OPAN Older Persons Advocacy Network

SUPPORTED DECISION-MAKING WEBINAR

Common questions and key themes answered

The OPAN Supported decision-making working group has answered some of the key questions from OPAN's February webinar Q&A.

Can an Enduring Power of Attorney (EPOA) make the decision to remove a registered supporter or tell a provider not to share information with a register supporter?

If a person supporting an older person is concerned that an EPOA is abusing an older person, for example by isolating them from their personal support network, they can raise concerns with the relevant state or territory elder abuse or other adult safeguarding body. If unsure, you can contact an OPAN network member for advice.

Unless the older person has asked them or they are the older person's substitute decision maker, and it is within the scope of their active, legal authority, a person cannot tell a provider not to automatically share information under the new Aged Care Act with a registered supporter. It is a decision of the older person, or a substitute decision-maker acting on their behalf (told to the System Governor – the Secretary of the Department of Health, Disability and Ageing) for a registered supporter to automatically receive information under the new Aged Care Act about the older person. Decisions about the automatic information sharing entitlements of registered supporters cannot be made or communicated at the provider level.

A registered supporter can only act in line with the older person's known will and preferences – this means what the older person wants now or in the future.

If a supporter is registered and has not relied on any authority as a substitute decision-maker, then the older person has consented to this registration at some point.

The System Governor – the Secretary of the Department of Health, Disability and Ageing – can be notified by an EPOA, or any other person, who has concerns that the older person is at risk of abuse by their registered supporter, or a registered supporter is in any other way abusing their powers as a registered supporter. The System Governor

may also consider whether the older person understood what they were consenting to when registering the supporter and if they were in any way coerced into this relationship.

Further information relevant to the registered supporter context is available in the Department of Health, Disability and Ageing policies for information sharing with registered supporters and safeguards from abuse.

Please share some examples of best practice for registered providers when an older person does not want the supporter to be registered but still wishes to nominate a family member or friend as a supporter, enabling this supporter to receive information about funded aged care services and communicate the older person's decisions.

Registering a supporter ensures safeguards for the older person and registered supporter should something go wrong, including complaints and review processes and support for the registered supporter. It also protects providers as they are ensuring they are operating under the requirements of the Aged Care Act. It would be a red flag requiring further investigation if a provider had a large proportion of their clients in this situation. While there may be reasons why some people choose not to register their supporters and this should be respected, it is the option with the most protections for all. If an agreement is made directly with providers to share information, there are fewer safeguards for both the older person, the person receiving the information (the support person), and organisation or person disclosing the information.

In this instance, the most important first step should be to understand why the older person does not want to register a supporter and to support them to understand the potential risks if they choose not to do so. This conversation must be had without the support person present, to ensure that the older person is not being coerced in any way.

If the older person wants to proceed with authorising the provider to share information and act on decisions communicated by the support person, the provider is solely responsible for ensuring that this information is disclosed and obtained in line with the relevant legal requirements. This includes the provider being responsible for considering obligations under the Aged Care Act, the Privacy Act 1988 (Cth) and the Australian Privacy Principles, and any relevant state and territory legislation.

It would be important for the registered provider to obtain the consent relevant to their jurisdiction needed to share personal healthcare information. Importantly, this consent must be informed, which means the provider must ensure that the older person receives information in a way that they can understand and are supported to understand the decision.

Whenever a support person, whether registered under the Aged Care Act or not, communicates a decision on behalf of the older person, the provider remains responsible for ensuring that this is the decision of the older person and that the older person is supported to make the decision.

It is also important for the provider, older person and supporters to understand the health decision making hierarchy relevant to each state and territory.

Further information relevant to the registered supporter context is available in the Department of Health, Disability and Ageing policies for information sharing with registered supporters and safeguards from abuse.

What will this mean for family and friend carers? Can they still be included in decision-making and planning if they are not registered supporters?

The new focus under the Aged Care Act is on the older person, their decision, and their decision-making rights. If the older person chooses to be supported by others in making decisions, or make decisions together with a group of people, they will be able to continue to do so.

However, the Aged Care Act requires a shift from the current accepted practice which routinely involves others without permission and even sidelines the older person completely in dealing directly with family or friends. Often this happens because of ageism and/or providers have not ensured that their processes and administrative systems have been designed to ensure that older people are provided with information and assessments in a way that works for them.

It may be that the older person chooses not to register any supporters. Either way, older people should remain involved in aged care decision-making.

If a person is a substitute decision-maker for an older person, they can continue to make decisions on behalf of the older person in line with their active, legal authority under Commonwealth, state and territory arrangements whether or not they are registered.

Further information relevant to the registered supporter context is available in the Department of Health, Disability and Ageing Frequently Asked Questions for registered supporters.

How do you register a Public Guardian? I have had My Aged Care ask for a Public Guardian to be registered as a registered supporter

My Aged Care cannot require that you register anyone, including a Public Guardian as a supporter. Substitute decision-makers under Commonwealth, state or territory law, such as Public Guardians, can still request the information they need and make decisions in line with their appointment without registering as a supporter.

If you would like your Public Guardian to be registered with My Aged Care, you can initiate the registration process yourself and they will also need to agree to it.

If you do not want to register your Public Guardian, the Public Guardian may choose to apply to register themselves as a supporter without your consent, if their appointment is active and relevant to aged care decisions.

Further information relevant to the registered supporter context is available in the Department of Health, Disability and Ageing policy for registration.

Can staff of a residential aged care home become a registered supporter?

Staff at a residential aged care home may request to register as supporters for older people who they, or their staff, provide services to. They would need to carefully consider whether they have, or may be seen to have, a conflict of interest in acting as a registered supporter. If so, they must declare the conflict as well as strategies for managing or avoiding it, when requesting to register.

Where the System Governor – the Secretary of the Department of Health, Disability and Ageing – considers that the aged care worker may influence, or be seen to influence the older person to make decisions that would affect them and their employment directly, the System Governor may determine that the conflict cannot be avoided or managed.

Aged care providers, workers or volunteers directly involved in the older person's care are likely to have a conflict of interest that cannot be managed. This may be even

where the prospective supporter considers themselves unbiased in this situation and has the best of intentions.

The System Governor will consider each request for registration as a supporter on a case-by-case basis.

Further information relevant to the registered supporter context is available in the Department of Health, Disability and Ageing policy for conflicts of interest.

At what point is decision-making taking away from the client? How best to navigate this with the client/family and medical practitioners involved?

Decision-making is never taken away from a client and is never 'all or nothing'. For example, it would be a rare situation where a client was not able to make some decisions (expressing what they do and do not want either verbally or non-verbally). If someone is able to express what they do and do not want, either verbally or non-verbally, then this must be respected.

It is important to remember that any substitute decision-maker does not have the right to make all decisions for a client, and we would be talking about specific decisions only. There may be some specific substitute decision-making appointments where a substitute decision-maker can make a wide range of decisions, but this needs to be balanced with what the older person is able to decide. It is important to remember that if an older person is still able to make decisions, they can choose to have their substitute decision-maker removed.

Most of the time in aged care, no one else needs to be involved in a decision as it does not pose a serious or imminent risk of harm to the older person or someone else or is a significant financial decision. Everyday decisions that we would all expect to be able to make are a good example of this, such as what time people wake up, what they wear, what they eat, how they choose to spend their time, etc. However, significant financial decisions that impact the older person may require someone to support and advocate on behalf of the older person e.g. a family member wanting to sell the older person's house.

It is not the client, family or medical practitioner's decision as to whether or not an older person has the legal capacity to make a decision. It is a legal decision.

All too often, these discussions become about what everyone else wants or thinks is best and the older person is lost. Often older people aren't present at, or even aware of, state and territory tribunal hearings where a ruling on their legal capacity to make a certain decision is made.

The best way to navigate these discussions is to ensure that the older person, and/or someone trusted to speak on their behalf is there to promote the voice of the older person and make sure they are included at all the right stages, such as an independent aged care advocate.

Can you please elaborate on supported decision-making for taking up a provider for home care where non-formal supporters such as friends or neighbours are involved. What is responsibility of a provider to ensure safe onboarding?

Aged care providers are expected under the Aged Care Act to enable older people to be supported (if necessary) to make and communicate decisions about their aged care, whether or not a person has supporters in their personal network.

As stated in the Department of Health, Disability and Ageing choice and control policy for registered supporters:

'Aged care providers, responsible persons, and aged care workers should implement supported decision-making principles and processes where appropriate, regardless of the presence or absence of a registered supporter, active appointed decision-maker, or other person supporting an older person. Decision-making support includes universal design and accessibility measures and recognition of diverse, non-conventional methods of communication.

Aged care providers can embed effective supported decision-making processes by making supported decision-making and accessibility a core principle of everyday service delivery.

By designing accessibility into processes and service delivery from the outset rather than as an addition for a select group of people, aged care providers can ensure that all older people they provide care and services to benefit from supported decision-making processes, while promoting consistent compliance with the regulatory model for the aged care workforce.'

Whenever a support person, whether registered under the Aged Care Act or not, communicates a decision on behalf of the older person, the provider remains

responsible for ensuring that this is the decision of the older person and that the older person is supported to make the decision.

Further information relevant to the registered supporter context is available in the Department of Health, Disability and Ageing policy for aged care providers.

What are the compliance requirements in terms of supporting choice and decisions relating to service agreement changes?

Aged care providers have a responsibility to ensure that older people are supported to make decisions about their aged care. What this support looks like will differ from person to person.

Changes to service agreements should be communicated in a way that is accessible and understandable for all older people, and some may require more tailored supports. This may be through engaging a specialist independent interpreter, verbal and non-verbal communication, communicating with pictures, or other non-conventional modes of communication. This is the obligation of providers under the new Act.

How can organisations manage to distinguish supported decisions by clients from supporter decisions when the supporters have enduring guardianship or similar powers to make decisions on our clients' behalf?

Providers should always check in with an older person about a decision to be made, whether or not they have a registered supporter or substitute decision-maker.

It is important to remember that any substitute decision-maker does not have the right to make all decisions for a client, and we would be talking about specific decisions only. There may be some specific substitute decision-making appointments where a substitute decision-maker can make a wide range of decisions, but this needs to be balanced with what the older person is able to decide. It is important to remember that if an older person is still able to make decisions, they can choose to have their substitute decision-maker removed.

Most of the time in aged care, no one else needs to be involved in a decision as it does not pose a serious or imminent risk of harm to the older person or someone else, or a significant financial decision. Everyday decisions that we would all expect to be able to

make are a good example of this, such as what time people wake up, what they wear, what they eat, how they choose to spend their time, etc.

If the substitute decision-maker is making a decision on behalf of the older person, including one the older person does not agree with or is not able to make themselves, it is the provider's responsibility to make sure that the substitute decision-maker has been appointed for that specific type of decision to be made, and their authority is active, by reviewing their Commonwealth, state or territory appointment. This is a requirement of providers when accepting or actioning all decisions made by someone on behalf of an older person, not just when the older person does not agree with the decision or cannot make the decision themselves.

How can we tell the difference between a choice that seems unwise and a situation where someone lacks the capacity to decide?

Taking risks or making decisions that others consider 'unwise' should never be taken, in isolation, as a sign that a person lacks the ability to make that decision. We all make decisions that others would consider 'unwise' every day. Receiving support at home, or moving into residential aged care, does not mean that suddenly others get to decide whether our decisions are 'wise' or not.

Most of the time in aged care, no one else needs to be involved in a decision as it does not pose a serious or imminent risk of harm to the older person or someone else or is a significant financial decision. Everyday decisions that we would all expect to be able to make are a good example of this, such as what time people wake up, what they wear, what they eat, how they choose to spend their time, etc.

It is not the aged care provider, client, family or medical practitioner's decision as to whether or not an older person has the legal capacity to make a decision. It is a legal decision.

If an older person has planned ahead with their preferred substitute decision-making arrangements, the evidence required to 'activate' it is outlined under the relevant legislation. For example, an appointment does not just activate when someone starts receiving services in their own home or move into residential aged care. If you have concerns that a person is unable to make a particular decision and they have not made advanced plans, it is usually a decision for a state or territory tribunal to appoint a substitute decision-maker for the older person.

It is important to remember that any substitute decision-maker does not have the right to make all decisions for a client, and we are talking about specific decisions only.

How do we balance risk with supported decision-making?

Most of the time in aged care, no one else needs to be involved in a decision as it does not pose a serious or imminent risk of harm to the older person or someone else or is a significant financial decision. Everyday decisions that we would all expect to be able to make are a good example of this, such as what time people wake up, what they wear, what they eat, how they choose to spend their time, etc.

More and more we are seeing that older people are having their decision-making rights upheld even when there is a degree of personal risk, for example choosing to return home even if it may lead to a more painful or shorter death.

There is no one-size fits all response to this answer, but a good starting point here for providers is to constantly question 'whose risk?' and ask legal advisors how that risk could be mitigated. All too often, we are too focused on the risk to the provider should the person be harmed, rather than Dignity of Risk for the older person.

For example, waivers for people who choose to self-discharge from hospital are not unheard of and accepted practice for adults in mid-life, whereas we do not enable many older people the same decision-making rights and dignity.

Visit the Self-advocacy toolkit.

I worry about how supported decision-making maybe be used in aged care homes against carers. How do they ensure the decision really reflects the individual's choice?

Aged care providers are expected to support the older person to make and communicate decisions themselves, and to respect decisions made by the older person.

The Aged Care Act requires a shift from the current accepted practice which routinely involves others without the older person's permission and even sidelines the older person completely in dealing directly with family or friends. Often this happens because of ageism and/or providers have not ensured that their processes and administrative systems have been designed to ensure that older people are provided with information and assessments in a way that works for them.

As a carer, if you have concerns that an aged care provider is not acting in line with the older person's decisions, you can ask the older person if they would like you to be there next time the decision is discussed.

It is also important that both you, the carer, and the provider check-in with the older person when no one else is there.

If you and the aged care provider disagree on what the older person's known will and preference is, it might be a good idea to ask the older person if they would like to be connected to an independent aged care advocate who can ensure that the older person's voice is heard.

If a client has a power of attorney, her son, and at the same time there is no indication that a client cannot make decisions, hence has capacity, do providers have to go through the son or can they request the client to sign a document, such as service agreement, bypassing the son?

Providers should always check in with an older person about a decision to be made, regardless of whether or not they have a registered supporter or substitute decision-maker. The older person should be supported to consider their options and then reach their own decision.

It is vital to remember that powers do not activate merely because someone reaches out for support at home or moves into residential aged care. Just because an older person has planned ahead and prepared their power of attorney, doesn't mean that it is 'active' or that the older person can no longer make decisions. Please check with the older person first as to their arrangements.

An analogy many find useful when trying to describe planning in advance for in the rare cases a substitute decision-maker might be needed and remembering that they are not being immediately 'activated' or locked in is 'Having a Will doesn't mean that I am dead'.

Somone may have authorised their financial attorney to start 'immediately' under the direction of the principal or older person. Just because the attorney is 'active' doesn't mean that the person has lost decision making ability. If an older person is still able to make decisions, they can choose to have their substitute decision-maker removed.

If there is a disagreement between the older person, substitute decision-maker and provider as to whether the older person is able to make the decision to sign the service agreement, it is a legal decision. The legal determination of the older person's legal capacity to sign the agreement would be taken to the relevant state or territory tribunal.

All too often, these discussions become about what everyone else wants or thinks is best and the older person is lost. Often older people aren't present at, or even aware of, state and territory tribunal hearings where a ruling on their legal capacity to make a certain decision is made.

The best way to navigate these discussions is to ensure that the older person, and/or someone trusted to speak on their behalf, is there to promote the voice of the older person and make sure they are included at all the right stages, such as an independent aged care advocate.

Further information relevant to the registered supporter context is available in the Department of Health, Disability and Ageing policies for Capacity in the registered supporter context - Policy for registered supporters.

If the system relies heavily on goodwill and interpretation, what practical steps should families and services take when the supporter and the substitute decision-maker are the same person and others are concerned that the older person's current wishes are not being fully explored?

This is a great question. As you point out, the Act privileges the older person's current will and preferences. Providers will be supported to support the decisions of the older person.

The new Aged Care Act provides the most safeguards for older people's decision-making rights of any aged care legislation to date in Australia. This includes safeguards for reporting concerns that an older person's will and preferences are not being upheld.

If you have concerns that a provider is not upholding an older person's will and preference, you should contact the Aged Care Quality and Safety Commission.

If you have concerns that a registered supporter is not acting in line with an older person's known will and preference, then you should contact the System Governor – the Secretary of the Department of Health, Disability and Ageing – using the complaints form about registered supporters.

This may also be a form of abuse of older people, so you could contact the elder abuse or other older person's safeguarding organisation. If you are unsure, and OPAN network advocacy organisation will be able to connect you to the right service.

Further information relevant to the registered supporter context is available in the Department of Health, Disability and Ageing policies for complaints and safeguards from abuse.

Needing support in decision-making as am living alone

Providers are expected under the Aged Care Act to enable older people to be supported (if necessary) to make and communicate decisions about their aged care, whether or not a person has supporters in their personal network.

You can contact My Aged Care and ask what services are available to support you in making aged care decisions, such as care finders.

You can contact an independent aged care advocate for support in making decisions, making decision-making support requests to providers, and being connected to the right services.

We have a client who lives alone, Dx Dementia and very unsafe practices in the home. GP is very aware of cognitive decline / unsafe practices and is against any kind of intervention for safety i.e. guardianship orders. She has no family to support her decision making / no POA / only support is a neighbour who can't be that involved as she is caring for her own sick husband. We involve client in every decision however we are very concerned they are not informed decisions as she has no insight. We respect her right to make decisions but also hold significant concerns around her safety, do you have any advice to assist us in this instance?

As distressing as this situation is, taking risks should never be taken by itself as a sign that a person lacks the ability to make that decision.

As a provider, it is your responsibility to ensure that she has the information she needs to understand the risks. In this case, as you are concerned, she has no social network, you could try connecting her to an independent aged care advocate to support her in exploring her options for care.

If you have concerns for your liability as a provider should the older person make a choice that leads to physical harm while in your care, you can explore options with your

legal advisors for how you can ensure that you have documented the information and support you have provided for her to understand the risks.

There may also be other services you can reach out to ensure that the older person is not isolated, such as 'welfare drop-ins' by the local police, or talking to her about other services she may be interested in that may mean that she is not as isolated.

What do you think is the biggest change that aged care homes need to make to provide services which support more client centered decision-making?

At the moment it is standard practice to share information without permission from the older person and to allow family/friends to override the decisions of the older person. Routinely, family are called to get their 'permission' for the older person to do something they want to do. This type of practice would not be accepted in any other care or social context.

A culture-shift is needed where we stop thinking of older people as incapable and start seeing them as capable adults who have the same rights as other adults.

This means that older people need to feel empowered and reminded of their decision-making rights at every step of their aged care journey.

The biggest change will be ensuring that every staff member, from accounting teams to support workers, treats older people as people and respect their decisions.

What happens when family/supporter is more dominant in making decisions and family did not express any wish, while the decision is not supporting client's wellbeing?

The views of the family and registered supporters or any other person, including aged care staff, in what is best for the older person's wellbeing are not what should determine the decision.

Providers should always check in with an older person about a decision to be made, regardless of whether or not they have a registered supporter or substitute decision-maker. The older person should be supported to consider their options and then reach their own decision.

The Aged Care Act requires a shift from the current accepted practice which routinely involves others without the older person's permission and even sidelines the older person completely in dealing directly with family or friends. Often this happens because

of ageism and/or providers have not ensured that their processes and administrative systems have been designed to ensure that older people are provided with information and assessments in a way that works for them.

Most of the time in aged care, no one else needs to be involved in a decision as it does not pose a serious or imminent risk of harm to the older person or someone else or is a significant financial decision. Everyday decisions that we would all expect to be able to make are a good example of this, such as what time people wake up, what they wear, what they eat, how they choose to spend their time, etc.

Registered supporters help older people to make and communicate their own decisions about their aged care services and needs. Becoming a registered supporter does not provide a person with decision-making authority for the older person. A registered supporter's role is to support the older person to make their own decisions.

An independent aged care advocate can ensure that the older person's voice is heard.

What key actions can care staff (nursing) perform in their roles to support people with cognitive impairment still participate in supported decision-making?

In day-to-day interactions, nurses need to keep on checking in with the older person about what they want in every interaction and be alert to non-verbal and non-conventional forms of communication. Staff may also check if the older person wants support to make the decision, including by a registered supporter, and if so, how they want to be supported.

Nurses should always check in with an older person about a decision to be made, regardless of whether or not they have a registered supporter or substitute decision-maker.

The Aged Care Act requires a shift from routinely involving others without the older person's permission and even sidelining the older person completely in dealing directly with family or friends. Often this happens because of ageism and/or providers have not ensured that their processes and administrative systems have been designed to ensure that older people are provided with information and assessments in a way that works for them.

As the trusted health professionals delivering care, nursing staff have an important role in exploring with employers and insurers/legal providers how decisions can be made and documented for non-conventional forms of communication.

It is also important to challenge definitions of risk which focus on physical harm and be sure to include risk of harm to a person's psychosocial wellbeing. Such risks include bossing older people around (for their own good), using pet names such as 'sweetheart', speaking to older people like they are small children, and speaking disrespectfully 'about' older people when they are not present.

What about people who can't make decisions because of dementia and other sicknesses?

A diagnosis of dementia or any other illness should never be taken as a sign that a person lacks the ability to make a specific decision.

Most of the time in aged care, no one else needs to be involved in a decision as it does not pose a serious or imminent risk of harm to the older person or someone else, or a significant financial decision. Decision-making is never 'all or nothing'. For example, it would be a rare situation where a client was not able to make some decisions (expressing what they do and do not want either verbally or non-verbally). If someone is able to express what they do and do not want, either verbally or non-verbally, then this must be respected. Everyday decisions that we would all expect to be able to make are a good example of this, such as what time people wake up, what they wear, what they eat, how they choose to spend their time, etc.

It is not the aged care provider, client, family or medical practitioner's decision as to whether or not an older person has the legal capacity to make a decision. It is a legal decision.

If an older person has planned ahead with their preferred substitute decision-making arrangements, the evidence required to 'activate' then is outlined under the relevant legislation. If you have concerns that a person is unable to make a particular decision and they have not made advanced plans, this is a decision for a state or territory tribunal.

It is important to remember that any substitute decision-maker does not have the right to make all decisions for an older person, and we are talking about particular decisions only.

The guardianship & administration act defines decision-making capacity as a person's ability to exercise the decision-making process. This is confusing - that the term ability and capacity are intertwined. So, to clarify, is capacity for decisions that are only recognised by law?

You are of course correct that sometimes the use of 'ability' and 'capacity' to make decisions in legislation and other guidance documents is confusing.

The Aged Care Act does not define decision-making ability or capacity.

In the context of registered supporters, the Department of Health Disability and Ageing clarifies these concepts and how they will be applied. This includes the following definitions:

Capacity is a legal concept referring to a person's ability to make a particular decision and to have that decision recognised and respected by the law. Capacity can fluctuate and change in relation to specific circumstances or decisions. The meaning of capacity, and associated concepts, differ depending on what type of decision is being made and what legal frameworks are relevant to the decision. For example, the legal thresholds for determining a person's decision-making capacity can be different between Commonwealth, state and territory arrangements. Assessments of decision-making ability by medical professionals usually contribute to legal considerations of a person's capacity.

Decision-making ability refers to the ability of a person to make a particular decision, with the provision of relevant and appropriate support, at a time when a decision needs to be made

Further information relevant to the registered supporter context is available in the Department of Health, Disability and Ageing policy for capacity and registered supporters glossary.

How can supported decision-making principles be embedded in practice and do frameworks like the Australian Law Reform Commission model provide a solid foundation?

The Australian Law Reform Commission's 2014 paper Equality, Capacity and Disability in Commonwealth Laws focussed on reform of Commonwealth, state and territory laws. It provided four principles that could guide the reform of the laws, which were expanded upon in the Final Report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (often referred to as the Disability Royal Commission).

These high-level principles guide system-wide change from an over-reliance on substitute decision-making to supported decision-making and upholding peoples'

decision-making rights. They may therefore be useful for providers to consider when developing their own internal policies and procedures.

However, these principles do not provide a 'checklist' for ensuring supported decision-making is upheld in every client interaction, as what being supported to make decision will look like will be different from person to person. There is therefore often limited utility providing the ALRC or Disability Royal Commission principles to staff.

The OPAN e-learning for providers on Supported decision-making explores key concepts and actions for providers and may be a good starting point.

How to assist older adult making decision on appropriate accommodation when their capacity compromised by early dementia?

Soon after a diagnosis of dementia is the perfect time to work with an older person to explore their personal decision-making needs and preferences.

Trial and error may be an important part of this process, as many older people are used to making decisions with relatively little support.

It is also important to check in and engage in reflection with the older person, asking them how a decision-making process felt and what things they might change, not just if they were satisfied with the final decision.

What if a registered supporter is aware of abuse/ coercive control by a partner that is not obvious and everyone thinks the partner is lovely, but they are using fear to control the person?

You could try talking to the police or support services in your local area about the abuse (such as the Elder Abuse Helpline) and seek advice on what you can do. Where the person perpetrating the abuse is also a registered supporter, you could tell the System Governor – the Secretary of the Department of Health, Disability and Ageing. You could try connecting the older person with as many other support persons as possible, so that they do not feel isolated and can explore their options for the future. An independent aged care advocate could ensure that the older person's voice is heard and possibly also connect them to elder abuse services, when they are ready.

It is important to also look after yourself when witnessing abuse of someone you care for. Coercive control is complex and can be very difficult for the victim of abuse or others to identify and then escape from.