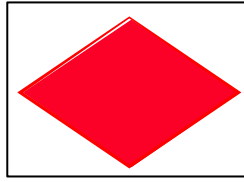


Office of the Public Advocate



Elder Abuse: The Hidden Problem.

Submission to the Minister for Aged Care

8th September 2003

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Executive summary and recommendations

The growth of the ageing population in Victoria and the projected increase in the incidence of older people who will be abused requires a concerted response across Government. Such a response needs to build on the current policy directions and adopt a whole of government approach. A Government Department needs to be given the lead agency role in providing leadership across Government and community agencies, resourcing agencies and monitoring compliance. Investment in such a strategy will prevent the issue of elder abuse becoming a significant cost to government and minimise the potential for adverse media attention. This approach also has significant cost and effectiveness advantages over a mandatory reporting response to the issue.

Government needs to show leadership by a key agency of the Victorian government taking on the responsibility of developing the various elements of the strategy in partnership with key agencies such as ACAT, Division of General Practice, the Commonwealth Department of Health and Aged Care and local government. These partnerships will be critical to the effective implementation of a statewide strategy. A planned and staged implementation of the strategy over time would be an effective and efficient way of ensuring that it could be resourced appropriately and its impact monitored and evaluated.

Recommendations

- Responsibility for the Victorian Government's position on elder abuse should rest primarily with the Minister for Aged Care.
- That a lead agency be appointed to develop a whole of government approach to the prevention of abuse of senior Victorians. This agency should be established by the Minister for Aged Care to:
 - Review the effectiveness of current policy and practice settings since 1995.
 - Develop regular mechanisms for inter-agency and inter-departmental communication and co-operation on the issue of elder abuse.
 - Develop a preventative approach, including an education campaign, highlighting the rights of older people to feel safe. An education campaign should target older people, carers and professionals. It should also be sensitive to issues for members of culturally and linguistically diverse communities.
 - Organise the collection of statistical data to indicate the level of response to this issue in Victoria.
 - Resource and support health and welfare staff in the prevention, detection and treatment of elder abuse.
 - Co-ordinate a whole of government policy on elder abuse.
 - Evaluate the effectiveness of these strategies.

1. Introduction

Building cohesive communities, reducing inequalities, and promoting rights are key features of Victorian Government policy as stated in *Growing Victoria Together*. Elder abuse is a hidden phenomenon that diminishes the lives of senior Victorians.

Population ageing in Victoria means that an increasing number of older Victorians will suffer or face the risk of being abused. This circumstance demands a review of current policy settings and the efficacy of elder abuse prevention, detection and treatment strategies in Victoria. Such a review needs to ensure that policy settings and delivery practice conform to best practice guidelines in Australia and overseas and work effectively to protect senior Victorians. Victorian government policy attention was last focussed on elder abuse in 1995, and culminated in the adoption of *With Respect to Age*. Since then there has been no review of the adequacy and effectiveness of the strategies adopted.

Elder abuse has implications for all Victorians, and it is estimated that it affects approximately 20,000 or three percent of senior Victorians in 2003. (See table below at p. 4.). A range of Government agencies and funded agencies play active roles in the protection of abused senior Victorians and the prosecution of offenders. However, there is no known Governmental policy on this issue, which is one of high public sensitivity. Concerted Government action is required to ensure that the policy settings and practice are effective in responding to this phenomenon. In the past ten years there has been an increasing amount of academic research conducted locally and internationally on the broad issue of elder abuse. This literature covers the definition, and incidence of elder abuse. The research has also canvassed the significance of the issue, the difficulty of providing an adequate response and the need for community education, professional training and agency protocols.

Whilst many Australian States and Territories have developed protocols and guidelines for best practice in responding to actual and suspected cases of elder abuse, to date no national approach to the alleviation and prevention of elder abuse has been implemented. (Commonwealth of Australia, 2000:47). Victorian agencies were encouraged to address the issue of elder abuse through the development of procedures as outlined in *With Respect to Age* (1995). However the experiences of agencies in this area would appear to suggest that this framework has failed to have a significant impact upon the issue. For example, a number of major hospitals and other services approached by members of the Office of the Public Advocate elder abuse working party did not have any policies relating to elder abuse. What has been lacking in Victoria is a whole of Government strategy to tackle the issue from a number of perspectives including older people, families, carers, and professionals from the aged care, community care, legal and medical fields. The absence of a cohesive and comprehensive response to the issue of elder abuse has meant that the capacity to identify and adequately respond from both a family and service provider perspective has been hampered.

The strategy outlined in this paper is concerned with issues of abuse occurring in a community context. This is complementary to but distinct from approaches to elder abuse in residential care settings. The Commonwealth through the funding of Aged Care Standards and Accreditation, advocacy and complaints, partially addresses the issue in residential aged care. The Commonwealth needs to consolidate a national approach to elder abuse in aged care and residential settings. The States have a responsibility for responding to elder abuse in

community settings and an effective approach needs to be introduced. (Koch, Nay and Powell 2000).

2. Background

In 2002 the Office of the Public Advocate (OPA) held some initial discussions with the Office of Senior Victorians on placing the issue of elder abuse in a broader context than simply promoting the use of powers of attorney.

In November 2002, the OPA held a forum with key agencies, advocacy groups and carer associations to identify the key elements of a strategy to deal with the issue of elder abuse. From this forum a smaller working group undertook to review the literature on elder abuse and, together with the findings of the OPA forum, develop this strategy.

3. Characteristics

Elder abuse can be defined as any act that results in harm to an older person, which occurs in a relationship where there is an implication of trust. According to the United Nations Economic and Social Council, elder abuse can be manifested as 'a single or repeated act, or lack of an appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person'. (cited in Faye and Sellick 2003:11) Elder abuse can include physical, sexual, financial/material, psychological and social abuse and/or neglect.

The different types of elder abuse are outlined below and have different contributory factors, which in turn may require different interventions. Assessments of a potential or actual situation of elder abuse should take account of the cultural context in which it has occurred, but should not be taken as a reason to allow the abuse to continue

Financial Abuse is the illegal or improper use of an older person's money or finances. It includes misappropriation of money, valuables and/or property; forced changes to a will or other legal document, denial of the right of access to, or control over, personal funds including withholding pension payments, forgery and misuse of Powers of Attorney.

Psychological Abuse is the infliction of psychological anguish, involving actions that cause fear or violence, isolation or deprivation, and feelings of shame, indignity and powerlessness. Psychological abuse includes verbal intimidation, humiliation, harassment, shouting, threats of physical harm or institutionalisation, withholding affection, preventing the older person from seeing others and denying an older person the right to make his/her own decisions.

Physical Abuse is the infliction of physical pain, injury or physical coercion. Examples include hitting, slapping, pushing and burning, and the use of physical restraints.

Sexual Abuse is abusive or exploitative behaviour including rape, indecent assault and sexual harassment.

Neglect is intentional and/or unintentional failure to provide the necessities of life to a person for whom one is caring. Unintentional neglect can occur when a person lacks the skills and

knowledge to provide adequate care, is unaware of available community support services or is ill and unable to meet the person's needs. Neglect includes abandonment, non-provision of adequate food, clothing, shelter, medical or dental care, inappropriate use of medication (including over medication), poor hygiene or personal care, and refusal to permit other people to provide adequate care.

Identification of situations of elder abuse can be complicated by the fact that victims may not see the situation as being abusive. The value-laden notion of abuse should also be acknowledged.

Elder abuse may be caused by one or more of a number of factors including:

- Financial stresses experienced by carers or other family members
- Family members' concern to maximise the size of the estate that each will inherit
- A history of family violence.
- Social isolation.
- Carer stress (including a lack of knowledge or understanding of services and supports available). Carers are often shocked and remorseful at their behaviour and/or the abuse is often unknowing or unintentional. This unintentional abuse is often the result of a lack of understanding on the part of the carers of the behaviours of people who have neuro-degenerative disorders. The limited services to support carers in their caring role, e.g. limited periods of respite and a reluctance on the part of carers to utilise respite care except at times of crisis, often contributes to the likelihood that abuse could occur.
- The carer (family member) may have been forced to care for the older person.
- Abusive behaviour of the older person towards the carer. This can sometimes lead to aggressive or inappropriate behaviour by the older person, which can often result from brain damage or a neuro-degenerative disorder.
- Pre-existing destructive family relationships or conflict in a shared household.
- The abuser may be a dependent adult who has a disability such as mental illness, intellectual disability or acquired brain injury and/or may be addicted to alcohol or drugs.

Elder abuse often reflects stresses and tensions inherent in close family and caring relationships. (Dept. of Health & Community Services, 1995). Recent research has drawn parallels between elder abuse and domestic violence, and suggests that earlier experiences of child abuse are linked to later elder abuse, as are situations of carer stress. However, these explanations do not fit all situations and there is a need for further theoretical development of the societal factors, which influence elder abuse (Kinnear and Graycar, 1999). Research undertaken in Queensland (Prevention of Elder Abuse Task Force, 2001) highlighted a number of broader societal factors that may contribute to the occurrence of elder abuse, including negative societal attitudes to ageing, and the lack of protective mechanisms against financial abuse and limited community resources. The increased vulnerability of a number of older people, the dependent nature of the relationship and the reluctance of victims to request assistance, make elder abuse of particular concern.

Older people are amongst the most vulnerable in the community and consequently the responsibility on government and the wider community to respond effectively to situations of abuse is critical.

In relation to situations of possible self-neglect by a vulnerable person, it is important to investigate the individual circumstances in order to make sure that the person is competent. If the person is assessed as competent then it is important to respect the older person’s wish to live in that way.

4. Incidence of Elder Abuse

Studies estimate elder abuse to affect between 1% and 5% of older people, but the figures may vary as it depends on how elder abuse is defined and the attitudes of the people reporting the incidences. This includes the attitudes of the older people themselves. (Australian Network for the Prevention of Elder Abuse -Statistics, 1999; Doyle undated: 1; Homer & Gilleard, 1990; Kurrle, Sadler Lockwood & Cameron, 1997). The benchmark international study on prevalence rates was completed by the National Center for Elder Abuse in Washington in 1996 (cited in Tatara, Kuzmeskus and Duckhorn 1997:1). It found a prevalence rate 3.2 % of people aged 65 years and above **experienced some form of abuse**

Based on Australian population projections, the following numbers of cases of elder abuse in Australia and Victoria is projected.

	2001	2011	2021
People 65+	2,403,100	3,036,000	4,220,400
Aust Projected Numbers abused people 65+ (3.2 %)	76,900	97,152	135,000
Vic Projected Numbers of abused people 65+	19,300	24,300	33,800

(Australian Bureau of Statistics, 2001).

These incidence rates would indicate that in Victoria, in 2002 there were 20,000 cases of elder abuse.

5. Why it is important to respond to elder abuse

Prevention and response to elder abuse is an important issue for governments, professionals and the community in Victoria. The damaging impacts of elder abuse on older people, the complex causal factors and the range of policies and portfolio areas, which intersect the issue of elder abuse, require a coordinated strategy and policy response.

5.1. Ageing nature of the population

The Allen Consulting Group has estimated that from 2001 to 2021, the proportion of Australians aged over 65 years will increase from 2.4 million (12.5% of the total population) to 4.2 million (18%). (In Victoria it is estimated that 1 in 4 people (25%) will be aged over 60

years of age (The Age to Be 2002, rev. ed. 2003:40). By 2021 there will be close to 1.7 million people aged over 75 years and 480,000 over the age of 85 (Allen Consulting Group 2002:11).

Population ageing will bring with it an increasing number of people diagnosed with some form of dementia. A recent study found that in 1995 130,000 people had dementia out of a population of 18 million. The same study estimated suggested that by 2041 Australia's population will be 25 million, an increase of 40%, and the number of people who have dementia will be 460,000, which will be an increase of 350% (Jorm 2001:1-2). This is presuming that no effective treatment is found for dementia. Further by 2016 it is predicted that dementia will be the major cause of disease burden in Victoria (Jorm 2001:3).

The Allen Consulting Group also estimated that more people would be living alone and have come from culturally and linguistically diverse communities (Allen Consulting Group 2002: 15).

5.2. Costs to the system

Failure to address the growing issue of elder abuse will have a significant impact on the costs of providing services and supports. For example, one Australian study of 1996 found that:

“... in New South Wales alone ‘elder abuse increased costs of services provided to people affected by elder abuse by \$311 per person per week ‘...[and] ‘that this adds around \$300 million per year to service costs in that state’.”(cited in PEAT Force 2001:9).

In light of the fact that the population is ageing, the costs to the service system of failing to implement early intervention and prevention strategies would be substantial.

The growth in the demand for hospital inpatient services is due to a rise in the number of people who have been admitted to hospital for medical rather than surgical reasons. A recent report on the Hospital Admissions Risk Program (HARP) noted that in Victoria, patients aged 70 and over make up about 40% of the growth in hospital inpatient admissions. Further there has been a 34% increase in the number of people over 85 who have been admitted to hospital over the last five years (cited in Swerissen & Silburn, 2003:19).

The financial abuse of older people reduces an individual's capacity to be financially independent in old age. This could mean that an older person, who would otherwise have been able to live independently and contribute to the costs of their care as they aged, may become dependent on the welfare system as a result of financial abuse.

As a consequence of a loss of financial resources because of abuse, an older person could suffer malnutrition or mental health problems that could result in hospital admissions that may otherwise not have occurred. This type of abuse has the potential to affect all older people, not only the frail aged and therefore the potential costs of this very common type of abuse are enormous and far reaching for the whole community.

5.3. Individual Costs

People falling through the gaps

Jean

Jean is a 65-year-old woman with dementia who has had 16 hospital admissions in the last two years (effectively one every six weeks). Jean has been admitted because of physical injuries. Her only daughter was her carer. The daughter had her mother's pension put directly into her own bank account, with the result that Jean has no savings or financial resources. The daughter abuses drugs and alcohol and has allegedly physically injured her mother on several occasions. She has refused to consent to necessary medical treatment for her mother. Professionals coming into contact with the mother and daughter have generally failed to take any action to protect Jean and have not liaised with each other. This situation has been ongoing for two years. An administrator and guardian have been appointed. This occurred when the Victorian Civil and Administrative Tribunal – Guardianship List refused to agree to the hospital withdrawing its guardianship application after the daughter took her mother home following her last admission. Because of the appointment of an administrator and guardian, financial abuse has ceased, Jean is in a hostel and has not had any further hospital admissions. The daughter is allowed to visit only under very strict conditions. If professionals involved had taken action earlier, then hospital admissions and Jean's continued suffering would have been avoided. Jean may have had more financial resources available to her for her ongoing care.

Bob

Bob has two daughters, Sue and Margaret. Sue has an Enduring Power of Attorney (financial) and arranged for Bob to be admitted to a hostel. The hostel had difficulty in obtaining rent from Sue for her father. Sue told a social worker that her father had given her the house over 4 years ago although he was still living in it. The worker was concerned and helped Margaret to apply for an administrator. It transpired that the EPOA was obtained after Bob was diagnosed with dementia. Bob did not know that Sue planned to sell the house, which was sold for well under its value. At the hearing Sue allegedly lied and her son (Bob's grandson) verbally attacked Bob. It was alleged by Margaret that Sue abuses drugs and was desperate for money. State Trustees is now his administrator but he no longer has any savings.

6. Mandatory reporting

Mandatory reporting is argued by some to be an important strategy to address elder abuse. However, no Commonwealth or State laws require mandatory reporting of abuse of older people. The law assumes that adults can make their own decisions about whether or not to do anything about the abuse they may experience. The law rightly does not regard legal rights and responsibilities as changing because the individual reaches 65 or 85 years of age. This is with the exception of laws relating to areas such as pensions and superannuation. Age alone does not provide criteria for introduction of mandatory reporting of suspected abuse of older people.

It is not suggested that mandatory reporting would be an effective response to elder abuse in Australia. Where an older person does not have the legal capacity to make decisions about

their situation, the *Guardianship and Administration Act* (1986) provides the legal basis for appointment of a guardian on their behalf.

A more effective strategy for addressing elder abuse in Victoria is one, which informs older people of their rights and provides skilled intervention and counselling services. This approach emphasises support and temporary and safe accommodation options to enable older people who are being abused to make their own informed decisions about abuse they may be experiencing and provide them with options to change their situation.

7. Victorian Government Position on Elder Abuse

The last major statement of policy in this area was the endorsement of *With Respect to Age* in 1995, by the previous government. It is unclear whether the Department of Human Services has responsibility for the implementation of this policy framework in regard to its funded agencies. Other State Government agencies are also actively involved in the issues of elder abuse. These include, the Victoria Police, the Office of the Public Advocate, the Magistrates' Court and Consumer Affairs.

Several observations are offered in regard to the current policy and service response settings in Victoria:

1. There has been no review of the effectiveness of current policy and practice settings since 1995.
2. There are no standing mechanisms for inter-agency and inter-departmental communication and co-operation on the issue of elder abuse.
3. There is no collection of statistical data to indicate the level of response to this issue in Victoria.
4. Other States have been far more proactive in resourcing and supporting health and welfare staff in the prevention, detection, and treatment of elder abuse.
5. There is no whole of government policy on elder abuse.
6. An effective strategy may not require a significant increase in resources rather a refocusing of attention on this issue.

8. Responsibility for a Strategy

It is submitted that responsibility for the Victorian Government's position on elder abuse should primarily rest with the Minister for Aged Care. The Minister should ensure that the Department take primary responsibility for providing professional leadership, promoting best practice and monitoring performance across agencies. To achieve a whole of government approach to the issues this may also involve liaising with other Ministers in areas such as Community services and the Attorney General.

The role of the government lead agency should include:

- Acting as the central clearing house /advisory service re best practices and protocols.
- Acting as the regional consultant
- Acting as the agency providing professional training and support.
- Providing advice to other areas of government.
- Providing public awareness raising.

- Monitoring the performance of agencies in regard to the elder abuse strategy and making recommendations to the relevant government departments about areas for performance improvement and innovation.
- Convening an inter-departmental working group on elder abuse.
- Developing pro-forma policies and protocols for agencies to consider and implement in their own regional and service settings.

Program and funding guidelines would support the work of the agency by requiring funded agencies to specify the guidelines and policies that agencies would be required to implement.

There is considerable awareness and willingness to tackle issues of elder abuse amongst health and welfare agencies as indicated through the forums and consultations conducted by the OPA. There is a very receptive environment for leadership to be shown by Government.

Individual organisations would then follow the lead agency in developing an appropriate local strategy that takes into account the unique service configuration in each region of the State (e.g. 30 Primary Care Partnership regions in Victoria). This will encourage individual agencies, professionals and carers to work more collaboratively on addressing this issue.

The rationale for this policy is clearly consistent with the Victorian Government's policy priorities in *Growing Victoria Together*.

"improve safety in the places Victorians live" and
 "improve their awareness of their rights", (*Growing Victoria Together*, 2001:14, 26).

Indeed the "Victorian government is committed to taking a leadership role in building partnerships across government and with community, business and individuals to respond to the needs of senior Victorians" (*The Age to Be*, 2002, rev ed. 2003:3). The Victorian Government has also committed itself to "build partnerships with organizations that advocate for seniors and promote positive attitudes and practices towards older people". (*The Age to Be* 2002, rev ed. 2003: 14)

9. Key elements of an effective response to elder abuse

The prevention of elder abuse should be given the highest priority. This issue requires a multi-levelled response, one that promotes the rights and autonomy of the individual as well as supporting the carers of older people. Elder abuse prevention strategies should take into account the differing attitudes and beliefs of people from a range of culturally and linguistically diverse backgrounds to elder abuse. This multi-factorial response needs to be monitored and evaluated to assess its ongoing effectiveness.

The literature and discussion in the OPA forum identified the following key elements of an effective response to situations of suspected elder abuse:

9.1. Agency procedures, policies and practices

The objective is to ensure that appropriately skilled and trained staff within an agency are able to respond effectively in regard to detection of elder abuse and treatment of causes of elder abuse. Where physical protection of the person is required, appropriate protocols with police and other agencies should be put in place.

Each agency that may in the course of its operations encounter suspected elder abuse should have in place an internal elder abuse policy. Agencies should be asked to review the current policies and procedures in the light of policy and protocol guidelines developed by the lead agency. Agency policy and practice should set out the procedures and practices to be followed in the event of encountering suspected abuse. There should also be a process for monitoring the creation and effectiveness of such policies.

Such a review should examine the following areas:

- Identification
- Assessment
- Legal interventions
- Agency protocols
- Lead local agency

a. Identification

Agencies and professionals must have a clear policy and process for investigating suspected cases of elder abuse. In order for these procedures to be effective, the lead agency needs to resource and train professionals in being able to deal more effectively with this issue.

b. Assessment

A clear procedure for assessing situations of potential elder abuse should be established by such agencies as Aged Care Assessment Teams, Emergency Departments, Police, Aged Psychogeriatric Assessment Teams, and Domestic Violence Services. The task is for a lead agency to bring together the best available research in assessment guidelines and inform the above agencies about these to improve and develop professional assessment practice. The use of an effective screening instrument must be evaluated as well as having professional interest in addressing the issue. For example there are three assessment-screening tools that have been developed particularly by Duke University that could be very helpful in such screening (Bloom et al, 1989). The tools are not well known in Australia and have not been validated in Australian conditions.

There are a number of screening tools that have been developed and used overseas and in Australia. Such tools are not well known amongst health professionals working with older people in Victoria. (Reis and Nahmish 1998; Schofield 2001) Informing health professionals of the availability of such tools will assist professional development in this area.

Frequent liaison should occur between agencies in order to address the complexities of elder abuse. Funded agencies should be asked to review their assessment and intervention guidelines in the light of the material provided by the lead agency and implement policies and protocols, based on the guidelines offered.

c. Case management

When a suspected case of elder abuse is identified, case management agencies should give priority to elder abuse cases in their in-take criteria. These services should coordinate their responses.

9.2. Interagency protocols

Interagency protocols will need to vary to suit the unique service configuration of that region. Therefore, agencies operating within a particular geographical area should have in place protocols with all of the other relevant agencies in their area that establish the respective responsibilities and referral processes of those agencies. In each region there will need to be one or two agencies, which have specialist skill and have a specialist co-ordinating role.

The objective is to ensure that cases of suspected abuse are responded to and are not the subject of attempts to deflect responsibility, thus militating against delays, unnecessary referrals or complete avoidance of action.

The development of interagency protocols needs to be occurring in tandem with individual agency procedures. This process needs to consider the issue of which agency in that region is to take the lead role. Which key agency has overall responsibility for dealing with and acting upon cases of suspected elder abuse in a given area/region? These protocols will need to differ between areas of the State to reflect the unique service profile of each region. For example a regional mapping exercise may need to be undertaken in order to ensure the appropriate identification and involvement of relevant agencies in this process. The use of the existing networks such as the Primary Care Partnerships may be critical in this process.

9.3. Professional education

Individual professionals need to receive education about the issue of elder abuse. The objective of this being to increase awareness and understanding of this issue in order to inform a more effective response to the issue. This should be ongoing and include short-term, medium and long-term components. The training package developed in NSW by the Ageing and Disability Department (1999) would be a useful resource for the development of such programs. Where possible these should be incorporated into existing professional training programs.

Individual agencies should be encouraged to send staff to training programs funded and advertised by the lead agency to ensure they are trained in identifying, assessing and using appropriate interventions when dealing with elder abuse situations. Staff need to be skilled and supported to gain confidence in tackling this issue.

The creation of professional networks in each region could provide an important opportunity for peer support of staff to occur, both within and between agencies, when confronting situations of possible abuse. The lead agency could provide a critical role in facilitating the creation of such networks.

In light of the fact that financial abuse is the most common form of abuse perpetrated against older people, staff in financial institutions need to be skilled in identifying and responding to instances of financial abuse against older people and trained in how to deal with it. The

Finance sector should be encouraged to take a more active role. This could be facilitated through the Office of the Banking Ombudsman. This is an area where the lead agency could effect significant change through engaging with the finance sector to fund and participate in an effective marketing strategy campaign in this area.

9.4. Carer education

Older people, family members and carers need to receive education about the signs of carer stress and their own rights not to be abused. This education should have the objective of raising awareness and identifying sources of support and assistance. Consideration needs to be given to funding through carer organisations for such carer education.

9.5. Community education

A broad community wide education campaign should seek to raise the awareness of the issue of elder abuse and assist people to identify and respond effectively to it as members of the community.

The right of an older person (or carer) to feel safe should be central to any community education campaign. This is particularly important when informing/educating older people who are competent about their rights. Part of this involves providing information on where to take any concerns they may have concerning a friend, neighbour, family member or indeed themselves. The community education strategy should emphasise working collaboratively with families and/or significant others and seek to empower them, taking account of cultural issues.

9.6. Mediation

Where there are a range of issues in the family context concerning the older person it may in some circumstances be useful to try and resolve these issues through a process of formal mediation. This would follow less formal family meetings organised by the relevant services in seeking to resolve the issues. In some instances this may avert the need to take a matter before the Guardianship List of the Victorian Civil and Administrative Tribunal. This should involve sound, professional judgements about the level of risk to the older person in the current situation. The following questions should be considered:

To what extent is this issue one that is likely to be successfully mediated?

Is family conflict present that is not directly concerning the person with the disability (e.g. sibling rivalry)?

It is necessary to ensure that appropriately skilled mediators are used who are able to deal effectively with power imbalances. Criteria need to be developed which would assist in identifying those cases where mediation is seen as being appropriate. Mediation agencies should be skilled, trained and resourced to work with cases of alleged abuse.

The objective in using mediation would be to preserve family relationships, wherever possible, as long as this does not compromise the position of older people or place them at risk.

9.7. Implementing this Strategy

The growth of the ageing population in Victoria and the projected increase in the incidence of older people who will be abused requires a concerted response across Government. Such a response needs to build on the current policy directions and adopt a whole of government approach. A Government Department needs to be given the lead agency role in providing leadership across Government and community agencies, resourcing agencies and monitoring compliance. Investment in such a strategy will prevent the issue of elder abuse becoming a significant cost to government and minimise the potential for adverse media attention. This approach also has significant cost and effectiveness advantages over a mandatory reporting response to the issue.

Government needs to show leadership by a key agency of the Victorian government taking on the responsibility of developing the various elements of the strategy in partnership with key agencies such as ACAT, Division of General Practice, the Commonwealth Department of Health and Aged Care and local government. These partnerships will be critical to the effective implementation of a statewide strategy. A planned and staged implementation of the strategy over time would be an effective and efficient way of ensuring that it could be resourced appropriately and its impact monitored and evaluated.

10. Recommendations

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 - Develop regular mechanisms for inter-agency and inter-departmental communication and co-operation on the issue of elder abuse.
 - Develop a preventative approach, including an education campaign, highlighting the rights of older people to feel safe. An education campaign should target older people, carers and professionals. It should also be sensitive to issues for members of culturally and linguistically diverse communities.
 - Organise the collection of statistical data to indicate the level of response to this issue in Victoria.
 - Resource and support health and welfare staff in the prevention, detection and treatment of elder abuse.
 - Co-ordinate a whole of government policy on elder abuse.
 - Evaluate the effectiveness of these strategies.

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Office of the Public Advocate policy statement on elder abuse

14th August 2003

It is often stated that a truly civil society is judged on the basis of how well it treats its most vulnerable citizens. Population ageing in Victoria means that more older Victorians will suffer or face the risk of being abused.

Elder abuse has implications for all Victorians, and it is estimated that it will affect approximately 20,000 or three percent of senior Victorians in 2003¹. A range of government and funded agencies play active roles in the protection of abused senior Victorians and the prosecution of offenders. However, there is no known current governmental policy on this issue, which is one of high public sensitivity. It is the view of this Office that concerted government action is required to ensure that the policy settings and practice are effective in responding to this complex issue.

This circumstance demands a review of current policy settings and of the efficacy of elder abuse detection, treatment and prevention strategies in Victoria. Such a review needs to ensure that policy settings and delivery practice conform to best practice guidelines in Australia and overseas and work effectively to protect senior Victorians. Victorian government policy attention was last focussed on elder abuse in 1995 and culminated in the adoption of *With Respect to Age*. Since then there has been no review of the adequacy and effectiveness of the strategies adopted.

In November 2002, the Office of the Public Advocate held a forum with key agencies, advocacy groups and carer associations to identify the elements of a strategy to deal with the issue of elder abuse. Subsequently a smaller working group undertook to review the literature on elder abuse and, together with the findings of the OPA forum, developed this strategy. It is recommended that:

- Responsibility for the Victorian Government's position on elder abuse should rest primarily with the Minister for Aged Care.
- The Minister for Aged Care appoint a lead agency to develop a whole of government approach to the prevention of abuse of senior Victorians. This agency should:
 - Review the effectiveness of current policy and practice settings since 1995.
 - Develop regular mechanisms for inter-agency and inter-departmental communication and co-operation on the issue of elder abuse.
 - Develop a preventative approach, including an education campaign, highlighting the rights of older people to feel safe. An education campaign should target older people, carers and professionals. It should also be sensitive to issues for members of culturally and linguistically diverse communities.
 - Organise the collection of statistical data to measure the level of existing and required response in Victoria.
 - Resource and support health and welfare staff in the detection, prevention and treatment of elder abuse.
 - Co-ordinate a whole of government policy on elder abuse.
 - Evaluate the effectiveness of these strategies.

¹ This figure is based upon Australian Bureau of Statistics (2001) figures and the study by Tatara, T. Kuzmeskus, L. and Duckhorn, E (1997) Reporting of Elder Abuse in Domestic Settings, Elder Abuse Information Series No. 3, National Center on Elder Abuse, Washington DC.

