



OFFICE OF THE
PUBLIC ADVOCATE

Submission to the Elder Abuse Prevention Consultation paper

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1. Executive summary

The complex, and often hidden, nature of elder abuse requires a comprehensive multisectorial and multidisciplinary strategy which is based on sound principles of active ageing. This strategy has essentially four key elements:

1. Community and professional education which seeks to raise awareness and educate the community and professionals on how to respond to this difficult and complex issue.
2. A statewide resource and prevention centre providing a clearing house and resourcing function to support agencies and the wider community across the state in being able to respond to the issue.
3. Regional lead agencies with responsibility for responses to the issue at a local level.
4. Research and evaluation of all aspects of the strategy so that a sound body of knowledge can be developed about best practice approaches to the issue in different sectors.
5. A statewide elder abuse response group with overall responsibility for the implementation of the Elder Abuse Strategy and responding to systemic issues which arise during the course of this implementation. ..

It will be important to implement this strategy in stages so that when the wider community education campaign occurs agencies are ready to respond with clear contact points for referral.

2. Introduction

The Public Advocate is pleased to be part of the Elder Abuse Prevention Project Advisory Group and to make a submission in response to the consultation paper. The Public Advocate acknowledges the work of the Office of Senior Victorians, through the Elder Abuse Prevention Project, in seeking to improve the awareness of and response to this complex and often hidden problem.

The Public Advocate has a daily involvement in situations where older Victorians are being exploited, abused or neglected. Indeed in 2004/05 63.78% of cases where the Public Advocate was involved either as an investigator, guardian or advocate concerned a person with dementia. A significant number of these cases involved situations of elder abuse. However whilst the Office of the Public Advocate has a specific concern for people with a cognitive impairment the problem of elder abuse affects older people generally.

Indeed it is estimated that only a relatively small percentage of the total number of instances of elder abuse come to the attention of the Office. This is due to a range of factors which include:

- The underreporting of cases of elder abuse.
- Services providers and the wider community being unclear on where to refer these cases.
- Services responding effectively to cases at a local level that do not require the involvement of OPA.
- The older person may not have a cognitive impairment.

For these reasons it is difficult to obtain accurate figures on the scale of the problem. However, based on both Australian and International Studies it is estimated that between 3 and 5% of the population aged 65 years and above experience some form of elder abuse. (Office of the Public Advocate, 2003:7).

The Public Advocate has a long history of advocating for improved responses to this issue. In 1992 the Public Advocate released the report *No Innocent Bystanders*, which highlighted the nature of the problem (Office of the Public Advocate, 1992). This prompted debate on the issue which contributed to the creation of the first government policy on this issue, *With Respect to Age*, which was released in 1995 (Department of Health and Community Services, 1995). This policy provided some guidance to aged and other community service agencies as to how to adopt clear and consistent policies on approaching the issue of elder abuse. However, this policy was not part of a broader strategy to encourage agencies actively to adopt such strategies and the effectiveness of this strategy was never evaluated.

Since 1995 the Public Advocate has continued to see cases where the service system and wider community has failed to adequately respond to the needs of older Victorians who are being abused. This led the Public Advocate to host a forum on the issue in 2002. Out of this forum a working party was formed to assist the Public Advocate to prepare a submission that was made to the Minister for Aged Care in September 2003 (Office of the Public Advocate, 2003). This submission made a number of recommendations most of which are included in the consultation paper.

The consultation paper correctly acknowledges the complexity of the issue when considering what should be an appropriate response. Each type of abuse, such as physical, emotional, or financial, may require very different responses. Care must also be taken not to reinforce existing ageist attitudes by ensuring the response to the abuse of older people is consistent with responses to the abuse of any other member of the community. For this reason the Public Advocate supports an empowerment approach to the issue of elder abuse which is respectful of the rights of the older person. This is also consistent with the United Nations principle for the older person which states that:

Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse

(UN Principles for Older Persons, 1991)

3. Problems in current understanding and response to situations of elder abuse

Beryl

Beryl is 87 and has lived on her own for the past eight years since her husband died. She has two children. Her daughter Sandra is married and lives interstate whilst her son Brian, who is currently unemployed, has moved back home to help care for Beryl. The Aged Care Assessment Service (ACAS) has been contacted by a neighbour who is concerned that Beryl's house is looking increasingly untidy with the garden being quite overgrown and house needing repair, lowering the overall tone of the street. She

also mentions that she has not seen Beryl for some weeks as she used to regularly see her walking down to the shops. Now she only sees the son Brian and that is only about once a week.

The ACAS attend but get no answer at the front door so they proceed to enter the house from the rear where they can see Beryl lying on a camp stretcher in the back room of the house. The camp stretcher and Beryl smelt of faeces and stale urine and she had two buckets beside her bed for toileting as she appeared unable to get out of the bed very easily without assistance. She appeared to be quite disorientated as to where she was. She yelled at the ACAS to go away and leave her. Concerned about the level of risk Beryl may be in they were able to have a conversation with Beryl which raised doubts about her capacity to make decisions. They offered to take her to the hospital for a check up but she refused stating that her son was looking after her.

Given these concerns the ACAS made an urgent application seeking the appointment of a guardian to make decisions about accommodation and access to services. With the guardian appointed the ACAS returned to the house where they were confronted by the son who refused to allow them in to see Beryl stating that she was alright and did not need to go to hospital as he was responsible for her care. When the ACAS explained what they had observed the previous day he started to abuse them and accused them of trespass. The police had to be called so that the ACAS team could see Beryl.

Following a brief initial assessment of Beryl the ACAS arrange for her to be taken to hospital. The hospital had a record of about seven hospital admissions in the past two months and that despite concerns about her double incontinence and urinary tract infection she was discharged home into the care of the son. There were some notes in the clinical file which showed that Beryl had a long history of repeat admissions to the hospital following which her son subsequently removed her often without her being formally discharged. A week later Beryl developed an infection and subsequently died.

The situation of Beryl highlights a range of issues in relation to the service system response to such situations:

- The limited skill of workers in being able to respond to these situations.
- The lack of service response to ensure appropriate follow up post discharge.
- The lack of clear and established interagency relationships in responding to such situations.

There are a number of reasons for the current failings in the service system to adequately respond to situations of elder abuse whether the person has dementia or not (Office of the Public Advocate, 2003). Some of the key issues affecting the service response to these situations are outlined below.

1. By their very nature situations of elder abuse can be quite complex and involved. Consequently they demand a highly skilled and sensitive approach by practitioners and services to the issues. This complexity can be a deterrent to those services and practitioners who may lack sufficient skill and resources to approach these situations.
2. Professionals may lack the necessary knowledge and skills to identify the warning signs associated with a potentially abusive situation. Consequently it can go undetected.
3. These situations of abuse can be very time consuming to respond to and some agencies may lack the time and/or resources to be able to respond effectively.
4. There can be a range of difficulties experienced in determining the capacity of the older person to make informed decisions about their situation. These include:
 - The worker may lack the skill to identify that the person may have a cognitive impairment which may require further assessment.
 - The person themselves may be resistant to having such an assessment conducted,

- It may be difficult to access appropriate professionals who can conduct such assessments such as geriatricians and neuro-psychologists.

Therefore in some cases the service provider may have difficulty in being able to act in a protective way by taking appropriate action such as making an application for guardianship and/or administration.

5. Given the complexity and sensitivity of these situations even where services or professionals may have a sense of what is going on they may chose not to become involved :

- For fear of putting the older person at even greater risk through their intervention.
- Not wishing to become involved in family conflict.
- Uncertain of what they can do even if they are able to confirm their suspicions.
- The limited resources of agencies to respond to these situations.
- The service provider may be afraid of putting their workers at risk in going into such situations.
- The service provider may be afraid of the family suing the service provider if they are unable to substantiate their concerns.
- Even where services are able to substantiate their concerns if the older person does not wish to do anything in relation to the situation and the older person is considered competent, then they may be limited in what they can do.
- Where the service provider does investigate and find an abusive situation they may then find they have an obligation to respond to the situation of abuse because of their duty of care to the client.
- The lack of investigative powers available to service providers can make it difficult for them to establish whether it is an abusive situation.

For all these reasons the current approach to the issue of elder abuse is not considered to be sufficient, particularly as the ageing nature of the population will further increase the situations where this abuse may occur.

4. Key elements of Victorian Elder Abuse prevention and response strategy

In considering what should be the key elements of any effective response to the issue the Public Advocate identifies the following:

4.1. Community education and awareness

As outlined in our 2003 submission and the Office of Senior Victorians discussion paper we support community education as being a key element of any strategy to help raise both awareness and understanding of the issue in the general community as well as specific sectors such as health, justice and finance.

Key messages and target audiences

There need to be a number of specific messages as part of the campaign aimed at different audiences: For example there may be one education strategy for senior Victorians which makes them aware of what is elder abuse, and their right to feel safe. This should also offer advice on where they can seek help.

There should also be a campaign which targets families and carers which again makes clear what elder abuse is but may seek to make the point that not only is such behaviour inappropriate, but that certain averse consequences may flow to the perpetrator as a result such as charges being brought. The current campaign about violence against women offers a useful model for this message. As part of the message to this group, it may be also important to emphasise where carers can seek help and support in their caring role.

More specific education and training should also be offered to specific sectors on how to identify and respond to situations of elder abuse such as allied health, police and workers in financial institutions.

Methods

Such a campaign needs to use a wide range of methods acknowledging that the community accesses information through diverse means. Particular consideration

needs to be given as to how this information can be delivered to culturally and linguistically diverse and indigenous communities.

This campaign needs to be ongoing if it is to be effective in reaching older Victorians and the wider community and consideration needs to be given to there being different campaigns which target different groups. Using existing older persons and ethnic groups and networks to convey the message and not relying on web based methods are important considerations based upon our own experience in providing information about powers of attorney.

Staged introduction of the community education campaign

If these campaigns are going to be effective, there need to be clear referral points at both a local and state levels within the service system where people can find out more and, where necessary, seek the assistance of relevant services.

Therefore the community education campaign should only occur once there has been significant work undertaken with a range of health and community service providers as well as other agencies to skill them up to be able to deal with a potential increase in the number of approaches from the community for assistance on this issue.

Baseline data and evaluation

With any of these different education strategies it is important that evaluation of their effectiveness should be built in at the start. Some initial collection of baseline data about the level of understanding and awareness in the general community of elder abuse prior to the commencement of the strategy would also be helpful in rating its effectiveness. Other educative approaches to public health such as smoking could be considered in relation to how the effectiveness of these programs is evaluated. This could also take the form of focus groups which would also help provide useful ideas for how the community education campaign should be pitched. This is particularly important given the findings of the study in the Australian Capital Territory which found that there was not a lot of awareness or understanding of elder abuse. Indeed it may be beneficial for the campaign organisers to consider using different terminology such as abuse, mistreatment or neglect of older people. (Office of Ageing, 2004:17). This ongoing process of evaluation of the education campaign will also enable

messages to be refined to improve their effectiveness with specific audiences over time in a similar way to other public health campaigns like the quit smoking program

4.2. Strengthening Service Responses

There are currently a number of agencies which are very effective in responding to cases of elder abuse. However, care needs to be exercised to avoid overestimating the capacity of existing services to respond to the issue. Indeed the reference in the discussion paper (p, 6) to a range of existing agencies gives the impression that all these agencies are currently responding specifically to issues of elder abuse. This can be a potentially misleading list in that some of these agencies may lack the knowledge or skills to be able to respond to such situations effectively. In resourcing and supporting agencies it will be important to identify the primary, secondary and tertiary levels of service response as each will require different levels of resourcing. For example all agencies will need an awareness of the problem and referral points in their region. Then at the secondary level more specialist agencies such as Aged Care Assessment Services need more specialised support to be able to undertake more comprehensive assessments.

Training of professionals

As previously mentioned, before any comprehensive community education campaign can be commenced a significant amount of work needs to occur to assist professionals and services to identify and respond to cases of elder abuse. Given the complexity of potential situations, the initial education and training of staff must ensure that they are able to clearly identify situations, assess the various aspects of the situation and then develop a response. This training needs to be targeting a broad range of workers such as council home care workers, and other community care workers in addition to residential workers.

Given the lack of a clear evidence base for many of these approaches it is also important to undertake ongoing research and evaluation of these approaches so that the skill and knowledge base can develop to inform improved service responses to the issue. This education and training will also need to be ongoing and over time should be incorporated into professional training programs.

This training will need to occur with professionals across the health and aged care fields as well as in other areas such as police, lawyers and workers in the financial sector.

Agency procedures, policies and practices

In the context of this training for staff, each agency needs to develop a clear set of procedures to assist workers in approaching situations of alleged abuse. These procedures should be based upon a model provided to agencies similar to that offered in NSW and Queensland. The current review of *With respect to Age*, by the Department of Human Services, provides a useful opportunity to provide agencies with some guidance in developing sound policies in this area that offer clear direction to staff. In conducting this review consideration should be given to the effectiveness of *With Respect to Age* in improving agency responses. In relation to the current review of *With respect to Age*, there is no indication of how many agencies were developed their own policies or indeed how effective this strategy has been in addressing the problem. Consequently the review of this document needs to be considered as part of a more comprehensive examination of the critical elements of an effective elder abuse strategy. Any replacement of *With Respect to Age* should form part of a broader strategy which would include having regular access to appropriate levels of supervision and support for staff in dealing with cases of elder abuse.

Lead local agency

To ensure a more coordinated and consistent approach to abusive situations there needs to be lead agencies at a local level which can offer support and assistance to other agencies in the region. This function would be performed by an appropriately experienced existing local service. This local agency could act as a learning hub for agencies and professionals in the field as a way of promoting and disseminating information on useful approaches to situations that will ultimately inform the development of best practice approaches to the issue. Additional funding needs to be provided to these agencies to enable them to fund a staff member to perform this resource and support role to other agencies. This support may be through training or individual consultation on a secondary and in some cases primary basis. In relation to the primary consultation role, care needs to be taken to ensure that this is managed appropriately to ensure that other agencies are not denied important opportunities to

develop their skills in this area. This lead agency would also have an important role in forging more collaborative working relationships between agencies, where the risks often associated with these situations can be shared.

Collaborative relationships

Through the lead local agency and agencies more generally there should be efforts for agencies to work more collaboratively together. In some instances this may benefit from the creation of protocols for how agencies will work together in responding to these situations as successful responses will often require a number of agencies to become involved. This collaboration should occur across a broad range of services including primary health care workers such as general practitioners, the police and emergency services, as well as case management services and financial institution workers. Where these services are funded in part or whole by the state government it should be a requirement of their funding agreement that their agency have clear policies and procedures in place in relation to prevention, identification and response to elder abuse.

4.3. Systemic implications

Given the complexity of the issue and the requirement that services and professionals from diverse fields of practice work collaboratively, an effective response also requires a clear capacity to address systemic problems in the way services and systems respond. The creation of the Prevention of Elder Abuse Task Force in Queensland was a key component of involving key areas of government and the community in developing a strategic plan to respond to the issue on a broader level (Queensland Government, 2001: 11)

Any response needs to incorporate a process whereby various sections of government such as the Department of Human Services and Department of Justice come together with other groups such as the police, financial institutions, Council on the Ageing and Carers Victoria to review system responses and identify any areas which require higher level discussions to address gaps and deficiencies (Day, 2005).

4.4. Elder Abuse Prevention and Resource Centre – A proposed model

Aim

The purpose of this centre would be to raise community awareness of elder abuse and seek to reduce the incidence of elder abuse through improved service system responses.

Objectives

- 1. To raise community awareness and understanding of elder abuse and where to seek assistance.**
- 2. To promote the development of best practice approaches by service providers across a wide range of fields including aged, health and community services as well as justice. (This could be achieved through resourcing and supporting local lead agencies).**
- 3. To undertake research and evaluation of current approaches to the problem.**
- 4. To identify areas that require systemic change. These matters would be taken to the Statewide Elder Abuse Response Group.**

Structure

Given the need to ensure that the centre is able to provide advice and assistance through a secondary, and perhaps in some exceptional circumstances primary, consultation to a wide range of services, careful consideration needs to be given to the siting of the centre so that it is not captured by a particular type of service provider. For example, if it were based at a hospital it may be perceived to be a support centre for health services rather than a range of other agencies.

There are a range of ways in which this could be addressed. Receiving funding from a range of sources can help this although has the potential to affect the ongoing stability of the centre. For example it is understood that the Northern Dual Disability Unit was established with funding from both disability services and mental health services which has affected the stability of the program as each year both agencies have to

recommit to their support of the unit. Therefore it is recommended that funding come from one source.

Having the centre operated by a consortium of agencies from across the aged, health and justice sectors may be one approach which ensures a more shared identification with and ownership of the centre.

Another approach may be to have a management committee consisting of representatives from these different sectors to help ensure that it is meeting the training and support needs of these sectors, as well as advising on the communications strategies. The Dual Disability Unit in the Northern region was set up with representatives from both disability and mental health services. Indeed the complex client project within DHS has similar representation across disability, mental health, drug and alcohol and housing areas.

Statewide Elder Abuse Response Group

In addition to this management committee it would also be critical to have a higher level group involving senior police, agency and department managers from a state and federal level as well as representatives of the financial institutions who meet on a less frequent basis to consider issues raised by the centre of a more systemic nature. The aim of this group would be to address the broader systemic issues identified and oversee the implementation of the statewide elder abuse strategy. I understood that the Queensland Elder Abuse Unit has some mechanism for doing this through the Prevention of Elder Abuse Task Force (Queensland Government, 2001). I am also aware that similar groups which bring together senior management from justice, health and community services fields have operated in a number of areas of the United States since the early 1980's (Day, 2005:16).

Staffing

The centre needs to be staffed by professionals with different backgrounds. It requires people who are excellent at delivering successful community education campaigns and also practitioners who have had extensive experience in dealing with elder abuse situations. To undertake the research component it would need a researcher who can collect data and undertake evaluations of practice approaches and education

campaigns in order to build a body of evidence in relation to best practice in both these areas. To support the research component of the centre it may be worthwhile exploring developing a partnership arrangement with one of the Universities who may be willing to offer some funding towards such a position.

5. Conclusion

The complex and often hidden nature of elder abuse requires a comprehensive and multifaceted response which not only seeks to raise awareness of the issue but also puts in place an ongoing structure of support for agencies involved in responding to situations of elder abuse. In addition to this, the complex nature of the problem requires a broad and diverse range of services to be able to work together more effectively at both a policy and an operational level.

To address all three elements in an ongoing way requires careful thought. The creation of an Elder Abuse prevention and resource centre and resourcing of regional lead agencies as outlined in this submission is a key way in which these objectives can be achieved.

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