 Psychological or Emotional abuse:

Psychological abuse is the infliction of mental stress involving actions and threats that cause isolation, fear of violence, deprivation and feelings of shame and powerlessness. Examples include treating an [adult at risk] as if they are a child, engaging in emotional blackmail and preventing contact with family and friends and/or access to services (NSW Interagency Policy 2014). Behaviour that can be deliberately linked to causing serious psychological and emotional harm may constitute a criminal offence.

Indicators of psychological abuse may include: Depression, demoralisation, feelings of helplessness, disrupted appetite or sleeping patterns, tearfulness, excessive fear, confusion, agitation, resignation, unexplained paranoia (NSW Interagency Policy 2014).

3.2 Financial Abuse

Financial abuse is the illegal or improper use of an [adult at risk's] property or finances. This includes misuse of power of attorney, forcing or coercing [an adult at risk] to change their will, taking control of finances against their wishes and denying them access to their own money (NSW Interagency Policy 2014). Financial abuse is a crime.

Indicators of financial abuse may include: Unexplained or sudden inability to pay bills, significant withdrawals, significant changes to wills, unexplained disappearance of possessions, lack of funds for food or clothing, disparity between living conditions and money, recent addition of a signature on a bank account ('Preventing and responding to abuse of older people' (NSW Interagency Policy 2014)).

3.3 Undue Influence

'Undue influence' occurs where an adult at risk, though capable of understanding what is being done to them or on their behalf, feels vulnerable or dependent upon another person who threatens to withdraw essential support, or to harm them or another person should they do or not do something.

Many instances of financial abuse contain elements of 'undue influence', and in such situations, the adult at risk may be influenced by a fear of the disapproval or anger of the person upon whom they have become dependent. The adult at risk may understand the implications of their compliance with the exploitative plans of the person they depend upon, but their fear overrides their understanding or their willingness/capacity to take any action (NSW Interagency Policy 2014).

3.4 Neglect or acts of omission

Neglect is a term used to describe the failure of a carer or responsible person to provide the necessities of life to an [adult at risk]. Necessities of life are usually considered to be adequate food, shelter, clothing, medical or dental care. Neglect may also involve the refusal to permit others to provide appropriate care for an [adult at risk] (NSW Interagency Policy 2014).

Indicators of neglect may include: Dehydration or malnutrition in the absence of an underlying disease or illness, poor skin integrity, inappropriate clothing, poor hygiene, unkempt appearance, under/over medication, unattended medical or dental needs, exposure to danger or lack of supervision, absence of required aids, an overly attentive carer in the company of others (NSW Interagency Policy 2014).

3.4 Physical abuse

Physical abuse involves the infliction of physical pain or injury, or physical coercion. Physical abuse can also include physical acts such as hitting, slapping, punching, burning, tying an [adult at risk] to a chair or bed, locking an [adult at risk] in a room and overuse and misuse of medications (NSW Interagency Policy 2014).

Staff may be alerted to a history of unexplained accidents or injuries, or conflicting stories from the person and carer.

Indicators of physical abuse may include: Bruises on different areas of the body; lacerations particularly to mouth, lips, gums, eyes or ears; abrasions; scratches; burns inflicted by cigarettes, matches, iron, rope; immersion in hot water; sprains, dislocations and fractures; hair loss (perhaps from pulling); missing teeth; eye injuries; scalding through immersion; pressure sores through the use of physical restraint (NSW Interagency Policy 2014).

3.5 Restraints and Restricted Practices

Restraint or Restricted practices include 'restraining or isolating an adult for reasons other than medical necessity or in the absence of a less restrictive alternative to prevent self-harm. This may include the use of chemical or physical means or the denial of basic human rights or choices such as religious freedom, freedom of association, access to property or resources or freedom of movement. These practices are not considered to be abuse when applied under a restricted practice authorisation. (NSW Interagency Policy 2014)

Unlawful or inappropriate use of restraint or physical interventions is a form of physical abuse.

There are a number of NSW Health restraint policies, as follows:

- NSW Health, [Aggression, Seclusion & Restraint in Mental Health Facilities in NSW \(PD2012_035\)](#)
- NSW Health, [Principles for Safe Management of Disturbed and /or Aggressive Behaviour and the Use of Restraint \(PD2015_004\)](#)
- NSW Health, [Aggression, Seclusion & Restraint in Mental Health Facilities - Guideline Focused Upon Older People \(GL2012_005\)](#)

The following SLHD Facility and Service-level policies are currently in place:

- Canterbury Hospital, [Restraint \(Mechanical and Chemical\) Policy \(CANT_PD2014_CLIN015\)](#)
- Concord Hospital, [Management of Physical Restraint Use \(CRG_PD2014_846\)](#)
- Mental Health Services, [Restraint Policy \(MH_SLHD_PD2014_001\)](#)
- Royal Prince Alfred Hospital, [Use of restraints \(RPAH_PD2010_045\)](#)

The Department of Family and Community Services, Aging Disability and Home Care (ADHC) [Behaviour Support Policy and Practice Manual: Part 1](#) (2009) also describe the use of approved restricted practices and contain procedures and templates for their use.

[The NSW Civil and Administrative Tribunal, Guardianship Division](#) has developed fact sheets on '[Restrictive practices and guardianship](#)' to further clarify the circumstances in which restraint may or may not be used.

3.6 Sexual abuse

Sexual abuse is a broad term used to describe a range of sexual acts where the victim's consent has not been obtained or where consent has been obtained through coercion NSW Interagency Policy 2014).

Sexual assault is a crime for which the offender is solely responsible. SLHD staff are required to adhere to the NSW Health [Sexual Assault Services Policy and Procedure Manual \(Adult\) \(PD2005_607\)](#) when responding to sexual assault. This document outlines the requirements in which a report to the Police may or should be made.

Consider referral to/consultation with sexual assault services (see *Useful Addresses and Phone Number* section at the end of this document for contact details).

Indicators of sexual abuse may include: Trauma around genitals, rectum or mouth; injury to face, neck, chest, abdomen, thighs or buttocks; presence of sexually transmitted infections; human bite marks, anxiety around perpetrator and other psychological symptoms (NSW Interagency Policy 2014).

4. Standards for Intervention

The following standards and procedures guide practice and partnerships in responding to the abuse of vulnerable adults:

4.1 Identification, assessment and, protection

The identification, assessment, protection and care of an adult at risk who has been abused is an interagency and multi-disciplinary responsibility:

- All SLHD staff/services are to work collaboratively when responding to suspected or actual cases of abuse.
- Staff should inform their supervisor/manager if abuse is suspected or identified
- A case discussion should be held with key members of the multidisciplinary/interagency team. This discussion may be held as a designated meeting (in person or by phone) and should lead to the formulation of a clearly defined and documented plan for investigation and intervention.
- Professionals involved should make the decision as to whether there are relatives that it is appropriate to inform. Professionals involved should also consider whether it is appropriate for a relative to contribute to the case discussion and/or development of the plan for investigation and intervention.
- A key staff member should be appointed to be the sole contact for the family, guardian or other support person in providing information relating to the incident of abuse and any subsequent investigations ('*Abuse and Neglect Policy and Procedures*' NSW Government, Ageing Disability and Home Care (2007 amended 2012))

4.2 Supporting independent decision-making

Adults at risk should be supported and assisted to make their own decisions, including the decision not to act:

- Every effort must be made to ensure the views of the adult at risk are taken into account, even when they cannot make their own decisions.
- Responses to the abuse of an adult at risk will be in their best interests and focussed on ensuring their safety and ongoing protection from violence and abuse.
- Responses to the abuse of an adult at risk will be consistent with the [NSW Charter of Victims' Rights](#).
- Responses to the abuse of an adult at risk will take into account the needs of the adult at risk in relation to Aboriginality, culture, disability, language, religion, gender and sexuality.
- Where English is not the adult at risk's first language a professional interpreter must be used in cases where abuse is suspected as outlined in [Interpreters- Standard Procedures for Working with Health Care Interpreters \(PD2006_053\)](#). Family members and carers can be the perpetrator, or covering for a perpetrator. It is important to be aware using an interpreter that is a member of the adult at risk's close community may also present risks to the victim and as a result the adult at risk may not feel safe to speak freely. (NSW Interagency Policy 2014)

4.3 Supporting security and safety

All action taken by the SLHD staff member should support the security and safety of the adult at risk, and their non-abusing family members and carers.

- The needs of the adult at risk and the abuser must be kept separate at all times. This is particularly important in situations where the abuser has been the victim's carer or has complex needs (NSW Interagency Policy 2014).
- Staff should not ask questions alluding to the suspected/actual abuse in front of a perpetrator as this may place the worker and the adult at risk, at risk of harm.
- Staff need to use their judgement in assessing whether the client might tell the perpetrator about what was discussed and be careful not to place the client at further risk of harm.
- Interviewing of an adult at risk must occur in a safe and private place. The adult at risk should be interviewed alone or given the option of having a nominated support person present. (NSW Interagency Policy 2014)
- A second worker may be required to speak with the suspected abuser while the client is interviewed or an alternative arrangement may need to be made so that the client can be interviewed safely and privately. At times, it may be necessary to identify a medical or procedural reason to see a patient alone. (NSW Interagency Policy 2014)
- Staff must be mindful that the perpetrator may or may not be the carer and other people involved may also be responsible for the abuse.
- Any person should be able to report abuse of an adult at risk without fear of retaliation or retribution and in a supportive environment.

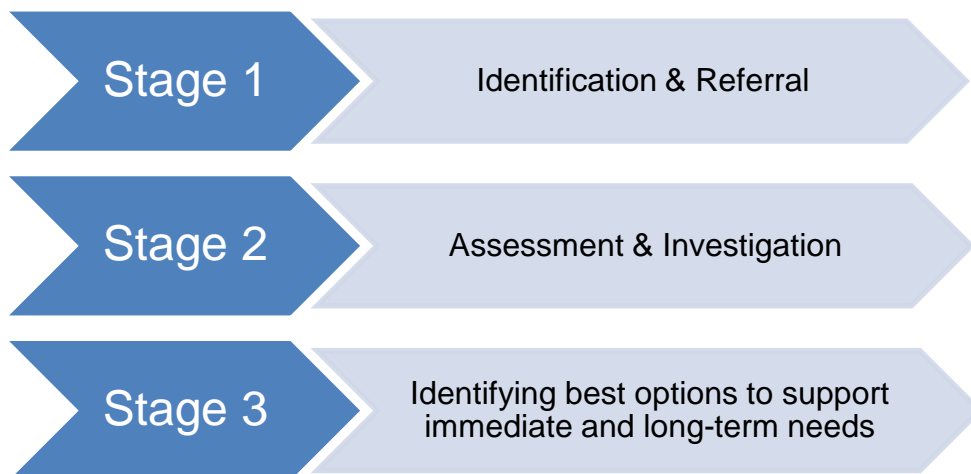
4.4 Prioritising staff safety

The safety and security of SLHD staff working with abuse should be paramount.

- Staff should inform their supervisor/ manager prior to entering any situations where there is a suspected/known perpetrator of abuse and/or domestic violence.
- In an inpatient setting all members of the treating team and hospital security should be made aware of any potential risks to staff and a well-documented risk assessment plan should be completed.
- In the community setting, preparation and a documented risk assessment must be completed prior to any home visit and control measures put in place to manage any identified risks.
- Home visits should not occur if there is concern for the safety of staff.
- In situations where there remains a significant concern about the client's welfare but there is potential safety risks identified or the perpetrator is blocking access, consideration needs to be given to the appropriateness of joint working with NSW Police. Further reference should be made to intervention in a Community Setting and section 5.7 for further guidance for working with NSW Police.
- Staff must adhere to [SLHD Work Health and Safety Policy \(SLHD_PD2014_005\)](#) and the [NSW Health Protecting People and Property Manual](#) in their work with adults

5. Procedures

There are three stages of response to suspected or actual cases of abuse. They are:



Stage 1 - Identification & Referral

Identification of suspected abuse and facilitating appropriate referrals is the responsibility of all SLHD employees. Staff that suspect abuse might be occurring have a duty to refer to the appropriate team, for assessment and investigation and to notify their Team Leader/ NUM/ Senior. In cases of elder abuse, notification should also be made to the NSW Elder Abuse Helpline even when support and guidance is not required. Reports to the NSW Elder Abuse Helpline will help identify the prevalence and incidence of Elder Abuse in NSW.

In the inpatient setting referrals should be made to the social work department. If the relevant ward does not have access to a social worker a senior clinician may be identified to assess and investigate the concern. In these situations the manager of the social work department would be available for consultation and support.

For community based clients consider Aged Chronic Care and Rehabilitation services, Mental Health services, Drug Health services, Sexual Assault and/or Community Health Services. Consider the dominant diagnosis or presenting problem when making referral to community teams. The adult at risk must meet the eligibility criteria of the service they are being referred to.

The Elder Abuse Helpline is also available to support and guide staff.

Refer to the *Useful Addresses and Contact Number* section at the end of this document for outline of service information and contact details.

Stage 2 - Assessment & Investigation

A comprehensive psychosocial assessment and well planned investigation is required for all cases where abuse is suspected. A skilled psychosocial assessment will involve consideration of the adult at risk's family dynamics and relationships, social connections, physical and mental health, financial status and the cultural context in which he/she lives. It should also include assessment of capacity if indicated. Staff need to be aware of their use of language, tone of voice, body language and anticipate client/perpetrators moods noting any changes and anticipating reactions. If abuse is suspected but not disclosed a direct approach should be used. It is important that staff ask direct questions, rather than making assumptions.

Specialised skills are required to undertake assessment and investigations of this nature. Staff with this skill set includes social workers or other senior clinicians who are experienced in working with abuse.

There are different levels of possible intervention when responding to the suspected abuse, on a continuum from less to more interventionist. The most appropriate intervention will depend on the

specific abuse situation, the wishes and circumstance of the adult at risk and his/her capacity to make decisions.

Interventions could range from counselling and case management, the provision of information regarding options including community services, safety and risk management, through to monitoring, legal interventions such as guardianship and financial management, victim services and criminal prosecution.

Interventions may vary depending on whether the 'adult at risk' is in an inpatient setting or in the community.

Stage 3 Identifying best options to support immediate and long term needs

When assessment and investigations are complete, staff should identify the best options available to support the adult at risks immediate and long term needs, provide information to the adult at risk about their options and refer as appropriate.

Some options available to adults at risk of abuse include;

- Case Management services that can provide ongoing monitoring and support.
- Community Care Services that can offer support and assistance with activities of daily living and monitor ongoing welfare.
- Legal and advocacy services.
- Police Intervention- Apprehended Domestic Violence Order (ADVO) and Apprehended Personal Violence Order (APVO).
- Social groups and community activities - that can improve confidence and also provide some monitoring of the adult at risks welfare.
- Counselling, support groups and services.
- Guardianship and Financial Management.

Adults at risk should be respected and given the choice to accept or refuse services if they are competent to make that decision.

Refer to the *Useful Addresses and Contact Number* section at the end of this document for contact details for these services.

Inpatient Setting:

If an adult at risk discloses an allegation of abuse in an inpatient setting the staff member is to inform their Team Leader/NUM/Senior and the treating consultant/team. A referral is made to the Social Work Department or allocated to a senior clinician who is suitably qualified and experienced.

A full *assessment* is to be undertaken and where possible investigations made into the allegation. There may be constraints for undertaking a full investigation in an inpatient setting and if so a referral should be made to a community team for further investigation and intervention on discharge. Patient safety should be assessed prior to any decision regarding accommodation settings after discharge. Where there is a disagreement, this should be discussed with the Social Worker in consultation with the treating team and the Public Guardian if required.

There may also be a limit to the number of *interventions* possible while the adult at risk remains as an inpatient and if the patient is to return to the community, a referral should be made to a community team for further intervention and case management after discharge. Any contact with an adult at risk or discussions around care plans relating to suspected or actual abuse needs to be fully documented in the patient's medical record.

Inpatient staff have a duty of care to ensure safe hospital discharge specifically in cases where abuse is suspected or occurred.

If an inpatient staff member is required to undertake a home visit to ensure a safe discharge and abuse is suspected they need to undertake a documented risk assessment according to departmental policy. It is also recommended that they take similar precautions as documented below for community visits.

Community Setting:

Preparation and a documented risk assessment must be completed prior to any home visit. Staff should inform their supervisor/ manager prior to entering any situations where there is a suspected/known perpetrator of abuse and/or domestic violence.

Two staff should be involved when undertaking an assessment in the community of an adult who is at risk of abuse wherever possible. At least one of these workers must be a qualified social worker or senior clinician who is skilled and experienced in working with abuse.

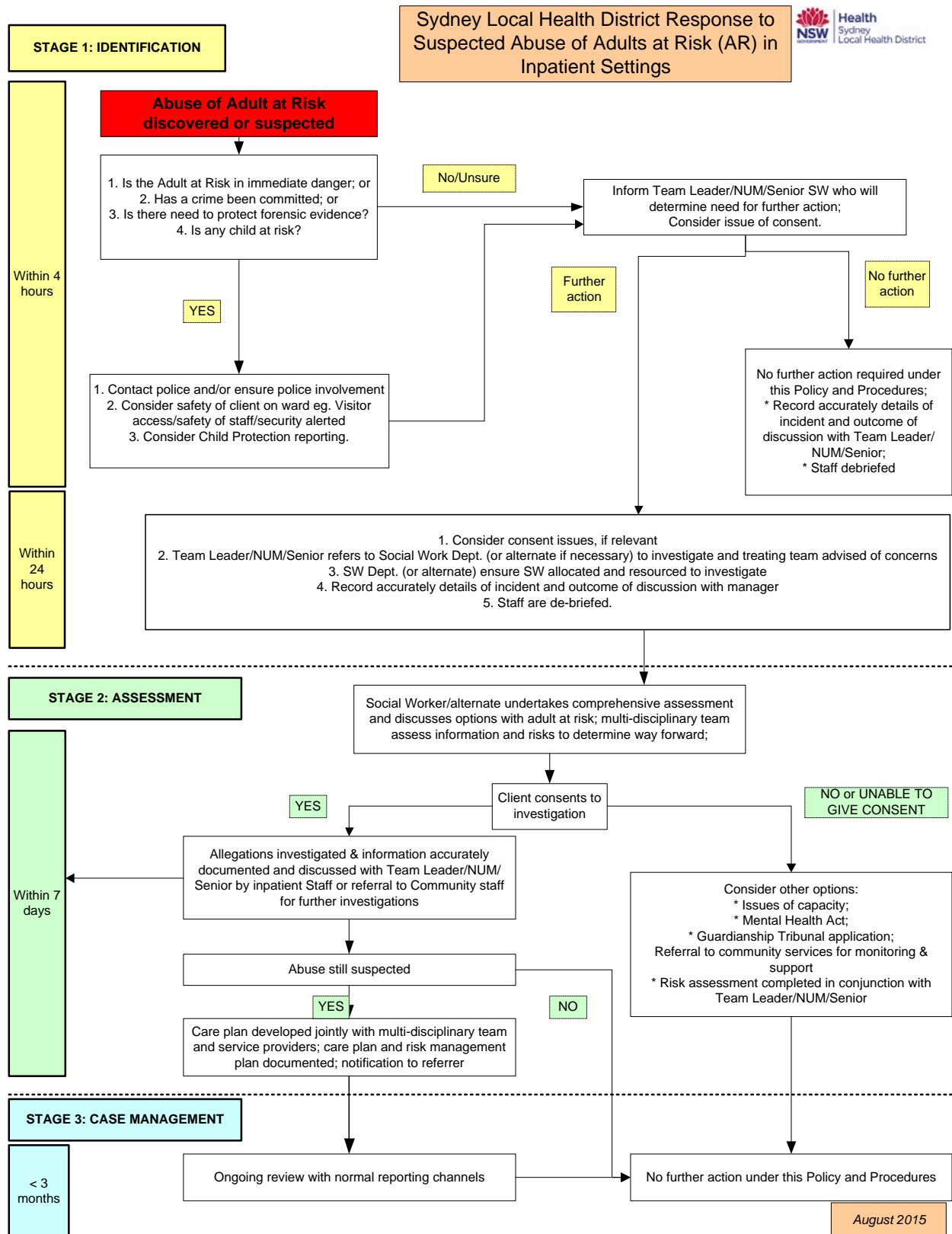
Home visits should not occur if there is concern for the safety of staff.

In situations where there remains a significant concern about the client's welfare but there are potential safety risks identified or the perpetrator is blocking access, consideration needs to be given to the appropriateness of undertaking a home visit accompanied by the Police. If a home visit is to be undertaken jointly with the Police a strategy discussion which clarifies each other's roles, purpose of the visit, what approach is needed, needs to be had prior to meeting at the home address. Staff can organise to meet the Police at the Police Department or at their office to develop the action plan and travel to the address together. A coordinated and well planned response has been proven to be the most effective and has the best outcome for the client.

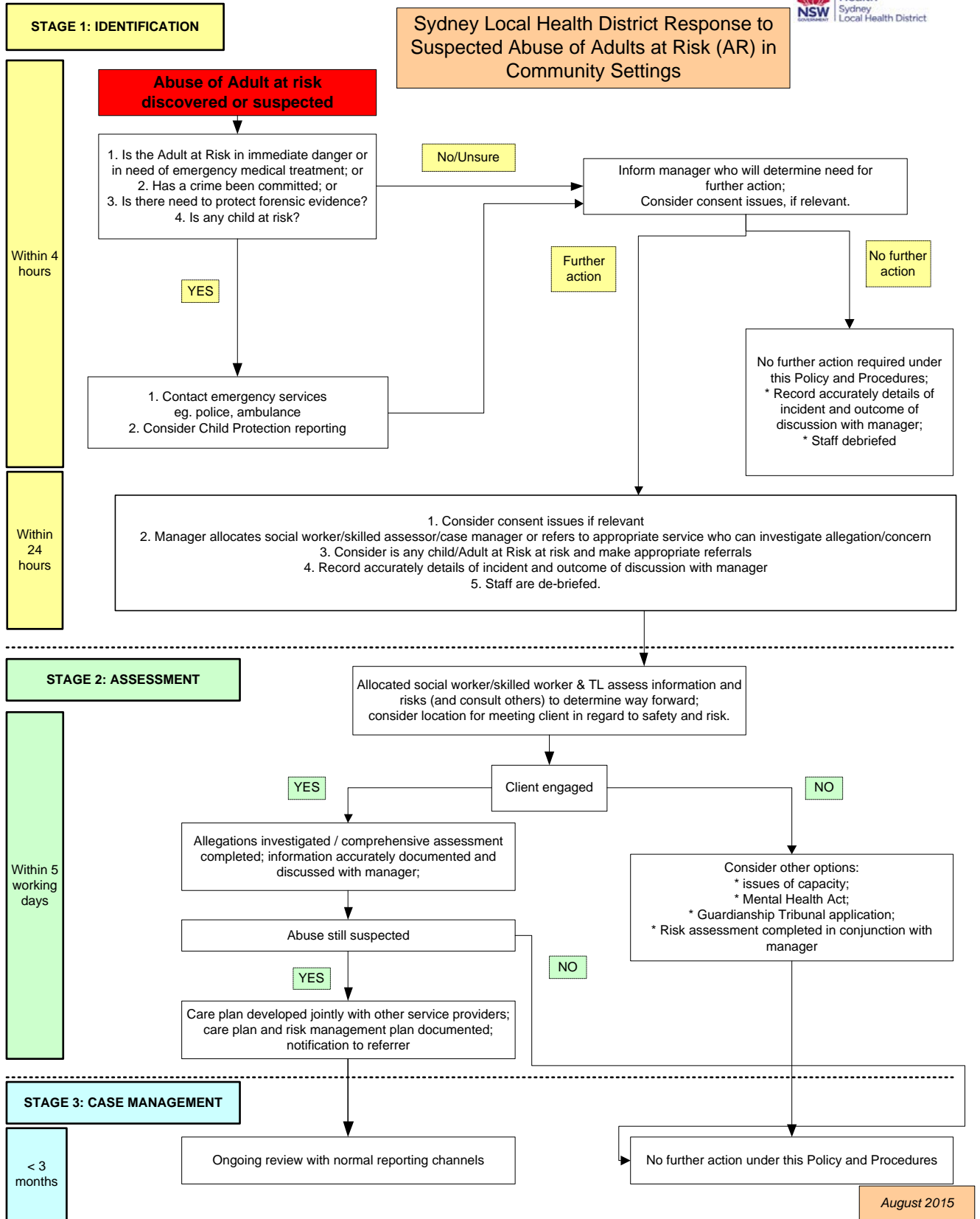
When undertaking home visits staff should be aware of where the exits are and any other potential risks. Staff should leave immediately if violence is occurring in the home, and notify the Police and their Team Leader/ NUM/ Senior.

Staff should be clear about the anticipated outcome of performing a home visit. There may be opportunities to speak with the adult at risk or family member outside of the home for example when the adult at risk attends clinic or day centre.

5.1 Inpatient Setting Flow Chart



5.2 Community Setting Flow Chart



5.4 Duty of care

In the context of protection of vulnerable adults at risk, SLHD staff have a particular duty of care to take reasonable action/care to prevent the adult being harmed ensure their safety.

Staff have a duty to report any concerns they have relating to the abuse, or suspected abuse of an adult at risk to their line manager at the earliest opportunity. Becoming aware of an abusive situation and not acting, for example, by not reporting concerns to the supervisor, or not referring the matter to someone able to deal with the issue, could amount to a breach of duty of care (*'Protection of Vulnerable Adults Multi-Agency Policy and Procedure'*, RBKC UK (2002).

Duty of care refers not only to the actions of a staff member, but also to the advice the staff member may give or fail to give. Staff should not give advice which is beyond their competence level, or beyond what would normally be expected of their position (*Alliance for Prevention of Elder Abuse, 2006*). Negligence can result if a staff member's actions or inaction fall below a reasonable standard and result in foreseeable harm.

Any worker identifying a likely risk of harm must take reasonable care in response. It is a concept common to all modern occupational health and safety (OHS) / workplace health and safety (WHS) regimes. (NSW Interagency Policy 2014)

5.5 Privacy, confidentiality and consent

All NSW Health staff are bound to adhere to the requirements outlined by the [NSW Health Privacy Manual for Health Information \(2015\)](#). Compliance with this manual is mandatory for all NSW Health staff.

Section 11.2.3 outlines limited circumstances in which a health service may, "...use or disclose personal health information if there are reasonable grounds for believing that this is necessary to lessen or prevent":

- a **serious and imminent threat** to the life, health or safety of the individual or another person, or
- a serious threat to **public health or public safety**.

In responding to abuse, it is important that staff are aware of and respect the adult at risks right to privacy. All staff considering disclosure of personal health information must consult the NSW Health Privacy Manual for Information, and consult with their relevant manager. The promise of complete confidentiality cannot be given to any person who raises concern about the abuse of an adult at risk. This includes the person themselves, a relative, a fellow worker or a member of the public. (NSW Interagency Policy 2014)

Reference should also be made to [NSW Health Policy Directive Patient Information and Consent to Medical Treatment \(PD2005_046\)](#) and [Your Health Rights and Responsibilities \(PD2011_022\)](#).

5.6 Sharing of Information and working with the Police

Many forms of abuse of adults at risk are crimes and may require Police intervention. (NSW Interagency Policy 2014).

Anyone in immediate danger should call the Police on 000.

If an adult at risk or another person sustains an injury as a result of an assault the **NSW Ambulance Service** must be called.

For minor non-emergency crimes phone the Police Assistance Line on **ph: 131 444** or the local Police station directly.

In situations requiring NSW Police intervention, it is preferable that the adult is consulted and has provided consent for the report. However, when the safety of others is involved, confidentiality cannot be offered unconditionally. In situations where a report to NSW Police is required, the consent of the person involved is not necessary. (NSW Interagency Policy 2014)

In accordance with the NSW Interagency Policy (2014), staff must report to NSW Police regardless of the victim's views where:

- the abusive situation results in serious injury inflicted on the victim
- the perpetrator has access to a gun and is threatening to cause physical injury to any person
- the perpetrator is using or carrying a weapon (including guns, knives or any other weapon capable of injuring a person) in a manner likely to cause physical injury to any person or likely to cause a reasonable person to fear for their safety
- an immediate serious risk to an individual/s or public safety exists and workers are threatened
- an offence has occurred on NSW Health premises
- in circumstances in which health workers are threatened because of their professional role
- In all cases an adult at risk who has experienced abuse has a right to report and be supported in reporting an offence to NSW Police. Any requests to report to NSW Police should be facilitated immediately. In all situations where workers are not required to notify NSW Police, the victim's right to pursue or not to pursue the crime with NSW Police and report the offence should be respected.
- The adult at risks wishes should be recorded clearly in their medical record.

An adult at risk is to be assisted by an independent support person during their contact with NSW Police ('*Abuse and Neglect Policy and Procedures*' NSW Government, Ageing Disability and Home Care (2007 amended 2012)).

Managers must be consulted prior to a decision to report an incident to NSW Police. A decision should be made as to whether the main investigator or Team Leader/ NUM/ Senior is the appropriate person to make the report to the Police.

Staff should refer to the [NSW Health Privacy Manual for Health Information \(2015\)](#), section 11.2.7 as guidelines for releasing information to law enforcement agencies which are mandatory to all staff.

5.6.1 Protecting evidence

In situations where NSW Police are contacted it is important to ensure that any evidence NSW Police may require to assist their investigation is not disturbed. However, in protecting evidence for NSW Police, the health and well-being of the adult at risk is the priority. Medical attention should commence before the arrival of NSW Police when the need is urgent.

Important things to remember when a possible crime has occurred;

- Try not to disturb the scene, clothing, victim if at all possible
- Preserve all containers, documents, locations until Police arrive
- If collecting underwear or bed linen, place the items in a brown paper bag rather than a plastic bag as plastic degrades forensic material
- The adult at risk who has been abused should not be questioned to reduce contamination of their recall and cause confusion about the event
- In situations of suspected sexual assault, bathing the victim should be delayed until Police arrive if the adult at risk who has been abused is not distressed by the delay.
- If there has been an alleged oral sexual assault, ask the victim not to eat or drink until Police arrive if the adult at risk who has been abused is not distressed by the delay.
- If there has been a sexual assault refer/consult immediately with sexual assault services (see *Useful Addresses and Phone Number* section at the end of this document for contact details).

5.7 Apprehended Violence Orders

Apprehended Violence Orders (AVO) are orders made by the court to protect victims from violence and abuse and restrict the behavior of offenders.

There are two types of AVO's; Apprehended Domestic Violence Order (ADVO's) for situations where the relationship of offender and victim is domestic in nature, or Apprehended Personal Violence Orders (APVO's), where there is no domestic relationship between parties.

Either the victim or the Police (on the victim's behalf) can make an application to a magistrate at a local court. A court will usually hear an application within a few weeks but can make an interim order in urgent situations. (*'Interagency Protocol for Responding to Abuse of Older People' NSW Government (2007)*)

5.8 Mental capacity and consent

It is important to consider issues of mental capacity and consent when responding to abuse. Mental capacity is the ability to understand an act or a decision and its consequences. Impaired mental capacity may make someone more susceptible to abuse. Having capacity to make informed decisions is critical, particularly in the context of financial abuse, sexual abuse and medical assessment and treatment. (NSW Interagency Policy 2014)

In NSW there is a legal presumption that all adults have capacity and ability to make their own decisions until proven otherwise. The process of establishing mental capacity can be difficult.

When considering issues of capacity, reference should be made to the [NSW Government Capacity Toolkit \(2015\)](#) which is a guide to assess a person's capacity to make legal, medical, financial and personal decisions.

The NSW Interagency Policy 2014 establishes that a person has capacity to make a decision or give consent if they can:

- Understand the nature and effect of a particular act or decision
- Weigh up the consequences of the act or decision
- Communicate their decision

If the adult at risk has capacity and is consenting to intervention:

- Establish his/her care needs and discuss options for meeting these needs. Encourage and assist the person to make their own decisions, and provide information about their legal rights.

If the adult at risk has capacity and refuses intervention:

- Where a crime has not occurred the wishes of the adult at risk must be respected.
- In cases where there is a duty of care to report a crime or to prevent harm to the adult at risk or someone else, then these actions can be taken without the person's agreement. When this happens the client should be informed (as long as this action does not place them in further danger) of the intended action and the referrals to be made (*'Protection of Vulnerable Adults Multi-Agency Policy and Procedure'*, RBKC UK (2002)).

When it is unclear if the person has the mental capacity to understand the situation or to make an informed decision about giving consent for intervention or referral, a formal cognitive assessment should be arranged to accurately determine the level of capacity and insight.

It is not possible for an individual to provide valid consent on a matter where the assessment has shown that they lack mental capacity to do so. In this instance an application to the Guardianship Tribunal may be required.

In an emergency situation however, if there is concern that an adult at risk may not have capacity and refuses intervention, whilst the wishes of the adult who may be experiencing abuse should be recognised, there is a duty of care to intervene. Action should be taken to ensure the safety of the adult at risk.

5.9 Guardianship and Financial Management

The NSW Civil and Administrative Tribunal (NCAT) is a legal tribunal established under the [Guardianship Act \(1987\)](#). The Tribunal plays a key role in the protection and empowerment of people living with a decision-making disability. It exercises a protective jurisdiction and facilitates substitute decision making by hearing and determining applications for the appointment of guardians and financial managers for adults with decision-making disabilities.

If an application to the Guardianship Tribunal is appropriate, consult your line manager/supervisor and refer to the NSW Civil and Administrative Tribunal website for further information (www.ncat.nsw.gov.au)

5.10 Recognition of limitations to action

Within the current legal framework, there will be occasions where an adult at risk may choose to remain at risk in what might be perceived as a dangerous situation. Staff may find they have no statutory powers where an adult at risk is judged to have sufficient capacity to make his/her own choices and refuses the help and treatment which staff and/or carers feel is needed and where public interest considerations do not apply.

In these cases, the decisions of the adult at risk should be respected. An accurate record should be made of the situation at the time including:

- the decision of the adult at risk
- the advice or information they were given
- a date at which the decision is to be reviewed with the individual.

It is important to remember that an adult at risk could change their mind in the future and should be given information about how to contact appropriate services

(Royal Borough of Kensington and Chelsea and City of Westminster, 2002).

5.11 Recording

The *Health Records and Information Privacy Act 2002* (HRIP Act) protects the privacy of health information in NSW. It governs the handling of health information in both the public and private sectors, outlining how it is to be collected, stored, used and disclosed.

Accurate documentation of client information is essential. Staff should keep in mind that the person's health record may be made available to the service user and documentation can constitute medico-legal evidence which may be required in a range of legal proceedings.

In dealing with issues of abuse, it is vital to show what actions have been taken and what decisions have been made. It is important for staff to record time, date what was reported and by whom, what was observed comprehensively. Staff must ensure that health information is accurate, relevant, up to date, complete and not misleading. It should be completed as soon as possible to ensure it is an accurate record of the incident.

It is important to document the adult at risks disclosure/non disclosure in their own words as well as information obtained and any intervention undertaken ('Identifying and Responding to Domestic Violence' NSW Health (2006).

Staff members should refer to the [NSW Health Privacy Manual for Health Information \(2015\)](#), and seek further guidance from their line manager.

Compliance with Ministry of Health Policy Directive 'Medical Records in Hospitals and Community Care Centres' is mandatory. http://www.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_069.pdf

5.12 Incident reporting

Workers are to report to their supervisors/manager all unsafe practices, incidents and hazards in the workplace in [the Incident information Management System \(IIMS\)](#), the requirements of which are outlined in the [NSW Health Incident Management Policy \(PD2014_004\)](#).

The WHS Act 2011 defines a workplace as "a place where work is carried out for business or undertaking and includes any place where a worker goes, or is likely to be, while at work" –this includes a client's home or work vehicle.

Incidents which occur to clients including violence/abuse, are not to be recorded in IIMS, unless the worker is witness to the abuse, is themselves abused, or the incident takes place on health service premises. Part 5 of this document (Procedures) sets out the response and reporting requirements.

6. Implementation

- The Vulnerable Adults Working Group will be convened to oversee the implementation of this policy. The working group will report directly to SLHD Domestic and Family Violence Committee.
- A focus of the protection of Vulnerable Adults Working Group will be to develop robust and performance measures.

7. Consultation

SLHD Director of Allied Health

SLHD Director of Child Protection

SLHD Director of Social Work and Managers of Social Work

SLHD Drug Health Services

SLHD Director of Psychology

SLHD Acting Director of Occupational Therapy

SLHD Director of Nursing and Midwifery

SLHD Mental Health Services including;

SLHD Specialist Mental Health Services for Older People

Aged, Chronic Care and Rehabilitation Services including;

CRGH Geriatric Medicine Department

Aged Care Assessment Team

Community Care Team

Home Based Therapy Team

SLHD Community Health Services including;

Women's Health

Sexual Assault Service

Youth Health Team

Community HIV Team

Region Domestic Violence Coordinator- Central Metropolitan Region, NSW Police Force

General Manager Balmain Hospital

General Manager Canterbury Hospital

8. References and relevant publications

Action on Elder Abuse (AEA) Why Does it Happen? 2012. Accessed at: www.elderabuse.org.uk

Council of Australian Governments, [National Plan to reduce violence against women and their children](#), 2010.

Department of Health, Western Australia, Alliance for Prevention of Elder Abuse (APEA), [Elder Abuse Protocol: Guidelines for Action - Assisting organisations working with older people to respond to elder abuse](#) 2006

- Government of South Australia, Aged Rights Advocacy Service, [Protocol for Responding to Abuse of Older People Living at Home and in the Community](#) 2011
- Guardianship Act (1987) – NSW Legislation, NSW Government accessed at; www.austlii.edu.au
- NSW Department of Family and Community Services (FACS) [Preventing and responding to abuse of older people: NSW Interagency Policy](#), 2014
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- NSW Department of Family and Community Services, Ageing Disability and Home Care, [Behaviour Support: Policy and Practice Manual - Guidelines for the provision of behaviour support services for people with an intellectual disability Part 1](#) 2009
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- NSW Health, [Consent to Medical Treatment – Patient Information \(PD2005_406\)](#)
- NSW Health, [Domestic Violence Identifying and Responding \(PD2006_084\)](#)
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- NSW Health, [Incident Information Management \(IIMS\) Policy \(PD2014_004\)](#)
- NSW Health, [Sexual Assault Services Policy and Procedure Manual \(Adult\) \(PD2005_607\)](#)
- NSW Police Force, [Code of Practice for the NSW Police Force Response to Domestic and Violence](#), 2013
- NSW Police Force, [Domestic & Family Violence](#). Accessed 20 August 2015
- NSW Police, [Adult Sexual Assault](#). Accessed: 20 August 2015
- Social Care Institute for Excellence (SCIE) [Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse](#), SCIE London, 2011. Accessed: 21 August 2015
- Standing Committee on Legal and Constitutional Affairs, [Inquiry into older people and the law](#), House of Representatives Canberra, 2007.
- UK Department of Health, [No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse](#), 2000
- Victoria Department of Health [Elder Abuse Prevention and Response Guidelines for Action 2012-2014](#), 2012.

Appendix One: Key contacts and services

My Aged Care	Assists older people, their families and carers to access aged care information and services. It is the single entry point for aged care services.	Monday – Friday 8am-8pm Saturday 10am-2pm Ph: 1800 200 422 Website: www.myagedcare.gov.au
Sydney Local Health District (SLHD) Services	<p>Aged Chronic Care and Rehabilitation Services The Access Care Team is managed by intake officers who are available to take referrals 8am-8pm daily.</p> <p>Drug Health Services: provide a central referral line for all of its services within SLHD. The referral line is managed by an intake officer who can provide information on a range of drug and alcohol related services provided by Drug Health Services and other government and community organisations. If there are indicators of drug and alcohol abuse referral to Drug Health services should be considered.</p> <p>Mental Health Services: provide a referral line for all mental health services. Calls to the Mental Health Line will be answered by a mental health clinician.</p> <p>SLHD Women’s Health Service: can be contacted regarding general information and policy documents relating to domestic violence. The Service also coordinates domestic violence screening and staff education and training across the District.</p> <p>SLHD Sexual Assault Service: Crisis presentations to RPA Emergency Department or contact the Service directly.</p> <p>Child Protection (Strategy) Unit SLHD: Available 9-5 Mon-Fri for consultation</p>	<p>Referral is made via the Access Care Team: PH:1300 722 276 Fax:9767 7026 www.slhd.nsw.gov.au/acrs/Findasevice.html Email: act@sswahs.nsw.gov.au</p> <p>The referral line is open from Monday to Friday from 9am-5pm and is available on 9515 6311.</p> <p>The Mental Health Line is a 24hour line operating 7 days per week. The number is: PH: 1800 011 511.</p> <p>(02) 9515 1210</p> <p>(02) 9515 9040</p> <p>(02) 9378 1100</p>

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	<p>SLHD YouthBlock, Youth Health Service: provides assessment, case management and counselling to marginalised youth aged 12yrs - 24yrs of age.</p>	(02) 9562 5640, ask to speak to intake. An intake officer is available Monday-Friday from 9am -1pm. If a message is left after this time someone will return the call the following day.
	<p>SLHD Community HIV Team</p>	(02) 9395 0444
Aboriginal and Torres Strait Islander Women	<p>Aboriginal Client Service Specialists: officers are attached to a number of local court registries to assist Aboriginal and Torres Strait Islander defendants, witnesses and victims of crime.</p>	(02) 1300 651 50
	<p>Warringa Baiya: is an Aboriginal Women's Legal Centre which provides free legal advice, information and referral for women and children who are victims of violence.</p>	1800 686 587 or (02) 9569 3847 www.warringabaiya.org.au/
	<p>Aboriginal Contact Line: Victims Services has a dedicated contact line for Aboriginal people who are victims of violent crime in New South Wales and who would like information about counselling and/or compensation.</p>	1800 019 123
Child Protection	<p>Family and Community Services (Community Services):</p> <p>If you are a mandatory reporter, you can report child protection concerns about a child or family to the Community Services Child Protection Helpline on 133 627.</p> <p>The child protection helpline runs 24hours, 7 days a week.</p> <p>If a community member wants to report suspected child abuse or neglect, call the Child Protection Helpline on 132 111 (24hours/7days)</p>	
	<p>Health Child Wellbeing Unit:</p> <p>Operating between the hours of 8:30am – 5:30pm</p> <p>Monday-Friday excluding Public Holidays. After hours referrals will be followed up the next business day.</p>	1300480420
	<p>Child Protection (Strategy) Unit SLHD:</p> <p>Available 9-5 Mon-Fri for consultation</p>	9378 1100
	<p>Kids Helpline</p>	1800 551 800

Appendix One: Key contacts and services

Disabilities	The National Disability Abuse and Neglect Hotline: http://www.disabilityhotline.net.au/	Hotline: 1800 880 052. TIS: 13 14 50. TTY: 1800 301 130
	The Deaf Society of NSW: Is an important contact for women with a hearing impairment. They can provide support and assist with communication. Many services including the DV service have a Telephone Typewriter (TTY) facility. Auslan (sign language) interpreters can also be booked.	(02) 9893 8555 or TTY: 9893 8858
	The Disability Council of NSW: is another useful contact for advice about communication strategies and aids.	(02) 9265 9087
	Intellectual Disability Rights Service (IDRS): provides telephone advice on a range of legal issues and representation in priority areas such as criminal law, care and protection and guardianship.	(02) 9318 0144 or 1800 666 611
	Criminal Justice Support Network: is a state-wide support and information service for people with an intellectual disability who are involved in criminal matters (whether they are victims, witnesses, suspects or defendants) They can provide support workers to assist at police interviews, at court and at legal appointments.	1300 665 908 (24hours)
	Disability Discrimination Legal Centre: The centre provides free legal advice, representation and assistance for problems involving discrimination against people with disabilities and their associates.	(02) 8014 7000 or 1800 800 708
Domestic Violence	Domestic Violence Line: The department of Community Services provides a state-wide 24hour advice line providing information about Domestic Violence, the legal process and support options. They have a comprehensive data base which can identify the nearest support services and emergency accommodation.	1800 656 463
	Women's Domestic Violence Court Assistance Scheme: is a support scheme funded by NSW Legal Aid which provides women and children with support, advocacy, referral and information and facilitate access to appropriate legal representation. The website provides list of contacts of WDV CAS services: www.legalaid.nsw.gov.au or you can call Law Access NSW.	Law Access NSW 1300 888 529

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	<p>The Education Centre Against Violence (ECAV) is a state-wide unit responsible for training programs in the specialised areas of domestic and family violence across NSW Health services. ECAV provides state-wide specialised training, consultancy and resource development for NSW Health and interagency workers and promotes an understanding of cultural and community diversity through its courses, resources and advisory groups. Go to ECAV website for course calendar: www.ecav.health.nsw.gov.au</p>	(02) 9840 3737
	<p>Family Support Services: provide a variety of services for families experiencing domestic violence. These may include individual counselling, groups for women and children, court support and advocacy.</p>	(02) 8512 9850
	<p>Relationships Australia: provides a variety of services to families experiencing domestic violence.</p>	1300 364 277
Elder Abuse	<p>NSW Elder Abuse Helpline and Resource Unit (EAHRU): is a confidential helpline offering information, advice and referrals for people who experience, witness or suspect abuse of older people living in their homes in NSW</p>	<p>For individuals, carers and professionals 1800 628 221 www.elderabusehelpline.com.au</p>
Emergency Accommodation/Housing	<p>Department of Housing/ Department of Community Services: Women's refuges provide emergency accommodation and support to women and their children. Workers can also assist women to access long-term accommodation such as through the Department of Housing. In some circumstances the Department of Housing or the Department of Community Services will provide funds for emergency overnight accommodation when women and their children are unable to find a refuge.</p>	<p>Phone the 24hour DV Line on 1800 65 64 63.</p>
Financial Support	<p>Homeless Persons Information Centre (HPIC): helps homeless people and agencies working with homeless people providing information on support services and crisis accommodation. They also provide couples counselling in relationships where violence has ceased.</p>	1300 364 277
	<p>Centrelink: Social workers are available to discuss information about pensions and benefits and explore appropriate support services and safety options. There is a one off crisis payment available which provides immediate relief for low income people who have had to leave their homes under extreme circumstances.</p>	Refer to: www.centrelink.gov.au

Appendix One: Key contacts and services

<p>Legal Advice, Information, Services</p>	<p>The Aged Care Rights Service (TARS): is a community legal centre that provides non-legal advocacy for the residents of commonwealth funded hostels and nursing homes and recipients of in-home aged care in NSW, and legal advice and advocacy for residents of self-care retirement villages.</p>	<p>(02) 9281 3600 1800 424 079 (toll-free) Website: www.tars.com.au</p>
	<p>Legal Aid NSW provides free legal advice to the public on all matters. Initial advice is free of charge. They have a specialist Older Persons' Legal and Education Program which works to promote and protect the legal rights of older people in NSW. The Unit provides legal advice and casework services to older people who are eligible for legal aid as well as education on a range of legal issues. Website: www.legalaid.nsw.gov.au</p>	<p>1300 888 529</p>
	<p>Law Access NSW provides free telephone legal information, advice and referrals to other services, including to your nearest Legal Aid NSW office, Community Legal Centres, private lawyers and other organisations that can help.</p>	<p>1300 888 529 (cost of a local call) TTY: 1300 889 529</p>
	<p>Law link: is an online portal to law and justice agencies and services in NSW. Website: www.lawlink.nsw.gov.au</p>	
	<p>Community Legal Centres: provides free legal advice, advocacy, information and referral. Website: www.clcsw.org.au</p>	
	<p>Women's Legal Contact Line: provides free confidential legal information and referrals for women in NSW with a focus on family law, domestic violence, sexual assault and discrimination.</p>	<p>(02) 8745 6999 (Sydney metropolitan)</p>
	<p>Indigenous Women's Legal Contact Line</p>	<p>1800 639 784</p>
<p>LGBTI</p>	<p>ACON: Is leading health promotion organisation specialising in HIV and LGBTI health. They promote the health and wellbeing of LGBTI community and people with HIV. Their website is: acon@acon.org.au.</p>	<p>(02) 9206 2000 Freecall:1800 063 060 Hearing Impaired:9283 2088</p>
	<p>The Gay and Lesbian Anti-Violence Project: has produced posters and pamphlets about lesbian violence. They also provide support information and referral to appropriate services.</p>	

Appendix One: Key contacts and services

Mental Capacity	<p>NSW Civil and Administrative Tribunal: is a legal tribunal established under the Guardianship Act 1987 that appoints guardians for people aged 16 years and over who do not have capacity to make important decisions in their lives.</p> <p>Capacity Tool kit: Information for Government and community workers, professionals families and carers in NSW Attorney General Department in issues relating to capacity and capacity assessment. In doing so, it upholds the freedom of each individual to make their own decisions, while protecting the interests and dignity of those who lack the capacity to do so. Discusses assessing capacity, power of attorney, enduring guardianship, advanced care directives.</p>	Website: www.ncat.nsw.gov.au
NSW Police	<p>Reporting of crime can occur in a number of ways, anyone in immediate danger should call the police on 000.</p> <p>For minor non-emergency crimes one may phone the Police Assistance Line on 131 444 or phone the local Police station directly.</p>	Emergencies 000 131 444
Complaints	<p>NSW Ombudsman: handles complaints about a range of services and providers including public sector agencies and community services.</p>	(02) 9286 1000 or 1800 451 524
Residential Care/ Institutional Abuse in Aged Care Facility:	<p>Individual and Group Advocacy Service (People with Disability Australia Incorporated): provides free, non-legal advocacy service to people with disability across NSW who have serious and urgent problems.</p> <p>Aged Care Complaints Investigation Scheme: is available to anyone who wishes to provide information or raise a complaint or concern about an Australian Government-subsidized aged care service, including:</p> <ul style="list-style-type: none"> • residents of aged care homes; • people receiving community aged care packages or flexible care; or <p>Relatives, guardians or legal representatives of those receiving care.</p>	(02) 9370 3100 or 1800 422 015 PH:1800 550 552 Website: www.health.gov.au/oacqc
Sexual Assault:	<p>CASAC-Child and Sexual assault Counselling and support service: CASAC Inc. Provides Child Sexual Assault counselling and support services to children, young people and adults, and their non-offending family members.</p> <p>NSW Rape Crisis Centre incorporating the National Sexual Assault, Domestic Violence & Family Violence Counselling Line: has a 24hour telephone counselling line which can advise about the nearest sexual assault service</p>	(02) 9601 3790 1800 RESPECT (1800 737 732)

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	Department of Family and Community Services, Domestic Violence Line	1800 656 463 (24hours)
	NSW Rape Crisis online counselling	www.nswrapecrisis.com.au
	Lifeline SLHD Sexual Assault Service: Crisis presentations to RPA Emergency Department or contact the Service directly.	13 21 11 9515 9040.
	Youth line Helping Victims of Sexual Assault: www.sexualassault.nsw.gov.au	PH:9951 5522
Bravehearts 1800 272 831 www.bravehearts.org.au	Support services for Clients & Carers Carers NSW: An association for people who are caring for a person with a disability, mental illness, chronic condition or who is frail aged. It operates the NSW Commonwealth Carer Resource Centre. Refer to: www.carernsw.asn.au (02) 9280 4744	Free call: 1800 242 636
Victims of Crime	The Victims Services Approved Counselling Scheme's Victims Access Line: Victims of sexual assault or any other violent crime in NSW can receive free face to face counselling from experienced counsellors	(02):8688 5511 Free Call 1800 633 063
	Aboriginal Contact Line: Victims Services has a dedicated contact line for Aboriginal people who are victims of violent crime in New South Wales and who would like information about counselling and/or compensation.	1800 019 123
Women from culturally linguistically diverse backgrounds	The Immigration Advice and Rights Centre (IARC): is a specialist community legal centre which provides legal advice concerning domestic violence provisions under the Immigration Act.	(02) 9281 8355
	Immigration Women's Speak Out Association: offers information, referral and counselling, community development programs and workshops in relation to domestic violence.	(02) 9635 8022