10. Social Work Dept Redland Hospital, Qld Health

Name of organisation: Social Work Dept Redland Hospital, Qld Health

Question 1

All of the above

Question 2

Increased penalties for abusers - individuals and organisations

Clear definitions ie what is abuse, what does it exclude, ? unintentional abuse / neglect

Clear legal responsibilities - state, Federal, local, procedures, - define and delineate - streamline legislation.

Consider similar process to Child Protection Act

Guidelines to deal with vexatious complaints

Question 3

LGBTI - these clients are often excluded, emotionally abused and mistreated due to sexuality eg by Residential Care facilities / service providers

CALD - cultural excuses are often used for perpetuating abuse eg the family always manages the money; reliance on families for interpreting - not often accurate representation of actual situation

ATSI - different age cut off - 45 ys or 55ys? Terms of reference to be consistent. This community uses a "kinship" model for living and it's difficult to identify / report - dealt with within the community/ internally

Constantly seeing clients with disability (physical and cognitive) who are abused by carers (formal and informal)

Question 4

There is NO one repository for cases of elder abuse in Qld. The Elder Abuse Prevention unit does not receive notification - no mandatory reporting system in place. Need a centralised database, must incorporate ALL forms of abuse, inc alleged and substantiated, criminal and civil matters. Need to be able to de-identify both victims, perpetrators and notifiers IF appropriate ie NOT serious criminal offences

Question 5

Our experience is that Centrelink do not have a response mechanism or protocol - in one case referrred to "Seniors online" / elder abuse helpline (not effective responses). Some staff appear to be ignorant to this problem - limited Social Work on staff.

Online is a problem for older people

Centrelink should employ more appropriate staff to assess and respond to allegations eg Increased Social Work, and training for admin / frontline staff. Or have a central, external agency to refer on to, that can provide adequate response.

Question 6

Need accountability - noiminees keep a record, contract system for cares provided, financial diary and simple management plans.

Random checks eg a) Centrelink request a statement of financial transactions done on behalf of person. b) review cares actually being provided by "carer" - this could be done is conjunction with community service providers who can report on cares / home situation.

Needs to be a significant legal response - for those who deliberatly either abuse older people, or mismanage their funds. eg fines, penalties, loss of Centrelink benefits, restitution to older person

Systems eg Centrepay may be an option to increase transparency, minimises use of cash.

Question 7

as above

Carers need to understand they have serious obligations and will be monitored in their caring role - accontability and random checks

Agencies eg Elder Abuse Prevention Unit need to have legal powers and a clear framework to be the central agency for elder abuse. Legislaton needed to set this up and reinforce penalties. Safeguards all older people - ie some may not even receive Centrelink benefits

Question 8

Compulsory income management should only be used if person a) does not have capacity, or b) is considered vulnerable as assessed by appropriate personnel, who are linked to Elder Abuse Unit, with supporting legislation.

Question 9

If assessed by experienced personnel (independent 3rd party), the older person should be considered for special circumstances. Residence requirements and wait periods should be given special consideration IF substantiated elder abuse.  Or recripocal arrangements in place with country of origin - to access money and / or supprots.

Potentially set up a new system whereby all immigrants pay a bond/ funds/ surety into a trust account on entry to Australia to provide for future need

Question 10

as above

Question 11

We are seeing frequent abuse in Residential Care facilities and older persons services - sexual, financial, physical, emotional abuse. This is not captured unless a Police, criminal or Public Guardian matter. Perpetrators are families, friends, staff, other residents.  No stats available /

Question 12

Risk and psychosocial assessments should be done re vulnerability. The whole ACAT system has changed - full risk and social assessments are not conducted any longer. It has become very admin- based assessment. My Aged Care (MAC) is NOT an appropriate screening tool - it is an on line or on phone "intake" done by admin officers. MAC does not prompt to question any concerns or risks at time of referral. All staff need to be trained in indicators for vulnerability.

Aged care assessment programs do not have ongoing contact post assessment, so they are not useful for future identification/ reporting after assessment.

Question 13

Increased punative responses for clear, deliberate abuse - financial costs and sanctions /  penalties for service providers.

There are systems in place for Res Care - AACQA (Aged Care Quality Agency), but not foolproof

Legislation needs to ensure services are actually meeting an identified need, and responds to changing needs. Similar to AACQA/  Res Care inspection models - use a 3rd party to facilitate this process.

Police checks are needed to work in Res Care - extend this model and ?  Blue Card system (with more stringent criteria) to include other services

Qld has QCAT and Public Guardian - again no Federal consistency in laws

Question 14

Major concerns with consumer directed care - clients are vulnerable ++. There needs to be a monitoring agency / 3rd party review, for the service provider (individual/ private or services) to receive ongoing funding / regular audits.

Penalties for individuals (incl family/ friends) and agencies need to be strong and severe, incl restitution for financial misuse and criminal / civil charges.

Consumer directed care comes with a whole set of risk / concerns, as many people will be quite isolated with one "carer" , may be coerced into chosing a provider and type of service, will not have an independent advocate.

Question 15

see Q13.

Need more random assessments / power to enter without notice

See recommendations in: Dept Social Services Review of Community Aged Care Advocacy Services - Aust Heaothcare Associates Dec 2015

Question 16

Restrictive practices currently have some processes and legislation, also covered by QCAT

ACFI funding changes (1July 2016) now actually now supports medication models vs restrictive practices, which is not necessarily indicated/ best practice in all cases. Falls risk and multiple complications around this. Should use more psychological interventions/ behaviour management. Hospital admissions, morbidity and mortality will increase.

Dementia Outreach services are being closed. Funding and service models are changing. Facilities now lose funding for patients with difficult behaviours - and these often perpetrate elder abuse / are victims/ are a risk to selves and staff and co-residents. There is a need for local services who have relationships with facilities.

Community Visitors scheme could be expanded and take on a more advocacy and risk assessment role.

Question 17

Assualt is a criminal, reportable offence - must be reported to police. In most cases of serious assault, it is felt that this process is followed. There are other systems in situ under the Aged Care Act eg skin / pressure care/ assaults between residents / capacity of abuser.

Staff need to be encouraged to report to line manager and then to Police. Education needs to be constantly done.

AACQA needs to have more power to investigate and monitor incidents that are not escalated to police / clearcut assault.

Question 18

see above

Question 19

Sanctions need to be publicly discussed so all are aware

Question 20

as above

Question 21

Question 22

Not currently in the NDIS realm as yet - not rolled out here

Question 23

Question 24

I think we will see more of this. Super funds need to be very circumspect in the release of funds to other parties - need evidence of why the funds are being accessed, and a system to prove this / check  statements etc. Self managed funds will be problematic

Question 25

Increasingly banks are asking for EPA's and in -person signatures - better systems in place to safeguard customers from abuse. They have whistle blowing and Fraud models in situ.

Question 26

Yes- Reporting should be mandatory for banks who have concerns, again to a central Agency with investigative powers.

Question 27

Yes - Hospital Social Workers seeing more issues with co-title arrangements on property eg granny flat, "buy ins" with family on sale of older persons property

Unwritten agreements and promised re asset sales, and use of assets for Res Care fees.

Question 28

Implement the recommendations of "The Assets for Care - A Guide for Lawyers to assist older clients at risk of Financial Abuse - Seniors Rights Victoria 2012" COTA Vic

Question 29

Yes - we see this often. We report abuse of EPA to Public Guardian, often ask for new QCAT hearings and review.

More education needed for the Public on doing EPA's, responsibilities of Attorneys and ramifications mismanagment, associated risks, ability to revoke etc. Need a central register for EPA's.

Clear, national guidelines on Capacity that are standardised

Attorneys could be required to do a Financial Mangament Plan (as per our QCAT applications for Adminsitration here in Qld)

Question 30

Yes.

Ideally a national register for interstate documents - diff states have diff forms

Dept Justice and Attorney General if a Qld option

Question 31

Very difficult to legislate for this

This person may be perptrator

Hard to enforce

Question 32

Yes

QCAT role in prevention is to have a hearing and assess available evidence (as best able). Need to accept advice from informed  service providers. Often hard to get Public Guardian appointed when clearly indicated.

Ability to enforce family resolutions eg if Attorneys not agreeing

Regular review by appointing body (ie in Qld it is QCAT)

Question 33

As above - Qld Public Guardian does this. Need wider powers and more staff

Case management needed more (vs administration role/ hands off approach)

Question 34

In some cases this is appropriate, based on a Child Protection model. If the adult has impaired capacity or is vulnerable

Need to take in to account the Adults view -they often do not want to progress redress of abuse.  Individual rights must be respected, balanced with a safety / harm minimisation model eg increase services, 3rd party intervention to monitor safety

Question 35

Major role to play.

Hospitals and Community services need more Social Workers, appropriately trained to identify and respond/ refer on. Currently staff are trained howeverneed more. We have mandatory Elder abuse training process in Qld Health - extend to all services.

Community Social Workers have had a significant reduction in numbers and this has resulted in increased risk for older people. Other services are not resourced to respond, and clients are "missed",  not seen, inappropriately serviced. Private care models also a concern.

Question 36

Social Work have very strong codes - AASW good model of ethical practice; education frameworks etc

Question 37

Yes - this model has its place. Not every law form should have a Social Worker - rather a model of a central Service (like Elder Abuse Prevention Unit / line) that legal agencies can use.

Question 38

Qld Hospitals have reasonable systems in place

Question 39

Yes - this is a good venue for this

See VCAT guidelines / system

Question 40

Question 41

VCAT model seems good

Question 42

Current laws are OK if a clear criminal case ( fraud, assault)

Other forms of abuse would need to be clearly defined and explicit response/ punishments (eg as in Tas and Vict - uniform guidelines). Describe intent and ramifications, capacity of perpetrator etc.  Arguments for and against - often nebulous cases not clearcut.

Question 43

see above

need consistent laws across Australia

Question 44

Not used (unless a DVO or Family Violence Order)

There may be merit in this system of Protection Orders for older people, in some cases. Cant have a law for every situation.

Level of harm and risk need to be assessed

Question 45

Doctors, GP's, nursing staff, Ambulance, service providers. Currently in some settings, reporting is often just a internal process - NOT mandated to report.

Qld Health need to report some matters to Police, others to supervisors.

Public should be able to report to central agency

Question 46

Question 47

Similar to Domestic Violence Court Support officer in Qld

Services funded similar to DV services

Question 48

Question 49

This is a good model - often useful and effective (vs punative model)

Need a Qld model for this similar to Victorian Model

Question 50

Civil penalties are needed - as a deterrant and punishment

Other comments?