



Submission to the Australian Law
Reform Commission Discussion Paper
on Elder Abuse

UnitingCare Australia

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UnitingCare Australia is the national body for social services in the Uniting Church in Australia, supporting service delivery and advocacy for children, young people, families, people with disabilities, and older people.

Table of Contents

UnitingCare Australia	3
Introduction	4
2. National Plan.....	4
Framing principles.....	6
Definition of elder abuse	7
Elder abuse in the federal context.....	8
Elder Abuse as a human rights issue.....	8
Improving the evidence base.....	8
3. Powers of Investigation	9
Outcomes of an investigation	10
Third party disclosures of elder abuse.....	11
Criminal Justice Responses	11
Registration of enduring documents	11
5. Enduring Powers of Attorney and Enduring Guardianship	12
6. Guardianship and Financial Administrative Orders.....	12
7. Banks and Superannuation.....	13
8. Family Agreements	13
10. Social Security	14
11. Aged Care.....	15
Compulsory reporting of abuse and complaint handling.....	15
Employment and screening in aged care.....	16
Code of conduct for aged care workers.....	16
Restrictive practices.....	17
12. Other Issues	17
Multidisciplinary approaches.....	17
Training	17
Conclusion.....	18

UnitingCare Australia

UnitingCare Australia is the national body for the UnitingCare Network, one of the largest providers of community services in Australia. With over 1,600 sites, the network employs 40,000 staff and is supported by the work of over 30,000 volunteers. We provide services to children, young people and families, Indigenous Australians, people with disabilities, the poor and disadvantaged, people from culturally diverse backgrounds and older Australians in urban, rural and remote communities.

UnitingCare Australia works with and on behalf of the UnitingCare Network to advocate for policies and programs that will improve people's quality of life. UnitingCare Australia is committed to speaking with and on behalf of those who are the most vulnerable and disadvantaged, for the common good.



Introduction

UnitingCare Australia appreciates the opportunity to provide feedback on the *Elder Abuse Discussion Paper* prepared by the Australian Law Reform Commission (ALRC).

This submission builds upon feedback that UnitingCare Australia previously supplied in response to the ALRC on the *Elder Abuse Issues Paper*. It reiterates many of the issues and themes raised in that submission, in addition to commenting on the proposals forwarded for consideration by the ALRC. This response draws on input from the broader UnitingCare service network, most particularly from UnitingCare Queensland, Resthaven and Kildonan UnitingCare, as well as from UnitingCare Australia's Aged Care Network.

All UnitingCare services, the Uniting Church and its agencies regard elder abuse as a serious and repugnant crime. We are committed to doing all in our power to prevent the abuse of older people in our care, to respond swiftly and appropriately when elder abuse does occur and to raise awareness of the issue and associated risks within the broader community.

Our comments in this paper broadly reflect the need for proposals and strategies to be suitable for practical implementation, and considerate of the impact on both older people as well as those delivering supports and services to them, noting that the needs of older people must take primacy. We also advocate the need to avoid duplication of any existing processes or strategies that already provide a means to prevent and address elder abuse and have the potential to be strengthened.

Feedback is provided on areas covered in the Discussion Paper that are most relevant to UnitingCare organisations and the clients we serve.

2. National Plan

UnitingCare Australia strongly endorses the need for a national prevalence study to inform the development and delivery of a fully-costed National Plan of action to prevent and respond to elder abuse.

We regard the following components as key to the effectiveness of a National Plan:

- An agreed definition of elder abuse that clearly describes instances of abuse, so as to facilitate measurement of, and efforts to mitigate its prevalence.
- Strategies for a national and community approach to elder abuse that combat ageism, through promotion of education and awareness programs that deal with negative perceptions and assumptions about ageing and older people.
- Identified roles and responsibilities for all parts of society regarding the prevention of, and responses to, elder abuse – from government, to service providers, communities, families and individuals.

We consider that the scope of the National Plan should extend beyond legal reforms to also prioritise other strategies, such as national awareness campaigns, elder abuse hotlines, training for people working with older people and in financial institutions to recognise signs of elder abuse, as well as to develop future research agendas.

UnitingCare Australia supports the ALRC's proposed approach for consultation in aiding the development of the National Plan¹, through engaging individuals and organisations that represent the diversity of needs and experiences of older people.

We reiterate our view that the Plan should have a strong focus on promoting respectful intergenerational relationships, combatting ageism and addressing attitudinal problems concerning older persons. We note a significant intersection in this regard concerning ageism and the perpetuation of negative stereotypes or misconceptions about older people. We express particular concern, as have other organisations cited in the Discussion Paper², about this issue in relation to older people with disability. The National Plan must work to address these issues and combat negative stereotypes.

UnitingCare Australia agrees with the view raised in the Discussion Paper that overcoming "benevolent prejudice"³, is of utmost importance. Particularly, the extent to which benevolent prejudice situates older persons in an inferior position is highly problematic, as is the potential for public policy to implicitly assume benevolent prejudice in its design and application. To combat this issue, we advocate strategies in the National Plan that will promote the rights of older people to make decisions about themselves, their care and their estate/finances, even when those decisions may appear unpalatable to families and the broader community.

UnitingCare Australia agrees with the assertion that "consistency [is] a key element in addressing elder abuse" and that "a consistent national approach, with consistent laws and coordinated responses" is necessary⁴.

¹ ALRC. 2016. *Elder Abuse: Discussion Paper*. Page 50.

² *Ibid.* Page 50.

³ *Ibid.* Page 51.

⁴ *Ibid.* Page 52.

We support the elements noted in the Discussion Paper⁵ as key to developing and executing a consistent national approach to elder abuse, namely:

- A suite of federal laws for matters within the constitutional responsibility of the Commonwealth parliament;
- A guiding national policy framework;
- Model and uniform state and territory laws for matters outside Commonwealth constitutional responsibility;
- A national public awareness and education campaign; and
- Training to key areas of industry, professionals and the community.

Framing principles

UnitingCare Australia supports the ALRC's proposal to ensure that framing principles underpin any initiatives aimed at preventing elder abuse.

We support the principles forwarded in the Discussion Paper – namely, 'dignity and autonomy'⁶ and 'protection and safeguarding'⁷. We also consider, however, that inclusion of additional principles would further strengthen the National Plan. We forward the following list for consideration, adapted from the *United Nations' Principles for Older Persons*⁸:

- *Dignity* – acknowledging that everyone has the right to live with autonomy, and be treated with respect, regardless of their age and situation.
- *Independence* – consistent with the objectives of consumer directed care, older Australians should have control of their lives, make their own decisions and do as much for themselves as their individual circumstances allow. This includes the ability, to the greatest extent possible, to be supported to make decisions and choices on issues impacting health, finances, care and wellbeing.
- *Participation* – everyone should be supported to stay active and engaged in their community. This should involve the opportunity to be consulted and listened to as active community participants and for information and advice to be accessible to people from diverse backgrounds.
- *Fairness* – everyone is entitled to fair and equal treatment and to equitable access to available and appropriate services and resources. Discrimination on the basis of age is never acceptable.

⁵ ALRC. 2016. *Elder Abuse: Discussion Paper*. Page 52.

⁶ *Ibid.* Page 37.

⁷ *Ibid.* Page 39.

⁸ United Nations. 1991. *United Nations Principles for Older Persons*. Available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

- *Security* – safeguards and protections must be in place to ensure the rights and safety of older people are preserved, particularly with respect to financial, physical and personal security.

We believe that the above principles should also be complemented by clearly defined goals, such as those suggested by the ALRC⁹, which UnitingCare Australia endorses. We also forward the following additional goals¹⁰ for consideration:

- *Improved awareness of elder abuse* in its different guises throughout the community, and accessible information and advice on how to prevent, identify and respond to it.
- *Skilled service providers* that are equipped with the knowledge and capacity to effectively support older people, as well as mitigate, identify and respond appropriately to elder abuse.
- *Coordinated community response* to prevent and address elder abuse, through partnerships, collaboration and support at all levels to encourage respect for older people and to combat ageism.
- *Laws and policies* that are effective in protecting older people, upholding their rights and ensuring their safety, wellbeing and participation in the community.

UnitingCare Australia considers that a National Plan incorporating the above principles and goals would set a clear and strong path towards combatting elder abuse.

Definition of elder abuse

UnitingCare Australia supports the view that definitions of elder abuse should be focussed upon the victim.

We reiterate that the absence of a precise agreed definition of elder abuse is problematic, particularly to the extent that it prohibits the accurate measuring of abuse and reduced detection due to lack of clarity as to what constitutes abuse.

An agreed definition of elder abuse must underpin the National Plan to enable its effective implementation. We believe that this should be based on the widely-accepted World Health Organisation definition, taking into account different forms of abuse, including emotional, financial, medication, physical, sexual, domestic abuse and neglect¹¹.

⁹ ALRC. 2016. *Elder Abuse: Discussion Paper*. Pages 49-50.

¹⁰ Adapted from Government of Alberta, Canada's 2010 *Elder Abuse Strategy*. Available at: <http://www.seniors-housing.alberta.ca/documents/ElderAbuse-Strategy.pdf>

¹¹ World Health Organisation. 2002. *The Toronto Declaration on the Global Prevention of Elder Abuse*. Available at: http://www.who.int/ageing/projects/elder_abuse/alc_toronto_declaration_en.pdf?ua=1

Elder abuse in the federal context

We note the Discussion Paper's observation that "unlike a number of overseas jurisdictions, there are no specific laws in Australia dealing with what might be broadly classed as 'elder abuse'", and the subsequent comment that:

1.77 Responses to the management and prevention of elder abuse sit within a range of complex policy and practice structures across different levels of government, and various justice system frameworks within the private sector and across non-government organisations¹².

We forward that consistency is required to ensure that legal frameworks are appropriately applied, confusion and misinterpretation are reduced, and protections for older people are improved across all jurisdictions. The National Plan should make provision for this.

Elder abuse as a human rights issue

UnitingCare Australia supports the position that approaches aimed at mitigating and addressing elder abuse should be founded on "a rights based framework that empowers older people and upholds their autonomy, dignity and right to self-determination"¹³.

In this context, we believe it is particularly important to acknowledge the intersection between elder abuse and other human rights domains, such as the rights of people with disability and those from Indigenous and culturally and linguistically diverse backgrounds. Doing so will enable a more thorough understanding of the full extent of the issues and their impact and assist the identification of effective response strategies.

Improving the evidence base

UnitingCare supports Proposal 2-2 in the Discussion Paper, for a national prevalence study of elder abuse to be commissioned, towards improving the evidence base underpinning policy related to elder abuse¹⁴.

We particularly support the need for the evidence base to be sufficiently broad-reaching, acknowledging that older persons "are not a homogenous group"¹⁵.

Noting the extent to which elder abuse impacts on women¹⁶, we also propose that national prevalence research into elder abuse prioritise the collection of sex-disaggregated data and

¹² ALRC. 2016. *Elder Abuse: Discussion Paper*. Page 32.

¹³ *Ibid.* Page 35.

¹⁴ *Ibid.* Page 54.

¹⁵ *Ibid.* Page 54.

¹⁶ Australian Institute of Family Studies. 2016. *Elder abuse: Understanding issues, frameworks and responses* Research Report No. 35. Available at: <https://aifs.gov.au/publications/elder-abuse>

include a gendered analysis on the prevalence and dynamics of elder abuse impacting women.

Whilst recognising that “most current data about elder abuse comes from phone lines”, we believe that different types of data need to be collected to better obtain a cross-section of the relevant issues and their impact across the community.

UnitingCare Australia endorses the list of considerations proposed by NARI and the Association of Gerontology¹⁷ in undertaking a prevalence study. We affirm the view that data collection to underpin a prevalence study would be aided by having a common definition of elder abuse, such as the WHO description.

We believe that, where possible, evidence should be collected through identifying existing channels that can be built on to collate a comprehensive database and avoid inefficiency.

3. Powers of Investigation

UnitingCare Australia seeks further detail on the anticipated thresholds for investigation before supporting the proposal to increase powers for the Public Guardian in undertaking investigations.

We caution that changes to investigation processes should not result in duplication of strategies already facilitated through other provisions, such as the *Aged Care Act 1997*¹⁸.

We note that the prevalence of elder abuse is lower in formal aged care services or services with a 24-hour care focus than in the broader community context. We therefore believe that efforts to prevent and respond to elder abuse need to primarily emphasise dealing with abuse in this context, and particularly in the family/domestic environment. We acknowledge however the need for prevention and response strategies and training in residential aged care and acute care settings. We forward that any individuals who may have direct power and influence over an older person’s wellbeing should be required to participate in education and awareness initiatives.

Moreover, we hold concerns around the potential for older people to be ‘infantilised’ by investigation processes failing to appreciate that people may experience difficulty in accessing

¹⁷ Australian Institute of Family Studies. 2016. Elder abuse: Understanding issues, frameworks and responses Research Report No. 35. Available at: <https://aifs.gov.au/publications/elder-abuse>

¹⁸ Australian Government. 1997. *Aged Care Act*. Available at: <https://www.legislation.gov.au/Details/C2016C01052>

information and completing forms, but may not necessarily have diminished decision-making capacity. Further guidance in relation to this issue and how it can be navigated is required.

Regarding other mechanisms for investigation, we recognise that Elder Abuse helplines may only be able to provide limited support for those experiencing abuse to the extent that they only provide information or refer the caller to relevant services. They do not have the ability to investigate whether an older person is being abused and would not be appropriately situated to do so, in our view.

In the context of investigation, we take the opportunity to highlight that service providers' obligations and legal responsibilities concerning privacy and confidentiality of client information must be taken into account in exploring the most effective options for investigation. Acknowledging this, we commend the approach advocated by UnitingCare Queensland's Elder Abuse Prevention Unit, that "organisations have responsibility to protect the privacy of their clients; however, confidentiality should never be a reason for failing to respond to issues of abuse"¹⁹.

We forward that it is of critical importance, with regard to ensuring adequate powers of investigation, that service providers employ clear policies and procedures regarding the reporting and investigation of elder abuse. As is the practice in UnitingCare organisations, staff should be well-informed of relevant policies and procedures and should indicate their understanding of mechanisms available to report and investigate abuse. Such clarity is key to ensuring that incidents neither go unchecked, nor client privacy and confidentiality is breached.

We consider it vital that appropriate procedures be put in place to ensure the safety of older person's when suspected elder abuse is reported, as this can be a particularly vulnerable people for people, including for those in isolated areas, or who are in the care of others.

Outcomes of an investigation

UnitingCare Australia supports the premise underpinning Proposal 3-4²⁰ that the outcomes of an investigation process should be focussed on supporting and assisting an older person to address elder abuse where they are able to, noting that some older people may lack capacity or be inhibited or otherwise deterred from taking action. We also support the rights-based approach that is advocated, under which the older person can influence the manner and circumstances in which they receive support and assistance.

¹⁹ UnitingCare Queensland Elder Abuse Prevention Unit. 2012. *A Guide for Elder Abuse Protocols*. Available at: https://www.eapu.com.au/uploads/EAPU_general_resources/EA_Protocols_FEB_2012-EAPU.pdf

²⁰ ALRC. 2016. *Elder Abuse: Discussion Paper*. Page 72.

This is consistent with the consumer directed care approach already adopted by UnitingCare organisations in the delivery of other supports and services to older people.

Third party disclosures of elder abuse

We support Proposal 3-5²¹ to the extent that it would prevent breaches to existing confidentiality and privacy laws related to the use and disclosure of sensitive information. Clear guidance would be required, however, on what may constitute “a disclosure made in good faith, based on reasonable suspicion”²² in order to prevent misinterpretation and potential breaches.

Criminal Justice Responses

UnitingCare Australia endorses the ALRC’s view²³ that, rather than proposing new offences:

- The law has the capacity to respond to neglect cases; and
- Creating a new offence to apply only to ‘elder’ persons is inappropriate, discriminatory and paternalistic.

In instances where abuse or neglect is likely to have arisen from lack of capacity, resources or knowledge, we support the notion that it would be preferable to provide the necessary supports to improve individual’s capacity in these areas, rather than resort to prosecution, except in the most grievous of instances²⁴.

Registration of enduring documents

Concerning Proposal 5-1 to establish a national online register for enduring documents, we consider that this should not cause duplication of any documentation already stored online, such as Advanced Care Directives accessible through the My Health Record system. Ideally, we believe that directives related to care and financial management should be stored in one location.

We agree with the view that an online registration scheme should be user-friendly and low cost, and support the notion that “privacy is a key issue and access to information on the register should be restricted”²⁵.

²¹ ALRC. 2016. *Elder Abuse: Discussion Paper*. Page 73.

²² *Ibid.* Pages 73-74.

²³ *Ibid.* Page 81.

²⁴ *Ibid.*

²⁵ *Ibid.* Page 89.

5. Enduring Powers of Attorney and Enduring Guardianship

We note the proposals forwarded regarding Enduring Powers of Attorney (EPOA) and enduring guardianship, but recommend the need for further consideration of how state and territory governments will implement such measures. Specifically, while we recognise that some states have in place EPOA arrangements with greater scope to accommodate lifestyle decisions, we highlight the need for consistency in such arrangements nationally. Potential difficulties may exist in achieving this, however, our view is that provision should be made for nation-wide consistency as much as possible.

We forward that the proposed national online registration scheme²⁶ for enduring documents must take into account the potential for individuals to not register, possibly due to additional costs that may be incurred (through accessing legal assistance, for example) in doing so or through lack of access or knowledge. We recommend the need for greater consideration of how older people are currently engaged with EPOA processes in relation to the proposed measures that increase the formality of such arrangements and may impact successful implementation.

As noted by one UnitingCare agency, Queensland's guardianship legislation and system is currently undergoing review, with the expectation that a number of changes will be introduced around EPOA, advance health directives and capacity guidelines. These changes will need to be accommodated with respect to any strategies developed.

6. Guardianship and Financial Administrative Orders

UnitingCare Australia supports Proposal 6-1, that newly-appointed non-professional guardians and financial administrators should be informed of the scope of their roles, responsibilities and obligations. This is consistent with our view that better educating persons to whom powers are granted should be a fundamental step towards the prevention of abuse²⁷.

We believe that compulsory training should be provided for all newly-appointed private guardians and financial administrators about their roles, obligations and responsibilities. Accessibility of such training for people who live in regional areas and for people from culturally and linguistically diverse backgrounds should be facilitated.

²⁶ *Op cit.* Page 86.

²⁷ *Ibid.* Page 121.

7. Banks and Superannuation

UnitingCare Australia considers that the superannuation and banking sectors should be required to make their services more accessible to older people, including making greater provision for face-to-face meetings.

In relation to this issue, one UnitingCare agency providing support to older people has reported that their clients are increasingly struggling to manage their own finances, not because of a lack of decision-making capacity, but rather, due to difficulties in using phone and online banking systems. These clients subsequently face pressure, usually from family members, to hand over financial decision making capacity to others. Further support to increase accessibility of banking and superannuation services would assist in mitigating this issue.

CASE STUDY

A couple signed an 'all monies guarantee' for their son at the bank, not understanding what it was. Several years later, the son defaulted on subsequent loans he had taken out. The family didn't want to pursue it due to the distress it would cause their son. They sold their family home to pay his debts.

²⁸It is also important that staff in the banking, superannuation and financing sectors be trained in recognising signs of financial abuse and be advised on appropriate reporting and other response strategies. In addition, we believe that there should be greater scrutiny of predatory marketing of insurance, including funeral and life insurance, to vulnerable older people.

We forward that there should also be restrictions as to who may assist the establishment of self-managed superannuation funds, so that individuals are fully informed and receive impartial advice when considering this complex and ever-evolving financial option.

8. Family Agreements

We note, in relation to the issue of family disputes, an increasing need for support for older people in the context of increasing divorce rates impacting this cohort. Provision should be

²⁸ Case study provided by Kildonan UnitingCare.

made for older people in such circumstances who are at risk of elder abuse from spouses and other family members.

We also forward that an inclusive and progressive definition of ‘family’ be adopted in relation to family disputes involving residential property under an ‘assets for care’ arrangement, which recognises same-sex and non-married relationships as well as non-biological children.

10. Social Security

UnitingCare Australia supports Proposal 10-1, that the Commonwealth Department of Human Services develop a strategy to prevent, identify and respond to the abuse of older persons in contact with Centrelink²⁹. We forward that, where appropriate, this be developed through engagement and consultation with sector partners to ensure that the strategy is comprehensive. As noted, the strategy would need to complement and sit within the proposed National Plan.

By way of overcoming knowledge gaps that may emerge as a result of Centrelink processes, we endorse Proposal 10-2, that “Centrelink policies and practices should require that Centrelink staff speak directly with persons of Age Pension age who are entering into arrangements with others that concern social security payments”³⁰.

We also support the related Proposal 10-3, that Centrelink communications should make clear the roles and responsibilities of all participants to arrangements with persons of Age Pension age that concern social security payments³¹.

UnitingCare Australia also believes that additional training for Centrelink staff to better identify and respond to elder abuse (per Proposal 10-4³²) would enhance awareness of risk.

Qualitative evidence from UnitingCare Queensland’s Elder Abuse Helpline points to an increase in neglect of older people by carers who are in receipt of the Carers Payment. We subsequently recommend that the Carers Payment be subject to an annual or six-monthly review by the primary health carers of the older person, in order to confirm that the care received is adequate and appropriate.

²⁹ ALRC. 2016. *Elder Abuse: Discussion Paper*. Page 173.

³⁰ *Ibid.* Page 184.

³¹ *Ibid.* Page 186.

³² *Ibid.* Page 188.

In putting forward the above recommendation, we note that further evidence obtained through an elder abuse prevalence study would assist in identifying the full extent of this issue and its impact.

11. Aged Care

Noting the appropriate focus on the aged care sector as a domain in which to improve processes to prevent elder abuse, we take the opportunity to highlight the need to also focus on other relevant sectors, such as the health sector, in which we consider there is equal potential for positive reform.

Compulsory reporting of abuse and complaint handling

We support the need to ensure effective processes around the compulsory reporting of abuse and complaints handling. We forward, however, that such strategies should complement existing complaint mechanisms and work to strengthen the broader complaints architecture that underpins the aged care system.

We caution against an increased focus on investigatory processes that may result in duplication, and potentially, direct resources away from other strategies and services facilitating safety and wellbeing for older people. For example, greater investment in investigatory processes at the expense of resources instead going to service quality improvement in organisations delivering services is not advisable.

We also note that, in the current system, there is a very low rate of investigation of matters by the police, and only a very small percentage of those investigated result in prosecution. The compulsory reporting legislation should be considered in this light with more reliance on first line investigation by appropriately trained providers and reporting of actual incidents.

It may be that there is an inadvertent consequence of the wording that is recommended (Proposal 11-2) to only compulsorily report incidents perpetrated by staff or other care recipients (if part of a pattern of abuse). Some of the more serious incidents of actual abuse reported have been perpetrated by relatives or other visitors (for example the sexual assault of a resident by her brother-in-law) and the requirement to report abuse by all other parties is recommended.

The removal of the discretion for providers not to report a reportable assault (Proposal 11-3) without a change in the definition of reportable incidents will lead to a substantial increase in reports to police and department. The approach described in 11.116 and 11.117 is supported.

Allegations or suspicions of physical or sexual assault are currently compulsorily reportable. We affirm support of the direction of the recommendations' focus on incidents rather than allegations.

Employment and screening in aged care

We note elder abuse presents a significant issue for service providers in relation to managing dual obligations to both employees and clients. UnitingCare Australia's position is that the best strategies aged care providers can set in place are having clear and transparent policies and procedures that set out the process for reporting a suspicion or allegation of abuse, and similarly, having clear procedures for resolving allegations.

Such policies and procedures must also be accompanied by comprehensive training for staff and volunteers, as well as responsibilities set out clearly for consumers, to ensure that policies can be implemented consistently and monitored effectively.

UnitingCare Australia supports the notion of a national employment screening process for Australian Government funded aged care³³. We seek further clarity, however, concerning how the process would be undertaken, and whether responsibility for administering a national criminal history check, as well as updating the proposed national database for employment screenings³⁴ would be performed by a centralised screening agency or through another manner.

UnitingCare recommends looking to employment screening processes used in other community services sectors to draw from in designing and implementing such a process in relation to aged care. We take the opportunity to highlight that, given the scope of services delivered by many UnitingCare organisations, employment screening processes are standardised to meet stringent requirements across different sectors, from children and family services, to disability and aged care services.

Finally, we note that research commissioned by the Royal Commission into Institutional Responses to Child Sexual Abuse cautions against over reliance on screening processes and emphasises the benefits of values based recruitment, regular training and awareness raising and appropriate supervision of all staff.

Code of conduct for aged care workers

Concerning Proposal 11-6³⁵, that unregistered aged care workers who provide direct care be subject to the planned National Code of Conduct for Health Care Workers, we highlight the need for this to be equally applicable, in its design and application, to workers in the health, aged care and disability sectors. Subsequently, we forward that development of the Code of Conduct occur through consultation between health and aged care sector representatives.

³³ ALRC. 2016. *Elder Abuse: Discussion Paper*. Page 222.

³⁴ *Ibid.*

³⁵ *Ibid.* Page 233.

This will safeguard against the inclusion of industrial workforce provisions not presently agreed to in the aged care sector, or adaptation of measures to ensure their suitability in both contexts.

Restrictive practices

In contrast to Proposal 11-8³⁶, UnitingCare Australia reiterates that there are significant complexities for aged care providers with regard to decision-making by, or on behalf of, older people in their care. We do not believe that removing the requirement set by providers that care recipients appoint a decision-maker for lifestyle, personal or financial matters when it is necessary to do so will either facilitate increased agency for older people, or address the practical challenges that face providers when there is an absence of clear decision-making capacity. Further consideration of this issue and how it can be effectively address is required.

12. Other Issues

Multidisciplinary approaches

UnitingCare supports the need for a multidisciplinary response to elder abuse. As previously noted in this submission, we envisage the health sector playing an equally significant role as the aged care sector and the disability sector in both identifying and responding to elder abuse-related issues.

Training

We reaffirm the need for community education, training and guidance in identifying and responding to elder abuse. We endorse the recommendation³⁷ that a comprehensive plan be developed that addresses the training needs of service providers, to enable better identification of, and responses to, elder abuse. Such training should be made available, and adequately funded, in each jurisdiction across Australia.

³⁶ *Op cit.* Page 244.

³⁷ *Ibid.* Page 257.

Conclusion

The UnitingCare Network remains committed to assisting the design and implementation of strategies to address elder abuse throughout the community and welcomes the initiatives identified in the Discussion Paper to facilitate this.

We thank the ALRC for the opportunity to provide the above feedback and welcome any questions regarding the issues identified.

