18. Aged Care Service, Murrumbidgee Local Health District

Name of organisation: Aged Care Service, Murrumbidgee Local Health District

Question 1

Harm or distress is seen as the main element in the commonly accepted definition of alder abuse.

Question 2

Question 3

I work in a regional centre and see many cases of elder abuse. Too many to pick just one but the main elements are financial abuse by a manipuative adult child of the older person. The child is mainly male and has moved in with their mother after their father has passed away. The child has normally been divorced and has nowhere to go and may have a drug or gambling issue or mental health or all of these issues. They isolate the person from the rest of the family due to their aggressive behaviour and the parent defends them against the rest of the family and services. The parent mainly defends them as they think they may have to go to an aged care facility if they don't have someone living at home with them. Also, they are their child and a parent's love for their child does not wane with age. They may feel they are supporting their child through a difficult time.

Question 4

There are no statistics being collected from the community aged care services. The Guardianship Tribunal collect stats from their hearings but not all cases go to them. Research needs to be done among the community service providers such as ACAT and Home Care package providers as well as CHSP providers such as Meals on Wheeels. The problem is however, that if workers do not identify possible abuse, then they can't report it, so the training has to be there first.

Question 5

I have left numerous messages with the social worker in Centrelink in my town and they have never replied. I have been trying to have a meeting with them to discuss how we can work together in responding to elder abuse cases I come across.

Their Carer Payment and Allowance forms are often completed by a GP who has never been to the home of the person and cannot identify if they may be living in less than ideal circumstances with a carer who may have hoarding and or squalor issues etc. I think the forms need to be completed only by a community worker in the client's home. As an ACAT member, I am allowed to complete the medical form and I attend at the home of the client. I can then attend to any issues that may be evident.

Question 6

I was under the impression that there was something under the social security act that states that a person is not able to misuse another person's payments. I am not sure what would happen if they did, or who would take action but I have seen cases where financial abuse is occuring, intervention occurs, a financial manager is appointed and that is the end of it. The financial abuser is basically never brought to account.

I would like to see that nominees and those receiving carer payments are given the message that any financial abuse that comes to light will be treated as a criminal act, rather than putting the onus on the victim to take civil action, especially if they have dementia.

Question 7

As above.

Question 8

I have seen a case where there has been financial management by the NSW Trustee (I understand this is different to income management) where the person's bills were paid and they were allowed some cash to buy food. Their children had been taking their money and their bills were behind. The little cash that the NSW Trustee allowed them was still being taken by the abusers so the person was actually going without food.

Question 9

Question 10

Question 11

There is anecdotal evidence that I have heard. Most of it refers to neglect in aged care facilities arising from low staffing levels. There have been sporadic instances of stealing from residents that I have heard of as well.

I have come across cases in the community where workers are attending at a client's home and have crossed professional boundaries as far as forming a close (friendship) relationship are concerned. One case was where the older man actually fell in love with the worker and she took advantage of that, accepting gifts to the value of $15,000 and manipulating him with sad stories of how poor she was etc etc. Her employment was terminated but no other action was taken. I also saw another worker trying to buy someone's home for her own daughter, at a cheap price and put the older woman in a facililty.  There are many instances and they are not reported to anyone. The worker just loses their job. They cross professional boundaries a lot and attend at the person's home when they are not rostered to. The client also encourages this boundary crossing as they can be lonely and they also need more or different assistance than what is available through the service.

Question 12

ACAT and RAS are current assessment programs through MAC. I have been working as a social welfare worker in my ACAT for over twenty years and I am the only person in this position in the whole health district. Training is the key to identifying abuse and there is basically no training available unless I do it which is not my role on an area wide level withon the health service. The role of identifying and responding to abuse is greatly impaired by lack of training in identification and then lack of resources in responding. Short-term case management is available to some degree by the assessor but if the case involves some time and effort, such as an application to NCAT Guardianship Division or other interventions, then most assessors do not have the skills, experience or the time.

Question 13

Elder abuse of any kind should be a criminal matter such as in some states in the USA and other countries. This send a strong message to the community that it will not be tolerated.

Question 14

Question 15

More staff are needed.

Question 16

Question 17

Question 18

Question 19

Question 20

Question 21

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Question 23

Question 24

Question 25

Some financial advisors may take advantage of oler people's lack of knowledge regarding investments etc...?

Question 26

Yes. I have spoken to many bank managers and employees who say that they know someones' Power of Attorney is misusing their funds but that there is nothing they can do about it. They say that it would be breaking confidentiality. I do believe they have a duty of care to protect their customer's money and as such, would welcome the opportunity to report the issue for investigation. The people with dementia or other capacity limiting conditions are most at risk.

Question 27

Some older people have cognitive changes which makes them unable to protect their own interests. There are family members who manipulate the older person ( and this can happen easily when the person has dementia) turning them against other family members who then take it personally, not realising it is part of what can happen with dementia. They then turn away and leave the older person to the mercy of the abuser.

Question 28

Question 29

I have been responding to referrals of abuse for over twenty years and I have seen numerous cases of abuse of Powers of Attorney. I have spoken with bank employees who all know this is happening with individual customers but cannot do anything.

Despite numerous enquiries I haven't been able to get an answer on whether abusing a Power of Attorney is a criminal offence. From what I have seen, it doesn't seem to be so I think that would be a good start. A message needs to be sent to the community that abuse of PofAs will not be tolerated. The victim cannot take civil action if they have dementia.

Question 30

Not sure how this would help...?

Question 31

Question 32

I have seen the person responsible not acting in the person's interests. I have seen enduring guardians also doing the same and telling the person, and the rest of the family that they are in charge. Again, elder abuse should be a criminal matter.

Question 33

Question 34

Yes.

Question 35

They need training and clear guidelines and resources. I am the only person in my whole health district who has response to elder abuse in their job description. The whole health district has never provided any training in the twenty years I have worked here and none of the sites has an elder abuse procedure! We are working on it however. The issue is that the staff need someone to refer the matter to, rather than have to case manage a complicated and protracted situation, something a community nurse or speech pathologist cannot be expected to do in the community. Health needs dedicated workers for this field in accordance with the needs of the population.

Question 36

Most health employees know it is their responsibility to identify abuse. Most, however, are not aware of elder abuse as such. Elders must be highlighted as a vulnerable group along with Aboriginal people etc.

Question 37

Question 38

Question 39

Yes. Under the current laws, the person has to be diagnosed with a condition which may affect their decision making abilities, such as dementia or a mental illness. The fact that a person who is suffering abuse can be manipulated, broken down and threatened/frightened etc doesn't seem to be considered. Also there is the fact that emotional and psychological abuse results in a person sometimes siding with their abuser and feeling their abuser depends on them. Some parents feel they are protecting and looking after their abuser, who has drug and alcohol problems.

Question 40

Question 41

I tink the current relationship counselling services are good.

Question 42

Yes, they have them in other parts of the world and I have already spoken to this in the Power of Attorney questions.

Question 43

I am unaware of any neglect laws in a community setting. Maybe some laws regarding limiting of access to medical treatment??? Are they criminal?

Question 44

Question 45

Apart from legislation under the Aged Care Act, there are no reporting requirements, even though some people are under the illusion that there are.

Individual services may have their procedures with workers told to report to their supervisors but that is where it stops. In NSW we have the Elder Abuse Helpline where we can ring for advise and support.

There are real difficulties with mandadtory reporting as we all know. I am unable to comment on whether we should go down that route but I definitely think there should be criminal laws and therefore the police would take reports.

Question 46

The police need to KNOW  that something is happening. The local commander is joining our collaborative so he is kept informed. I think if we just work together and network within our local communities then we can assist in our respones. Its all about strengthening the referral and response pathways.

Question 47

Most victims services are geared toward younger people, the local domestic violence services just talk about young families. I had a case recently where a woman being abused by her son had nowhere to escape to because she requires a lifter in and and out of bed...couldn't go to the women's refuge or to the only emergency respite houses as they could not provide the care she needed. So, yes, the elderly may have ohysical and cognitive disabilities that need to be cattered for by any service rsponding to their needs.

Question 48

Question 49

These would be good.

Question 50

Tis would send a message and hopefully act as a deterant

Other comments?

Please do something, especially about the banks and criminal charges.