

Elder Abuse and Neglect Policy

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Overview

This Policy/Procedure provides Canterbury District Health Board (CDHB) and West Coast District Health Board (WCDHB) hospital and community based staff with a framework to identify and manage actual and/or suspected cases of Elder Abuse and Neglect (EAN).

Purpose

To ensure CDHB and WCDHB staff fulfil their responsibility in the accurate detection/early recognition and intervention of EAN. The purpose of this document is to provide staff with the policy PART A and procedure PART B to undertake a screening and determine any imminent risks and to make a well-considered referrals to relevant Social Work Service and community supports, when a specialist assessment of the situation is required.

All incidents of identified, potential, suspected or actual EAN will be reported and managed in compliance with the Ministry of Health (MoH) Family Violence Intervention Guidelines; Elder Abuse and Neglect (2007) (available online at www.moh.govt.nz).

Scope

All CDHB and WCDHB clinical staff to comply with legislation requirements.

Definitions

Elder Abuse & Neglect: Elder abuse is 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 older person.

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- Action on Elder Abuse 1995, adopted by the International Network for the Prevention of Elder Abuse

Principles

- The safety of the older or vulnerable person is paramount.
- Any action should not cause more harm than the abuse or neglect, nor should it undermine the rights of the older/vulnerable person or their carer.
- Actions will be supportive and empowering to assist older/vulnerable people, experiencing abuse, to self-determination.
- Each adult has distinctive family/whānau, cultural and other values that should be respected and appropriately addressed.
- A collaborative, consultative and inter sectorial approach enables solutions to be found that are meaningful to the person and provides support for those working with older/vulnerable adults experiencing EAN.
- The safety of those working with abuse should be protected. Do not work in isolation.

(Ministry of Health – Family Violence Intervention Guidelines – Elder Abuse and Neglect 2007).

Treaty Obligations / Cultural Practice

The DHBs are committed to the principles of Te Tiriti o Waitangi in working alongside Tangata Whaiora. Partnership, participation and protection underpin culturally appropriate Tikanga/practice. With strong focus on whanaungatanga – the importance of not working in isolation and valuing whānau, hapu and iwi, in all that we do, enhancing practice by upholding people's dignity. Appropriate cultural consultative processes will be followed. Where best practice is working in partnership with Maori Health Services or Iwi Kaumatua, it is acknowledged that safety of elders is paramount, in high risk situations.

Legal Obligations – Crimes Act

Under the Crimes Act 1961 DHB staff may, in some circumstances, be under a legal duty to take steps to protect vulnerable adults from ill treatment and neglect.

A vulnerable adult is a person who is unable to withdraw themselves from the care of another, by reason of:

- Detention
- Age
- Sickness
- Mental impairment
- Any other cause.

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Section 151 states that anyone who has care or charge of a vulnerable adult is under a duty to provide that person with necessities and to take reasonable steps to protect them from injury:

<http://www.legislation.govt.nz/act/public/1961/0043/137.0/DLM329292.html>.

Under Section 195 anyone who has actual care or charge of a vulnerable adult or is a staff member of a hospital, institution or residence where a vulnerable adult resides may be criminally liable if their conduct is likely to cause suffering, injury, adverse effect to health or any mental disorder or disability to the vulnerable adult, this includes the omission to perform legal duty, is a major departure from the standard of care to be expected of a reasonable person. Health care professionals have a duty of care to support vulnerable adults and older adults by providing education on EAN and ill treatment, options to get 'safer', referrals and provide information on safety planning.

Section 195A specifies that a person who is a member of the same household as a vulnerable adult or staff member of a hospital, institution or residence where a vulnerable adult resides and:

- has frequent contact with the vulnerable adult and
- knows the vulnerable adult is at risk of death, grievous bodily harm or sexual assault as the result of an unlawful act by another person or an omission by that person to perform a legal duty and
- fails to take reasonable steps to protect the vulnerable adult from that risk may be criminally liable.

Criminal liability will only arise if the failure to protect is a major departure from the standard of care expected of a reasonable person:

<http://www.legislation.govt.nz/act/public/1961/0043/137.0/DLM4360818.html>.

Roles and Responsibilities

Steering Group Responsibilities

- Meet on an annual basis.
- Participate in reviews and endorse the policy and procedures related to EAN.
- Analyse/align systems and collaboratively work towards best practice standards.
- Champion EAN throughout the DHB's.

Service Responsibilities

- All departments and service providers are to enable that staff responsible for clinical care of patients/clients will be familiar with and adhere to the EAN and related policies.
- Enable opportunity for clinical care staff to attend training regarding EAN.

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- Ensure staff follow the brief intervention model for screening of EAN.
- Ensure reporting and auditing procedures and recommendations are effected.
- Ensure staff affected by EAN disclosures are appropriately supported.
- Ensure support systems and/or supervision is available for staff when working with EAN.

Employee Responsibilities

- All clinical staff working with older and vulnerable adults should be aware of their responsibilities to support and manage situations of suspected EAN.
- All clinical staff should be aware of their legal responsibilities and duty of care for vulnerable people
- All clinical staff should have read the EAN and Intimate Partner Violence policies and procedures
- To practice safety within their level of competency, and seek consultation with Age Concern, or appropriate social work teams.
- To know who to refer suspected or confirmed EAN to and be able to access those services.
- To use consultation and supervision appropriately to support practice.
- To attend training opportunities required to screen Older Adult & Vulnerable Adult Abuse & Neglect.

Staff Training:

All DHB Health Professionals, students and other people working at the DHB, who are associated with the clinical care of patients/clients, will have access to training in EAN, relevant to their area of work to support knowledge and skills required for screening. Mandatory training will be available for staff working within the field of Older Persons Health.

Support for Staff:

It is recognised that EAN is complex. Staff will have access to adequate consultation, debriefing and/or professional supervision. This may include consulting with peers and senior colleagues or speaking with the VIP Coordinator and/or the DHB Social Workers.

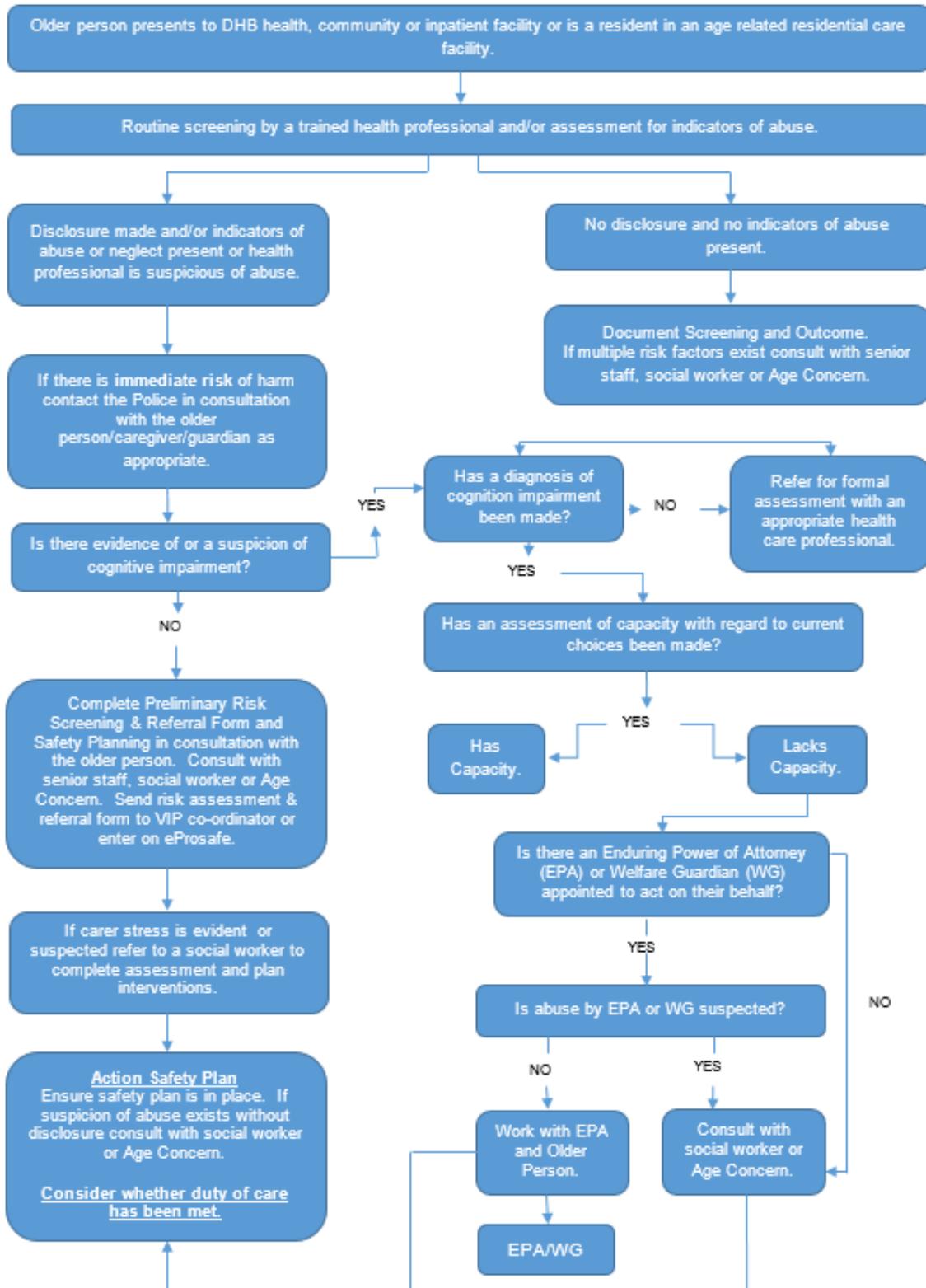
Support is also available through the Employment Assistance Programme, which can also be accessed for staff who are victims and/or perpetrators of family violence.

Measurement

DHB is committed to ensuring safe and appropriate practice in response to family violence and EAN. Therefore services will be regularly audited on a quarterly basis and evaluated for the purpose of ongoing improvement.

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Elder Abuse and Neglect Screening and Referral Flowchart



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