16. Old Colonists' Association of Victoria Submission form

Organisation: The Old Colonists' Association of Victoria

Question 1

OCAV defines elder abuse as any act which causes harm to an older person and is carried out

by someone they know and trust, such as family, friends, and potentially workers in aged care facilities. We believe that like other forms of family violence, elder abuse may be psychological, financial, physical, social or sexual, and can also involve neglect.

For some older people this abuse can be exacerbated by the challenges of ageing, including their increased need for support and care.

Other examples of elder abuse include verbal abuse and threats to cause harm; physical abuse such as kicking, shoving and rough handling; taking up residence in the older person’s home for reasons other than the benefit or care of the older person (not applicable to our residents); threatening or coercing an older person into handing over an asset; preventing contact with family or friends; physical restraint; and taking over the decision-making and finances of a competent older person without authority

Specifically reportable assault should also be included in any definition of elder abuse. This includes:

* Unreasonable use of force on a care recipient, ranging from deliberate and violent physical attacks on a care recipients to the use of unwarranted physical force
* Unlawful sexual contact, meaning any sexual contact with a resident where her has been no consent

Question 2

We defer to the submission from Seniors Rights Victoria which provides legal and advocacy support to Victorian victims of elder abuse, and to research which show that multidisciplinary intervention can be successful at stopping or reducing the abuse and protecting the older person

(Alon & Berg-Warman, 2014; Rizzo, Burnes, & Chalfy, 2015; Wilber, Navarro, & Gassoumis, 2014.)

However, we note that as there is a lack of community awareness about elder abuse there may also be a lack of awareness of Seniors Rights Victoria and its service, so there are potentially many older people experiencing elder abuse who are not receiving assistance.

Question 3

Question 4

We defer to the National Ageing Research Institute which recently held a roundtable to explore the lack of evidence-based research into elder abuse. We note that this lack of recognition and under-reporting may mean that the extent of elder abuse is difficult to estimate. NARI research indicates it is experienced by approximately 2–6 per cent of older people in Australia.

While OCAV residents tend to stay with us once they have moved into one of our villages, we believe that further research is needed about possible conflict arising within intergenerational family homes, including older parents moving in with adult children. Increased public awareness and understanding of the possible conflict in these circumstances may help families and older people make better plans for their future.

We also believe that further research is needed into the motivations of perpetrators of elder abuse.

A lack of understanding of carers and family members about frailty, chronic or age- related conditions such as dementia, and the needs of people as they age may increase the occurrence of unintentional elder abuse, which also needs to be addressed.

Critically we support others in their call for a national prevalence study into the extent of elder abuser and an examination of programs to combat elder abuse in Australia.

A growing number of research studies around the world are starting to reveal the magnitude of the crisis, yet according to the World Health Organisation in August 2011: “... the scope and nature of the problem is only beginning to be delineated. Many risk factors remain contested, and the evidence for what works to prevent elder mistreatment is limited”.

We believe that this will especially valuable for helping aged care facilities continue to enhance their elder abuse programs, policies and protocols.

Question 5

Question 6

Question 7

Question 8

Question 9

Question 10

Question 11

There are numerous stories, both local and international) reported in the media that provide evidence that elder abuse exists. As highlighted above, forms of abuse range from financial and physical to sexual abuse.  Some studies suggest 3% of Australians aged over 65 suffer some form of abuse.  This is only going to increase as the population ages.  It is also likely that most elder abuse cases go unreported.  Here are two recent reports of incidents that may be considered as elder abuse.

<http://www.theage.com.au/victoria/nurse-investigated-for-becoming-beneficiary-of-dying-mans-939000-will-20160524-gp33g8.html>

<http://www.9news.com.au/national/2015/02/06/17/03/family-seeking-answers-after-nurse-added-to-91-year-olds-will>

Question 12

The assessment process should include a series of questions directed at determining whether an older person is suffering or at risk of suffering elder abuse.  There are a number of indicators of elder abuse and questions can be framed around these.  If the assessor has any concerns as a result of the assessment process they could be referred to the person’s doctor in the first instance.

Question 13

We believe there could be a requirement that people must have an Enduring and Medical Power of Attorney and that their cognitive ability is assessed annually by their GP.  A further recommendation is that consideration be given to financial decisions above a certain figure, for example $100k, require sign off by all power of attorneys not just one.

Question 14

We do not have as many concerns with consumer directed care specifically but  are do have about home care.  People receiving services in the home are the most at risk as there is a lack of supervision and oversight of care delivery by the provider.  It is most often delivered on a one on one basis (care recipient/care worker).  There needs to be an improved audit process.

Question 15

Part of resident care planning should include an annual elder abuse assessment with a process similar to that outlined in our response to question 12.

Question 16

Question 17

Currently reportable assaults are limited to unreasonable use of force and unlawful sexual contact. This should be expanded to include financial abuse as this is one of the most common.

Question 18

We recommend that non-reportable instances of elder abuse should be investigated in a more timely manner.

Question 19

A proven instance of elder abuse should warrant an audit by the agency.  We are not convinced  that upping sanctions will have any impact as the general instances of elder abuse are at the individual level.  If it was identified that there had been instances that were not appropriately dealt with, then the severity of the sanction should be significantly increased.

Question 20

 Increased resourcing and greater community knowledge of the availability of these services. This underscores the importance of a public education campaign about elder abuse and what services there are available for older people who are experiencing elder abuse.

Question 21

Question 22

Question 23

Question 24

Question 25

Question 26

Question 27

Question 28

Question 29

The OCAV does not have any specific evidence and believes that most would go unreported.  To address the issue, we maintain that there should always be a minimum of two powers of attorney, they can only act severally on transactions up to a certain value, above that both or all must sign.

Question 30

 We do not believe that this will reduce elder abuse other than simply being registered may deter some abusers.

Question 31

Yes, as long as it does not expand opportunities for attorneys to abuse older people.

Question 32

Question 33

Question 34

Question 35

All health professionals should receive education to identify the signs of elder abuse and also be trained in the reporting process for elder abuse. This recommendation was made forcibly in the Victorian Royal Commission into Family Violence findings.

Question 36

As part of a research program, codes of ethics should be reviewed and where required, expanded to specially include and cover elder abuse. This should also include a commitment to ongoing education.

Question 37

The current model works well in a residential aged care environment however not so in the home care and public domain where there may need to be greater interaction with GPs and other health professionals who work closely with elderly clients.

Question 38

Question 39

Question 40

Question 41

Question 42

Question 43

Question 44

Question 45

Question 46

Question 47

Question 48

Question 49

Question 50

Other comments?