

## Submission to the Australian Law Reform Commission's Inquiry into Elder Abuse

**HELP STOP ELDER ABUSE**

**1 in 20** OLDER PEOPLE IN WA WILL EXPERIENCE SOME FORM OF ABUSE

**73%** of abusers are family members

Abusers can be male or female

Perpetrators are most likely to be adult children

Financial abuse is the most common

**RISK FACTORS**

- Isolation
- Difficulty managing money
- Dependence on others
- Health issues

**TYPES OF ELDER ABUSE**

- FINANCIAL:** Deprive or improper use of resources, share's, money or assets
- PSYCHOLOGICAL:** Verbal or physical threats, intimidation
- NEGLECT:** Withholding essential care such as food, shelter, clothing, health or personal care
- SEXUAL:** Non-consensual sexual contact and language
- SOCIAL:** Reducing social contact with others
- PHYSICAL:** Causing physical harm

**HOW TO PROTECT YOURSELF**

- Stay socially connected
- Access services designed for seniors
- Know your rights
- Control your own finances

**Advocare** incorporated Help stop elder abuse

If you are being abused or suspect abuse is occurring call the WA Elder Abuse Helpline **1300 724 679**

For more information visit [www.elderabuse.org.au](http://www.elderabuse.org.au)

August 2016

## Background to Advocare Incorporated

The following information is offered to set the context for the Advocare Incorporated (Advocare) response to the ALRC Inquiry. Advocare is an independent, community based, not for profit organisation that supports and protects the rights of older people and people with disabilities in Western Australia through advocacy, information and education. A key client group is older people who are victims or potential victims of abuse from family and friends.

Advocare is the lead agency in Western Australia lobbying against elder abuse and, in collaboration with government agencies – including Legal Aid (WA), the Office of the Public Advocate and the Public Trustee – has developed an Elder Abuse Protocol to assist organisations working with older people to respond to elder abuse. Advocare collates the National Elder Abuse Annual Report on behalf of all state agencies and will also be hosting a National Elder Abuse Summit in Canberra in June 2017.

### Defining elder abuse

The World Health Organisation, defines elder abuse 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 an older person' ([www.who.int/ageing/projects/elder\\_abuse/en/](http://www.who.int/ageing/projects/elder_abuse/en/)).

Advocare recognises six types of elder abuse:

1. Financial – illegal or improper use of someone else's money or assets
2. Neglect – withholding of essential care such as food, shelter, clothing, medical or dental care
3. Social - restricting social contact with others
4. Psychological – verbal or physical threats or intimidation
5. Sexual – non-consensual sexual contact, actions and language
6. Physical – causing physical harm

The perpetrators of elder abuse are most likely to be adult children. The 2014/2015 National Elder Abuse Annual Report identified that psychological (39%) and financial abuse (37%) were the most prevalent forms of elder abuse.

Psychological abuse included verbal intimidation, humiliation, harassment, shouting; threats of various forms; withholding affection; removal of decision making power; and, an enduring guardian acting inappropriately.

Financial abuse included non-repayments of home loans; forced changes to legal documents; misappropriation of money; denying access to personal funds; forging signatures; misuse of a bank card; and, misuse of an Enduring Power of Attorney.

Advocare supports the recognition of all six types of elder abuse as outlined above.

### **Question 1**

**To what extent should the following elements, or any others, be taken into account in describing or defining elder abuse: harm or distress; intention; payment for services?**

In response to the parameters proposed by this question:

- Advocare endorses the inclusion of “harm or distress” in defining elder abuse.
- Advocare believes “intention” is not action and would be difficult to address or ameliorate and thus its inclusion is not supported.
- Advocare does not support the inclusion of “payment for services” in describing or defining elder abuse, however we do believe that older people should be adequately supported when they find themselves victims of “payment for services” type abuses.

### **Question 2**

**What are the key elements of best practice legal responses to elder abuse?**

Best practice legal responses should include a genuine effort to involve the older person in decision making, recognising that until it is medically and legally determined that an older person lacks capacity, it is the older person's right to make their own decisions even if they involve risk. Best practice legal responses will also recognise the legitimate role of an independent advocate (the older person's “champion”) supporting the older person in any dispute or allegation of elder abuse. It is also critical that the older person's champion is included, if the older person wishes, in any mediation or conflict resolution with family members or care providers.

### **Question 3**

**The ALRC is interested in hearing examples of elder abuse to provide illustrative case studies, including those concerning: Aboriginal and Torres Strait Islander people; people from culturally and linguistically diverse communities; lesbian, gay, bisexual, transgender or intersex people; people with disability; or people from rural, regional and remote communities.**

The following examples of elder abuse are illustrative of issues identified and addressed by Advocare in particularly vulnerable older sub-populations.

## CALD CLIENT CASE

May, 73, was initially referred to Advocare by Family Domestic Violence Services after her husband had assaulted her so severely she was hospitalized. May had migrated to Australia from South East Asia and before her marriage had lived a very independent life. May had lived with domestic violence for a number of years and was socially isolated from family, friends and the community by her abuser. Her partner was psychologically, financially and physically abusive. As a result of physical abuse, May had a number of health issues and required support to live independently in the community. May accessed a Violence Restraining Order and was initially residing with family, but found that the accommodation arrangement was not meeting her recovery needs.

Advocare supported May to find and access suitable housing and community support services. It was determined that a domestic violence shelter was not suitable and May ended up moving into an independent living unit. May's options were limited as her money was tied up in a unit she owned with her husband at a retirement village and May could only afford to rent. May did not have access to any savings after leaving her husband. The cost of rent, and the need for accommodation that would suit her mobility issues, was a barrier to finding suitable housing. Advocare also successfully advocated for the cost of May's community support services to be reduced in recognition of her difficult financial circumstances.

## CALD CLIENT CASE

Bao is an 84 year old Vietnamese woman with extremely limited English language skills. She moved to Perth from another State to live with one of her sons. Bao and her son jointly co-owned the property in which they are residing (two other children contributed funds to their mother in order for her to own an equal share in the house). The son remarried and this has subsequently resulted in conflict and abuse towards Bao from both her son and daughter-in-law. This has included attempts to force Bao to sign an Enduring Power of Attorney (effective immediately), documents stating that she owes her son significant sums of money and immigration documents stating that her daughter-in-law is providing her with care and support (Bao is independent). She was also threatened verbally and matters escalated to pushing and slapping.

Bao was assisted to contact an advocate through a social worker whilst in hospital. Bao was referred for legal advice through a community legal service and was also linked up to a Vietnamese speaking solicitor who is assisted her with correspondence to her son demanding return of personal property. The advocate provided Bao with information about her rights and options to address the situation. She also received support from the advocate to explore alternative housing options upon the sale of the jointly owned property, as she was unable to purchase another property on her own.

### **LGBTI CLIENT CASE**

Fern, 69, who identifies as a lesbian, contacted Advocare after her carer/former partner Betty became abusive towards her and told her she was no longer welcome in their home. Betty had asked Fern to move in with her and had promised her she would provide care and a place for Fern to live as long as necessary. Fern had her own home but sold this when she moved in with Betty. Fern and Betty's relationship deteriorated and Betty became psychologically abusive towards Fern and insisted she had to move out. Fern felt unwelcome in what she had thought was her home and had no recourse to stay, as her name was not on the title for the unit. All her savings had been spent while living with Betty as she had assumed she would not need to purchase another house. The lack of funds and suitable accommodation options meant Fern continued to live with her former partner in a hostile environment, under threat of being kicked out at any point.

Fern accessed Advocare for support around housing and care options. Due to her lack of funds and limited housing options for low income seniors Fern decided to enter low-level residential care. She expressed concerns at finding a facility that was LGBTI friendly, and that would have a bed available quickly; facilities that she contacted had long waitlists. The client was worried that if she accessed respite, Betty would throw out all her possessions and she would not be able to return there while waiting for a permanent placement.

### **ATSI CLIENT CASE**

Irene was a 65 year old Aboriginal woman that had received a third strike from the Department of Housing in regards to her Homeswest house and was being threatened with eviction. All three of the strikes occurred within a 2 month period and were due to disruptive behaviour that has been occurring at her property. Irene was not herself engaging in any disruptive behaviour. The reason for the strikes was that Irene's grandson and daughter were coming to her house and being abusive towards her. Irene rang Advocare for assistance with the Department of Housing and support to resolve the situation. Irene was making the right choices to prevent anything more happening at the house, including applying for a restraining order against her daughter and grandson.

## PEOPLE WITH A DISABILITY CLIENT CASE

Trish, an older deaf woman, lived with her adult son on the upper floor of his two-story house. Advocare was contacted by an allied health service that Trish utilised after she wrote them a letter saying her son was abusing her. The service already had concerns, having witnessed verbal and physical aggression by the son towards Trish. Trish was having difficulty living at home independently but her son would not allow her to access home care services, or assistive technology that would allow her to have contact with the wider community. Whilst he cooked her meals, her son would leave them downstairs which was difficult for her to access due to mobility issues. Because Trish could not communicate with the wider community, and her son only let her leave the house for medical appointments, she had found it very difficult to tell anyone about the abuse she was experiencing.

### Question 4

**The ALRC is interested in identifying evidence about elder abuse in Australia. What further research is needed and where are the gaps in the evidence?**

#### **Elder Abuse National Annual Reports**

Elder abuse key agencies from across Australia meeting at the 3rd Annual National Elder Abuse Conference in Perth, Western Australia determined that a national elder abuse annual report would be a useful tool to promote awareness and argue for additional resources to support victims of elder abuse. Reports have been published for 2013/2014 and 2014/2015. The 2015/2016 report is currently being compiled.

Advocare collates the national report which identifies the incidence of elder abuse reported and addressed by dedicated state agencies.

The following further research has been identified as important to building a complete national picture:

- a. Establish a research clearing house linked to a University or major elder abuse not-for-profit service provider, with a dedicated budget to engage researchers where gaps have been identified.
- b. Commission desktop research and a report identifying all studies/research in the area of elder abuse in Australia; including a summary of key themes and recommendations.
- c. Commission a National research study of the prevalence of elder abuse in Australia. Currently the incidence is unknown.

### **Question 5**

#### **How does Centrelink identify and respond to people experiencing or at risk of experiencing elder abuse? What changes should be made to improve processes for identifying and responding to elder abuse?**

It would be beneficial for Centrelink staff to have Elder Abuse training provided by an advocacy agency so that they are more confident in identifying indicators of abuse and are aware of pathways to report or manage such abuse.

### **Question 6**

#### **What changes should be made to laws and legal frameworks relating to social security correspondence or payment nominees to improve safeguards against elder abuse?**

Legislation cannot change the risk factors for elder abuse, which are critically:

- Isolation
- Difficulty managing money
- Dependence on others
- Health issues

There would be no requirement for changes to laws and legal frameworks as long as Centrelink staff are appropriately trained to be able to identify Elder Abuse and have clear pathways available to them to address that abuse. The Alliance for the Prevention of Elder Abuse Western Australia (APEA:WA) has developed an Elder Abuse protocol and pathway which may be suitable for/or adapted for national application.

Wider community training, education and awareness campaigns would also assist Centrelink clients and others to be aware of elder abuse when making decisions about correspondence and nominees.

### **Question 7**

#### **What changes should be made to the laws and legal frameworks relating to social security payments for carers to improve safeguards against elder abuse?**

Advocare has seen cases of family and friends claiming Carer's Payments but neglecting, and/or socially isolating, the older person for whom they are supposed to be providing care. There is the potential for some people to offer care and support to an older person in order to receive these payments, with no intention of following through on that offer. This support may have been offered in lieu of government support services, potentially leaving the older person in a situation of neglect. Unless the abuse is witnessed, and the carer reported, it is difficult to determine if care is actually being provided by someone receiving a Carer's Payment. We are however, unsure of what changes could effectively safeguard an older person under these circumstances without causing undue burden on a legitimate carer.

## Question 8

### What role is there for income management in providing protections or safeguards against elder abuse?

A voluntary income management service would be supported and could be useful for some clients. Advocare recognises that often financial abuse can leave an older person unable to afford food, clothes, utilities, and meet other basic needs. However, Advocare also recognises that older people may also choose not to directly confront, or stop, abuse they may be experiencing, especially where they fear the breakdown of family relationships. For example, family members may have access to bank accounts or ATM cards and withdraw or spend cash without permission. Voluntary entry into income management could allow clients to ensure their basic needs are met and minimise the harm of the financial abuse where the older person is unwilling to take more serious action.

However Advocare believes that income management must be accompanied by education and advice, including how to stop the income management once circumstances change.

Centrelink offers a **free** and confidential Financial Information Service (FIS). In the context of this Inquiry, FIS Officers may assist older people to understand their own financial affairs, including the option for income management. FIS Officers are not financial planners or financial advisers, but can provide basic information on what older people need to know which can assist when choosing a financial adviser. They can also help older people who are experiencing elder abuse to understand the social security benefits they may be eligible for if, for example, they need to move out of the family home.

There is a very real requirement for further FIS Officers to enable expanded access to this free service as many social security recipients would not have the financial means to purchase commercially available financial planning advice. In Western Australia there is currently less than 15 FIS Officers servicing the entire state. Advocare clients have reported difficulties with accessing the FIS services, including even making initial contact over the phone.

An Enduring Power of Attorney is a legal mechanism that also offers avenues for support where a person needs assistance with income management. An Enduring Power of Attorney enables an adult who has legal capacity to appoint a person or agency of their choice to make property and financial decisions on their behalf. For example, where a person may need assistance paying bills or managing financial investments, they can nominate someone to assist them with those tasks through an Enduring Power of Attorney. An Enduring Power of Attorney can be an effective tool to prevent elder abuse where the older person is unsure if next of kin would act in their best interest if they lost capacity. However, as noted in the response to Question 29, while this document can be a useful tool in preventing elder abuse in the right hands, safeguards do need to be put in place to ensure there is no misuse or abuse of power.



### Question 9

#### What changes should be made to residence requirements or waiting periods for qualification for social security payments, or the assurance of support scheme, for people experiencing elder abuse?

Within legislation, the term “exceptional circumstances” should be broadened. This would be of immediate benefit to many people experiencing elder abuse whose residential status or visa category prevents them from accessing social security payments and Commonwealth subsidised aged care. For example, Advocare clients who have experienced elder abuse have been forced to reside with their abuser as they were ineligible for social security payments that would have given them the financial means to find suitable alternative accommodation.

It is worthwhile noting that while some people experiencing elder abuse may be able to access domestic violence shelters, this is not always suitable and offers a short-term solution only. For example, clients who require support services such as personal care would not be suitable for accessing a shelter. For some people experiencing elder abuse their care needs may be so high they require residential care. Residency status can have an impact on whether a person is eligible for Commonwealth supported residential care.

#### ROSE'S STORY

Rose, 82, moved to Australia 10 years ago from Malaysia after her husband passed away. Her son Michael and his wife asked her to move to Australia, insisting that they would take care of her. Rose is on an Aged Dependent Relative visa (subclass 838) which is a permanent visa that allows an older person, who meets age requirements, to stay in Australia where they agree to rely on the financial support from an eligible relative. This means that she is dependent on her son for financial support as she is not entitled to any social security or aged care subsidies. Michael became increasingly verbally abusive towards Rose while she was living with him. As a result of the abuse she became very depressed and had been contemplating suicide until she started going to her local church.

Rose would like to move out of the home however she has nowhere to go because she is not financially stable and not physically able to work. She cannot apply for accommodation through Department of Housing as she is not eligible. She is also not able to apply for any subsidised aged care assistance. Rose is also living in fear because she believes that if her son knew that she had taken some form of action he would retaliate by throwing her out of the house, leaving her with nowhere to go. While a domestic violence shelter may offer some short-term accommodation, they can't meet Rose's care needs, nor does it solve the issue of long term stable accommodation.

### **Question 10**

#### **What other risks arise in social security laws and legal frameworks with regard to elder abuse? What other opportunities exist for providing protections and safeguards against abuse?**

The move towards online social security services (MyGov) has also increased the risk of financial abuse for some older people. Some of Advocare's clients have been unable to navigate online systems and the difficulty in accessing telephone and/or face-to-face services has led them to request family/friends to set up online accounts for them. Older people may be physically unable to manage the long wait periods at Centrelink offices due to frailty or illness. Advocare has seen cases of family members and friends then using knowledge of login credentials to change banking details and redirect social security payments in order to access the money for themselves. The option to provide paper notification to confirm changes to a persons details, rather than sms or email, may be more appropriate for older persons where they are registered for online services. There is also a need for better access to face-to-face services so older people are able to access advice and assistance in a timely manner.

### **Question 11**

#### **What evidence exists of elder abuse committed in aged care, including in residential, home and flexible care settings?**

As people become frailer, they become more susceptible to elder abuse, and that cohort is more likely to be in residential aged care. Their rights are protected by the *Aged Care Act 1997*, the *Charter of Residents' Rights and Responsibilities*, and the Australian Government Department of Health has a formal Aged Care Complaints Commissioner in place to address issues raised by clients and families about subsidised residential care services and there are also mandatory reporting provisions, in some circumstances, for abuse within residential care.

However, not knowing their rights and the system, the fear of retribution for raising concerns, and not being able to physically report makes residents very vulnerable.

A clear example of abuse committed by paid care staff is evident in the recent news story about a resident being suffocated in an Adelaide facility where the act was caught on camera:

<http://www.abc.net.au/7.30/content/2016/s4507208.htm>

Not all organisations and people working in the area of elder abuse include abuse committed by a paid service provider in their definition. It is important to note that a national agenda will require a national definition of elder abuse.

Advocare receives a number of complaints each year about paid support service workers taking advantage of, or abusing, older persons. We provide advocacy around these issues under our HACC and NACAP funded advocacy services.

## MARY'S STORY

Mary's daughter Phyllis contacted Advocare over concerns for the quality of care her mother was receiving in a residential facility. Mary had noticed that her mother had become quite withdrawn since entering the facility and often complained of pain. Another resident had asked to speak to Phyllis and had informed her that a staff member had been regularly yelling at her mother and sometimes physically assaulted some of the residents. Phyllis was concerned as her mother, who was living with dementia, was unable to speak anymore and would not be able to tell anyone if she was being abused. Phyllis raised her concerns with management but was told that there was no evidence of abuse. The pain Mary was feeling seemed to subside for a few days after her complaint but eventually came back. Phyllis was not sure how to protect her mother and considered the use of a hidden camera in Mary's room.

### Question 12

#### **What further role should aged care assessment programs play in identifying and responding to people at risk of elder abuse?**

There should be clear guidelines and referral paths and, critically, appropriate Elder Abuse training provided by advocacy agencies.

### Question 13

#### **What changes should be made to aged care laws and legal frameworks to improve safeguards against elder abuse arising from decisions made on behalf of a care recipient?**

Informally, guardians, residential care homes and family can all make decisions for an older person even though they have capacity. Formally, an Enduring Power of Attorney (EPA) provides the means for financial decisions to be made on behalf of the older person. Issues about EPAs are raised at Question 29. Enduring, or appointed Guardians can make lifestyle and medical decisions. The two are often confused, including by residential care staff. Service providers, and even the Guardians or Attorneys themselves, can also be confused about what decisions they can legally make on an older persons behalf. Advocare has seen numerous cases where lifestyle or medical treatment decisions are made by EPAs, even though they have no right to make that type of decision. This can even happen when the older person still has decision making capacity.

It is suggested that rather than changing laws, clearer guidelines, greater transparency and better training for all parties be provided by advocacy agencies.

## ANDY'S STORY

Andy, an older gentleman residing in residential care, had a Guardian appointed by the State Administrative Tribunal. Andy wanted to leave the facility and go to the local shops so that he could have a coffee and enjoy some fresh air. The residential facility had assessed Andy as being safe to leave the facility on his own. However, Andy's Guardian told the facility she did not want Andy to leave as she was worried about who was responsible for Andy should he be hurt. The facility stopped Andy from leaving on his own. Andy felt trapped in the facility and was upset that his Guardian had restricted his freedom. Andy contacted Advocare to find out what his rights were. Neither the Guardian, nor the facility, understood the nature of the Guardianship Order that was in place. While Andy's Guardian could make decision about where he lived and his medical treatment there was nothing in the order that allowed the Guardian to make decisions about Andy's activities of daily life. The lack of understanding on both their parts was restricting Andy's rights. It was determined that as long as the facility had assessed it was medically safe for Andy to go out on his own the Guardian could not prevent him from leaving. Andy was then able to leave the facility at his discretion.

### Question 14

**What concerns arise in relation to the risk of elder abuse with consumer directed aged care models? How should safeguards against elder abuse be improved?**

Care providers may not provide services that recipients want if they listen to an older person's family member; for example, Mum is receiving housekeeping services when she actually wants incontinence pads. A further concern is that agencies are charging large administrative and contingency fees. Safeguards against such elder abuse can be ameliorated through mandatory, and ongoing, elder abuse training for all care providers delivered by advocacy agencies and provision of information brochures about advocacy services to all clients and their families.

### Question 15

**What changes to the requirements concerning quality of care in aged care should be made to improve safeguards against elder abuse?**

In Advocare's experience, quality of care for residents and home based aged care recipients is regularly compromised. The following improvements would provide more confidence in safeguarding the physical and emotional needs of residents and home care service recipients:

- Better trained and qualified staff. This includes more rigorous testing of staff English skills so they are able to read and understand care plans, and communicate with clients' about any concerns they have.

- Limit use of restraints and ensure that each residential care provider has protocols in place regarding such use.
- Better and more varied food in residential care.
- Better understanding of the concept of “duty of care”, as it can be misused to do something against a person’s wishes or to avoid solving a problem. In Advocare's experience some providers do not recognise or support a person’s right to take risks where the client, or their representative, has the capacity to understand the risks involved.
- Regulation around extra charges by residential care services which, by default, is changing the socio-economic makeup of facilities i.e. only the wealthier clients can afford to live there. These charges are not considered to be ‘extra services’ under legislation and in some cases clients don’t have the option to ‘opt out’ despite not needing the service.
- There is a need for better training of care staff (including management) specifically on Elder Abuse protocols and the rights of residents. This training should be part of minimum mandatory competency requirements for all residential care staff. NACAP agencies currently provide this service ad hoc but would need additional resources to address whole-of-sector training.

#### **Question 16**

#### **In what ways should the use of restrictive practices in aged care be regulated to improve safeguards against elder abuse?**

No change required to regulations, but staff require additional training in behaviour management. Advocare has had numerous complaints from family members who are concerned that chemical and physical restraints were being used to manage the symptoms of dementia in residential care. Often in these situations, appropriate advisory services such as DBMAS had not been engaged and the reason for the behaviour not addressed.

#### **Question 17**

#### **What changes to the requirements for reporting assaults in aged care settings should be made to improve responses to elder abuse?**

The current rules exempt mandatory reporting when the perpetrator doesn't have decision making capacity. An unscrupulous care facility could therefore hide multiple assaults by the same resident. This reporting exemption should be abolished, to allow a clearer picture of the extent of assaults and to ensure appropriate preventative interventions are put in place.

Nursing homes require a better understanding of, and better processes/protocols, as they are not necessarily responding appropriately. Suitable training should be provided by advocacy agencies.

There also needs to be greater liaison between nursing homes and Police and it would be of benefit to have a dedicated unit or dedicated Police Officers available to address elder abuse reports, similar to specialist units for sexual abuse.

Please note that there is an anomaly: reporting of assaults or sexual assaults is mandatory within Commonwealth funded residential aged care facilities but not from home care workers.

#### **Question 18**

##### **What changes to aged care complaints mechanisms should be made to improve responses to elder abuse?**

Aged care providers should actively promote advocacy services to their clients to ensure they have access to information about their rights and support to make a complaint. Aged care providers should include the contact details of the relevant NACAP and elder abuse agency in their complaints policy and make that policy freely available.

#### **Question 19**

##### **What changes to the aged care sanctions regime should be made to improve responses to elder abuse?**

No response.

#### **Question 20**

##### **What changes to the role of aged care advocacy services and the community visitors scheme should be made to improve the identification of and responses to elder abuse?**

Aged care advocacy agencies in each state should be appropriately funded to play a prominent role in dealing with Elder Abuse. They should also provide training on Elder Abuse to nursing homes and home care providers as a mandatory standard.

The National Aged Care Advocacy Program (NACAP) is funded by the Australian Government under the *Aged Care Act 1997*. NACAP provides free, confidential advocacy support and information to consumers, and potential consumers, of Australian Government subsidised Home Care Packages and residential aged care services in each state and territory.

The nine NACAP-funded agencies have formed an alliance to work cooperatively under the banner of the Older Person's Advocacy Network (OPAN).

Nationally, in 2015/2015 the NACAP/OPAN agencies received 3,720 inquiries, handled 4,369 advocacy cases and conducted 1,703 education sessions. Advocare provides NACAP services in Western Australia and received 8566 NACAP-related calls in 2014/2015.

As evidenced by the number of cases and enquiries outlined above, NACAP/OPAN advocates frequently visit or speak with consumers of aged care services. On some

occasions it becomes obvious that the issues relate to elder abuse by relatives. Advocare provides both NACAP (aged care advocacy) and elder abuse advocacy. This works extremely well, as the advocacy skills and knowledge for both types of advocacy are the same. There are also benefits where the solutions to an elder abuse case may involve accessing increased or different aged care services - an area aged care advocates are expert in.

The issue of older people's isolation and loneliness and the detrimental impact it has on their quality of life is increasingly being recognized as a public health concern. Advocare hopes that it is addressed in a strategic manner and adopted into a unified response from government and filtered down to Community Visitors Schemes (CVS) and other community projects to expand the reach.

The Community Visitors Scheme is a Commonwealth Government initiative established to provide one-on-one contact between people living in an aged care facility and a volunteer visitor from the community, in order to alleviate social isolation and improve quality of life for the resident. However, there is no scope for the program to provide this service to people who do not receive Commonwealth funded aged care services. Older people who are experiencing elder abuse may not need support services. However, social isolation is a key factor that makes someone vulnerable to experiencing elder abuse. By expanding the reach of the program to target all older persons who need assistance to reduce social isolation, it would decrease the vulnerability of a number of older people to elder abuse.

This can be achieved through assisting start-up befriending/mentorship projects and supporting them to sustain best practice services. As people age, there are a wide range of issues that accompany ageing and we can reach these people by collaborating with other health care providers and community services dealing with comorbidities.

Importantly, services such as the CVS, and their volunteers, must receive training about elder abuse, and the role and availability of independent advocacy services.

#### **Question 21**

**What other changes should be made to aged care laws and legal frameworks to identify, provide safeguards against and respond to elder abuse?**

No response.

#### **Question 22**

**What evidence exists of elder abuse being experienced by participants in the National Disability Insurance Scheme?**

No response.

#### **Question 23**

## Are the safeguards and protections provided under the National Disability Insurance Scheme a useful model to protect against elder abuse?

No response.

### Question 24

#### What evidence is there of older people being coerced, defrauded, or abused in relation to their superannuation funds, including their self-managed superannuation funds? How might this type of abuse be prevented and redressed?

Superannuation can deliver a significant financial gain to older people, which makes them an attractive target for financial abuse. To ameliorate such potential financial abuse, it is proposed that the services provided by Community Financial Counsellors are reinstated or expanded. Vulnerable older people need to be assured that any financial advice given is not linked to financial “products” that may benefit the advisor. Community Financial Counsellors would have no such conflict of interest and could provide older people with a better understanding of superannuation, management options and Centrelink benefits.

Enduring Powers of Attorney are also open to abuse. A random audit of EPAs should be introduced to check against abuses. This is further addressed at Question 29.

#### ENID'S STORY

Enid is an elderly woman who nominated her daughter Cathy as her Enduring Power of Attorney. Enid has tolerated financial abuse by Cathy for many years as she has no-one else to assist her with things she finds too difficult to do on her own. Cathy is now pressuring Enid to transfer superannuation funds into Cathy's bank account, claiming that Enid will get a better return on investment. Enid was advised not to sign anything but is still vulnerable, as she chose not to revoke her EPA.

### Question 25

#### What evidence is there of elder abuse in banking or financial systems?

Banking institutions are potential key players in preventing and redressing financial elder abuse, as frequently banks are (inadvertently) involved in instances of abuse, such as:

- Misuse of ATM cards
- Older people being coerced by relatives to take out money
- Not recognising where an EPA has been superseded or fraudulently drawn up.

**Internet banking** is a growth area in Elder Abuse as it makes it far easier to gain money fraudulently, including from, or by, people living distantly or overseas.



### ELLA'S STORY

Ella was an older woman living with dementia who resided in a residential facility. Her daughter, Leah, was her Enduring Power of Attorney. Every week Ella's friend would take her out of the facility for a coffee. Leah noticed that large amounts of cash were being withdrawn from her mother's account at the ATM on these days. When Leah asked her mother what was going on Ella was confused about the cash withdrawals and the money was nowhere to be found in Ella's personal belongings. Leah began to suspect her mother's friend was taking the money. She approached the bank and asked for security footage to confirm who was withdrawing the cash from the ATM. The footage showed Ella's friend using the card to withdraw cash.

### NADINE'S STORY

Nadine has an intellectual disability and does not have the capacity to make financial decisions. Nadine had a carer who she was living with. Nadine's carer had her co-sign a mortgage for a home loan despite having presented information to a care provider which indicated she was aware Nadine had impaired decision making capacity. Nadine's carer placed her into a care facility and cut off contact with Nadine. Later, Nadine's former carer declared bankruptcy and the remaining balance of the mortgage fell to Nadine, who had no savings and was using 85% of her pension to pay for her aged care services. Nadine could not afford the debt. Nadine's case was taken to the State Administrative Tribunal and an Administration Order was put in place, recognising that Nadine did not have the capacity to make financial decision. Unfortunately the bank required that Nadine's lack of capacity be grossly manifest at the time of signing the mortgage, and she was found liable for the debt. Because her carer declared bankruptcy, Nadine has no recourse to recover any of the money from her.

#### Question 26

**What changes should be made to the laws and legal frameworks relating to financial institutions to identify, improve safeguards against and respond to elder abuse? For example, should reporting requirements be imposed?**

The following changes would improve financial safeguards:

- Better use of computer systems to identify fraudulent transactions and report to the consumer. For example, banks could develop an audit algorithm that linked account holders age with transaction patterns and flag unusually high transactions or an unusual number of transactions.
- Better training of banking staff to recognise and respond to the signs of financial abuse and impaired decision making capacity

- Better training of bank staff and the public in the application of EPAs, reducing chances they are used as instruments of abuse.
- A requirement for banks each year to report on the number and type of elder abuse cases they identify. This has the benefits of identifying the extent of the issue within banks. The public disclosure of this data will also raise awareness in the community and identify banks that have better (or worse) training and strategies.

### **Question 27**

#### **What evidence is there that older people face difficulty in protecting their interests when family agreements break down?**

Advocare has rarely seen formal family agreements, but deals with many cases that go wrong with informal family agreements.

#### **DONNA'S STORY**

Donna is a profoundly deaf 69 year old woman who requires a sign interpreter to communicate with anyone unable to sign. She had co-owned a property with her son and made the decision to sell, as he was taking risks with his share of the property. Donna subsequently made the decision to build a granny flat on her daughter's and son-in-law's property (she is residing in their home whilst awaiting the building of the granny flat). Her son-in-law offered to build the granny flat as it would be cheaper for her and he was qualified to do this. More than eighteen months after making the first payment towards the construction of the granny flat, the structure is still only an unsecured shell. The client has contributed a significant amount of money to building of the granny flat to date. She has not entered a family agreement and has not given any thought to her investment in the property should the situation deteriorate or the property is sold.

Donna made contact with an advocate after seeking assistance at a local community centre. She has been assisted to seek legal guidance on her rights and whether a family agreement can be established. She is also seeking assistance with instructing her son-in-law (the contractor) to complete the building of the structure in order to regain her independence and have her own place of residence, away from the conflict and tension in the household.

## WILL AND MIA'S STORY

Will and Mia sold their house and used the funds to build a granny flat on their son Bob's property. They entered into this arrangement under the verbal agreement that they would be allowed to live in the granny flat until they died. The relationship with Bob, although good at the start, slowly deteriorated. Bob was in financial trouble and was unable to keep up with his mortgage. Bob decided to sell the property and informed Will and Mia that they had to vacate the granny flat. Will and Mia had spent all the money from the sale of the house on building the granny flat and paying for medical bills associated with Will's care. They asked Bob for a portion of the sale of the house and land and said they would be happy with the estimated amount that the granny flat added to the value of the house at sale. Bob refused to pay Will and Mia any money and they were referred to a community legal centre. Because there was no formal agreement in place, Will and Mia have no legal right to any of the proceeds of sale from the house, and may end up with nothing.

### Question 28

**What changes should be made to laws or legal frameworks to better safeguard the interests of older people when family agreements break down?**

To better safeguard the interests of older people, the following are required:

- Enhanced access to free elder abuse specialist legal advice and support through community legal centres. This recognises that cost is a significant barrier to many older people receiving unbiased legal advice.
- Remove/change the presumption in law that an older person is gifting every time they financially transact with their children.
- Better information for older people about Centrelink and gifting regulations.
- Better training of lawyers, banks and finance people on Family Agreements, Elder Abuse and related topics.

### Question 29

**What evidence is there of elder abuse committed by people acting as appointed decision-makers under instruments such as powers of attorney? How might this type of abuse be prevented and redressed?**

Advocare has identified abuse linked to the inappropriate or fraudulent use of Enduring Powers of Attorney (EPA) as a major issue and has evidence of multiple cases of abuse.

The following table shows the increasing number of calls received by Advocare in regards to the misuse of EPAs from 2013/14 to 2015/16:

	2013/14	2014/15	2015/16
<b>Financial Abuse Overall</b>	<b>136</b>	<b>375</b>	<b>534</b>
<b>Misuse of EPAs</b>	<b>18</b>	<b>85</b>	<b>147</b>

### BRIAN'S STORY

Brian is an elderly man with some decision making capacity issues. Brian's son Mark is his Enduring Power of Attorney. Mark decided that it was time for Brian to go into care and forced him into a residential aged care home despite no Enduring Guardian or Guardianship Orders being in place.

Since Brian has entered into care, Mark rarely communicates with him. Mark will not discuss Brian's financial circumstances with him and has not allowed Brian to return home despite his desire to do so. Mark is restricting who Brian is allowed to see and when he is allowed to leave the facility. Mark has changed the locks on Brian's home to prevent him from returning. Brian has limited clothing & personal effects in his room and an unreliable mobile phone. Mark should not have been making lifestyle decisions on his father's behalf as he is not the Enduring Guardian, and there was no determination by the State Administrative Tribunal that Brian required someone to make his lifestyle decisions for him.

### NAM'S STORY

Whilst preparing for eye surgery Nam, an elderly Asian woman, was convinced by her sister to sign an Enduring Power of Attorney, nominating one of her nieces as her Attorney. Nam was very stressed in the lead-up to the surgery and told Advocare that due to stress she didn't understand what she was signing when she entered into the agreement. Recovery was prolonged and when Nam fully recovered she found that a substantial amount of funds were missing from her bank account. She asked her niece to provide information about where the money had gone but her niece refused to account for it.

Strategies to prevent and redress abuse occurring through an EPA should include:

- Better training of attorneys and donees. Donees need to be better informed about the importance of considering non-family members as attorneys; to know what the risks and benefits are; and how they can revoke an EPA.
- Ability to optionally register EPAs.
- Introduce mandated random audits of EPAs, with the power of prosecution.
- Establish uniform EPA laws throughout states.

Even with such strategies in place, the real problem of superseded EPAs remains. Strategies are required about how to advise banks and other institutions (such as a residential aged care facility) that an EPA has been revoked and/or updated.

An internet based database, possibly using the MyGov.gov.au facility, could store EPAs, allowing banks and others to access the latest copy. However, it needs to be recognised that very frail, elderly people will have difficulties with registration and such a system is still susceptible to abuse.

### **Question 30**

**Should powers of attorney and other decision-making instruments be required to be registered to improve safeguards against elder abuse? If so, who should host and manage the register?**

An advantage of registering EPAs and other decision-making instruments is that such registration allows better opportunities for training and audit purposes.

If registration is introduced, then safeguards will be required for people who revoke a decision-making instrument but have yet to lodge or register a new one. Because of age and/or frailty, it may well be hard, or impossible, for a person to register a new EPA when they find out the registered one is being abused.

It is important that registration should be cheap or free and use a sophisticated electronic system to notify banks of the latest version of the decision-making instrument.

Unless EPAs are nationally standardised, it is recommended that the State Governments should host and manage the register. For Western Australia this could be the Office of the Public Trustee. The Public Trustee oversees the WA Will Bank and a similar registration system could be set up for EPAs. It is free for an individual to personally register their will and currently a charge of \$195 applies if the will is registered by a third party.  
[https://www.publictrustee.wa.gov.au/W/wa\\_will\\_bank.aspx](https://www.publictrustee.wa.gov.au/W/wa_will_bank.aspx)

It is very important for people to get legal advice when creating or changing an EPA, but the cost of legal advice is sufficient reason for many older people to not get that advice. Therefore, there should not be a requirement to seek legal advice.

### **Question 31**

**Should the statutory duties of attorneys and other appointed decision-makers be expanded to give them a greater role in protecting older people from abuse by others?**

No response.

### **Question 32**

**What evidence is there of elder abuse by guardians and administrators? How might this type of abuse be prevented and redressed?**

Advocare sees cases of elder abuse by guardians and administrators which is perpetuated by the lack of checks and balances in place. Guardian and Administration services need to be better resourced so that people who have orders in place are receiving a quality service that reduces the risk of accidental, or inadvertent, neglect or abuse. Advocare strongly supports providing more training for Guardians and Administrators, particularly those from the public, to better understand the issues of ageing and to be sensitive to their client's needs.

#### **LAURA'S STORY**

Laura is 60 years old and living in a residential care facility. She entered into care 5 years ago after suffering from alcohol induced dementia. Laura ended up with a State Administrative Tribunal appointed Guardian and Trustee, having all of her rights restricted. Since entering care Laura had not had any alcohol and her capacity had greatly improved. Despite appearing to have increased decision making capacity, no one allowed her to have a further assessment of her capacity. The facility Laura resides in is a locked high care dementia facility where the majority of residents have minimal capacity. Laura felt it was no longer suitable to meet her needs as her capacity had improved and her care needs were minimal. Laura had no interaction from the outside world. She was told that she could not go for an outing without an escort from the facility. The facility often told her that they were not able to facilitate escorted outings despite repeatedly requesting a suitable time and day. Laura often expressed how she felt like a prisoner and how much better off prisoners were treated compared to her.

The Guardian was not open to having Laura move into a more suitable living environment, stating that the client had dementia and would not be able to live anywhere else independently. Evidence was provided to the Guardian to show improved capacity and Laura indicated that she was open to moving into an alcohol treatment program. Despite evidence to support that the client was not in appropriate accommodation and could have the capacity to move to a more independent arrangement, nothing was done by the Guardian to explore this. The matter had to be taken to the State Administrative Tribunal and Laura has requested a new Guardian be appointed.

### **Question 33**

#### **What role should public advocates play in investigating and responding to elder abuse?**

Where the older person who has suffered abuse has no capacity/insight and no appointed guardian, the Public Advocates should have a mandated role to investigate and respond to Elder Abuse collaboratively with the Police (where required).

### **Question 34**

#### **Should adult protection legislation be introduced to assist in identifying and responding to elder abuse?**

No. Advocare does not support adult protection legislation.

Adults are capable of making their own decisions. People's rights should not be eroded purely because of their age or frailty.

### **Question 35**

#### **How can the role that health professionals play in identifying and responding to elder abuse be improved?**

Health professionals are often the first people to spot elder abuse. In particular a well-funded training program for GPs would be invaluable. A GP's surgery is sometimes the only place an elder abuse victim can talk without the presence of the perpetrator.

The role of health professionals in elder abuse detection can be enhanced through education at undergraduate level and through ongoing professional development within their employer organisations. Protocols should be established so that health professionals know how to respond to signs of elder abuse and apply clear referral pathways in their daily activities. Advocacy agencies should be funded to provide training on elder abuse to health professionals.

### **Question 36**

#### **How should professional codes be improved to clarify the role of health professionals in identifying and responding to elder abuse?**

There is an opportunity for the individual health professionals' own professional organisations to work with advocacy agencies to build elder abuse detection and referral pathways into their professional codes of practice.

There is also an opportunity for advocacy agencies to work with AHPRA (the Australian Health Practitioner Regulation Agency) to develop standard protocols across the 14 health professions registered with AHPRA.

### **Question 37**

**Are health-justice partnerships a useful model for identifying and responding to elder abuse? What other health service models should be developed to identify and respond to elder abuse?**

Health-justice partnerships could be a valid model for identifying and responding to elder abuse, and a pilot project could test the efficacy of that model.

Another health service model that could be enhanced is the hospital health team approach through strengthening the critical role of Social Workers. Advocacy agencies could provide better training for social workers, including protocols and policy development.

### **Question 38**

**What changes should be made to laws and legal frameworks, such as privacy laws, to enable hospitals to better identify and respond to elder abuse?**

Any member of a hospital's staff could potentially identify elder abuse and appropriate responses would be enhanced through training by advocacy agencies in identifying and responding to elder abuse and being aware of referral pathways.

### **Question 39**

**Should civil and administrative tribunals have greater jurisdiction to hear and determine matters related to elder abuse?**

Where an older person has substantial assets such as a house or substantial amounts of money that is stolen from them by a friend or relative, the Supreme Court is the only potential remedy open to them. An older person, particularly those who are frail or in ill-health, can find the Supreme Court experience expensive, stressful and physically and emotionally exhausting. It is also a very long process for them to endure, and in situations where they have lost their home, it does not bring about a sufficiently speedy remedy, which can mean they find themselves homeless. In some cases the older person is likely to die before the case is resolved.

Advocare believes that in cases of prima facie elder abuse, older people should have another appropriate, timely and less expensive option available to them. This could include allowing the case to be heard by the State Administrative Tribunal, or a similar elder abuse tribunal, which would lessen the impact on the lives of those affected.

### **Question 40**

**How can the physical design and procedural requirements of courts and tribunals be improved to provide better access to forums to respond to elder abuse?**

The court system can be intimidating to people unfamiliar with its formality and process. Vulnerable elderly people could be especially overwhelmed. Improvements could include:

- Better access to private hearings and remote evidence by video (such as in child abuse cases).



- Elder abuse education for court staff.
- Engagement of Court Officers, similar to the Aboriginal Legal Service of WA model, who act as a bridge in communication when there are language barriers, to ensure complete understanding and ultimately the proper representation of clients.
- Addressing issues also such as physical access, waiting times, incontinence
- Pamphlets in plain English and other languages that explain court services and processes

#### **Question 41**

**What alternative dispute resolution mechanisms are available to respond to elder abuse? How should they be improved? Is there a need for additional services, and where should they be located?**

Dedicated elder mediation services are strongly recommended with participants supported by advocacy agencies located in not for profits when required. These services should be free to ensure uptake.

There are opportunities for economies of scale by co-locating advocacy and mediation services within the one NFP. Participants would need to be assured of no conflict of interest between an agency's mediation and advocacy roles on their behalf, and full disclosure of the relationship would need to be made.

Better education on the efficacy of mediation should be conducted, especially as it provides an opportunity to resolve issues in a speedy, cost effective way that repairs and maintains relationships.

#### **Question 42**

**In what ways should criminal laws be improved to respond to elder abuse? For example, should there be offences specifically concerning elder abuse?**

Additional or enhanced criminal laws are not a solution to elder abuse issues. Criminal sanctions are often not a deterrent. The majority of elder abuse cases involve a family member and victims can often be reluctant to engage with law enforcement or assist in prosecution. Elder abuse is first and foremost a social problem that requires more education and exposure, which could occur through ongoing media strategies. Funding and oversight for such a media awareness campaign could be managed through a national alliance of elder abuse agencies - talks are currently being held to establish one.

The possibility of accessing victims of crime compensation schemes could also be explored, given the devastating financial impact elder abuse often has, leaving victims in precarious financial situations. Issues arise with the lack of consistency between compensation schemes across jurisdictions, and the requirement for a criminal offence to have occurred and been reported, but states should be asked to consider whether legislation can be amended to better include victims of elder abuse.

### **Question 43**

#### **Do state and territory criminal laws regarding neglect offer an appropriate response to elder abuse? How might this response be improved?**

Again, criminal laws are not a solution to elder abuse issues. The key is public awareness, training and societal changes. See comments at Question 42.

### **Question 44**

#### **Are protection orders being used to protect people from elder abuse? What changes should be made to make them a better safeguard against elder abuse?**

In Western Australia, application can be made to have a violence restraining order or a misconduct restraining order taken out against someone who is violent to the person, threatens them or their property, or harasses or intimidates them:

[http://www.magistratescourt.wa.gov.au/R/restraining\\_orders.aspx](http://www.magistratescourt.wa.gov.au/R/restraining_orders.aspx)

While it is known that restraining orders are in place in Western Australia to protect people from elder abuse, the quantum of such orders is not known. The following case study is from the National Elder Abuse Annual Report 2014/2015.

#### **GWEN'S STORY**

Gwen's son Craig lived with her in her home on a rural property about one hour's drive from Melbourne. Craig had issues with his mental health and drugs and was abusive towards her. He stole money from her purse, threatened to kill her and made no contribution to household expenses. Despite Craig's increasingly volatile and violent behaviour, Gwen felt strongly that she did not want to take action. She felt caught in a terrible bind between feeling responsible for helping her son and needing to feel safe in her own home.

Despite Gwen calling police to report the abuse, they did not take out a Family Violence Intervention Order on her behalf. As a last resort, and feeling fearful for her safety, Gwen went to her local court in person to make an application for an order. Craig was removed from the house after the interim order was granted. Gwen continued to feel unsafe despite the order being in place and changing the locks on her property. Craig breached the order by coming to her property on several occasions and she had to call the police.

A number of administrative errors caused delay in Gwen getting a final Intervention Order which caused her additional and unnecessary distress. She had significant mobility and health problems which made it very difficult to attend court, which was more than an hour away. However, a magistrate did exempt her from attending two court mention dates once a medical certificate was provided. Gwen hopes that Craig now leaves her in peace and quiet for the duration of the 12-month Intervention Order, and that they can rebuild their relationship one day.

This case also illustrates the difficulties faced by an older person in navigating the court system and emphasises the need to ensure that the Victim Support Service, which is part of the Court Services Division, operates effectively for all clients in need:

[http://www.courts.dotag.wa.gov.au/V/victim\\_services.aspx](http://www.courts.dotag.wa.gov.au/V/victim_services.aspx)

#### **Question 45**

##### **Who should be required to report suspected elder abuse, in what circumstances, and to whom?**

Older adults should maintain the right to make decisions about what happens in their life if they have the capacity to do so. Compulsory reporting is therefore not supported.

Care providers - such as hospital staff, GPs, residential and community care staff - should only report elder abuse if they believe the person is incapable of making a decision about reporting it themselves, and there is no official guardian in place.

#### **Question 46**

##### **How should the police and prosecution responses to reports of elder abuse be improved? What are best practice police and prosecution responses to elder abuse?**

It is important that Police follow up on reports of elder abuse and treat them as seriously as the way child abuse is now managed within special police units. Concomitantly, there needs to be a greater understanding that some matters can be better resolved by alternate solutions, such as mediation, together with appropriate referrals to enable this to occur. See response at Question 41.

It is recognised that Police require better and ongoing training in elder abuse by advocacy agencies. Advocacy agency resource constraints and police time restraints are acknowledged as limiting factors.

#### **Question 47**

##### **How should victims' services and court processes be improved to support victims of elder abuse?**

Victim Support Services require better resourcing and training in elder abuse, which could be provided by advocacy agencies, subject to additional resources.

It also needs to be recognised that many people who experience elder abuse never interact with the justice system but nonetheless have been financially/physically/emotionally abused. It would be valuable to enable these people access to supports such as Victim Support Services.

**Question 48****How should sentencing laws and practices relating to elder abuse be improved?**

No response.

**Question 49****What role might restorative justice processes play in responding to elder abuse?**

Advocare is supportive of trialling restorative justice processes run by advocacy agencies in cooperation with Community Legal Centres. Trials, or pilot schemes, would enable best practice models to be identified.

**Question 50****What role might civil penalties play in responding to elder abuse?**

No response.

**Other Comments:**

Many matters raised by Advocare are not legal issues. Australia's advocacy agencies work across the gamut of elder abuse - financial, neglect, social, psychological, sexual and physical. Financial abuse was reported as the primary source of abuse in 37% of cases in 2014/2105 in the National Elder Abuse Annual Report.

Overall, in 2014/2105, eight agencies assisted 6,784 clients of whom 1,033 clients identified as having special needs - Culturally and linguistically diverse people; Rural and remote people; People with a disability; Aboriginal and Torres Strait Islander people; Care Leavers; and Lesbian, gay, bisexual, transgender and intersex people. These agencies provided advocacy services to 1,258 individual clients and dealt with 8,985 information calls from individuals and agencies.

In addition to individual advocacy, support and information, these agencies also delivered 810 Education and Information sessions to 17,595 attendees. Raising awareness of how to recognise and respond to elder abuse is everyone's business and a critical part of reducing abuse. Elder abuse agencies across Australia cover 7.69 million square kilometres to provide education and information sessions to:

- Staff working with older people
- Older community groups
- Aged care consumers
- Special needs groups

People who attend elder abuse education sessions, report feeling more empowered, able to recognise and respond to elder abuse and resourced with enough information to become an elder abuse champion.

Advocare is in the process of pursuing Federal funding to organise a National Elder Abuse Summit in Canberra for June 2017.

The National Elder Abuse Summit will unify the priorities of key stakeholders, drive policy development and help to place the issue of Elder Abuse at the top of our National agenda to show that Australia is a country that does not accept the abuse of its most vulnerable.

The Summit will bring together an experienced cross-section of individuals from across the country representing the areas of elder abuse, aged care and other social service experts such as child abuse and domestic violence, as well as those from business, marketing, law, government, funding bodies, academia and more, who can make a valuable contribution to our quest to develop best practice models for coordination, cooperation, communication, and societal change.

Advocare's CEO Greg Mahney JP BA MA (Public Policy) FAIM GAICD FATEM (Emeritas), is the Australian Representative for the International Network for the Prevention of Elder Abuse (INPEA) and Chairs the Alliance for the Prevention of Elder Abuse (APEA:WA). Greg is more than happy to be contacted by the ALRC or any other interested party to expand further upon Advocare's experiences in relation to elder abuse or to discuss the National Elder Abuse Summit.

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