30. Social Work Department, Gold Coast Hospital and Health Service; Queensland Health

Name of organisation: Social Work Department, Gold Coast Hospital and Health Service; Queensland Health

Question 1

Question 2

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Question 6

The use of nominees, in particular payment nominees is very important; however, due consideration must be given that the restriction process does not create undue increased demand on entities such as the Queensland Civil and Administration Tribunal.

Question 7

A number of carers make poor decisions to protect their own income stream, for example carer payment via Centrelink rather  than making decisions in the best interests of the elderly person. Perhaps there should be specific provisions to assist people transition off the carer payment, particularly if they have been out of the labour market and are less employable. This potential option could minimise the financial incentive and increased vulnerability of older poeple's risk of abuse.

Question 8

Question 9

The waiting period for older migrants to satisfy the 10 year waiting criteria before they are eligible can be emotianally devestating and leave this population at hightened vulnerability of abuse, threats and exposure of continued abuse if  they discolse.

There is a possibility that a requirement of a deposit is paid and an assurance of support provided family may minimise the ongoing vulnerability. This solution may however have unintended consequences whereby only families with financial means are able to suponsor their older relatives.

Another option would be that in circumstances where elder abuse has ben identified by an appropriate professional in a government setting (for example hospital social worker) and the older person is at risk of harm and continues to be, is unable to return to the abusive situation and may have cognitive impariment, then an exception should apply for the waiving of the waiting period and fees such as nursing home fees should be paid.

Question 10

Question 11

Question 12

Question 13

There needs to due consideration for the balance between respecting the choices of the older person with incapacity and safeguarding them.

Question 14

Question 15

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Question 18

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Question 25

Question 26

Yes, reporting requirements should be imposed so that the response is uniform and not left as it currently stands as a voluntary arrangement. Banking staff should be provided with mandatory training regarding the identification and reporting of elder abuse.

A number of families have ageist views that the older persons funds are "family money" and that the younger members have an entitlement to these funds either before or after the older person's death. Some hold the opinion that the older person does not "need" the money so it should be devolved to the younger generation.

Question 27

Where older people enter into an agreement, often informally without legal advice they are left at significant disadvantage as well as the potential ongoing loss of their only familial network when their arrangements break down. They may choose to go back to the abusive relatinship because the loss is too great or if they don't have capacity and/or their care needs are too high they are left with at times entering into the nursing home with fractured relationships and complicated financial defecits with the new aged care reform arrangements.

Question 28

There should be a requirement that any such agreements must be in writing and legal advice is provided and sought prior to these arrangements. Centrelink potentially has a role to play here.

Question 29

Question 30

Yes, absoloutly; this will create a true and accurate reflection of existing of EPOA's orders. This should be a national database or the very least each state Civil and Administration Tribunal or Office of the Adult Guardian that has access and manages the state orders into a National database. At the moment an EPOA may present a copy of an EPOA, however we have no way of knowing if this is the current EPOA or if it has been revoked?

Question 31

Yes

Question 32

All orders need to be registered and in particular for administrators a reporting and accountability mechanism be put in place.

Question 33

They should be tasked with the ability to investigate elder abuse allegations, not just where there is capacity or incapacity at question.  There needs to be the capacity to investigate and impose Protection Orders if required.

Question 34

Yes absoloutly

Question 35

Health professionals play a significant role in being frontline staff who identify elder abuse. Each State and Territory should be required to demonstrate a response to this very issue. All health professionals including medical staff should be educated about how to identify elder abuse and how to report this. There should be a specialist clinician (for example an Advanced Senior Social Worker) who can provide specialist advice, support and a co-ordinated response to managing allegations. The complexity of the psychosocial stressors, intricate familial relationships and the risk to the patient are far too great to be managed by all; this requires a specialist response hence recommendation for a Senior Social Worker.

Question 36

Question 37

Yes. There are existing legal services within Health services, however there is also a limited understanding of elder abuse and Quensland Civil and Administration Tribunal jurisdiction; there may be scope and benefit of the co-location of a specialist legal practitioner within the Health services leagl teams.

Question 38

Allowing clinicians to access medical records of alleged perpetrators if this is appropriate.

Question 39

Yes they should have greater capacity and greater jurisdiction for example: Investigation Orders, Protection Orders, Removal and Placement Orders and not just related to capacity. Currentlty they are limited ability to respond to issues only relating to investigation and applying orders once incapacity is determined.

Question 40

Question 41

Question 42

Yes absolutley there should be offences relating to all forms of elder abuse; our older population is just as valuable as other citizens and in particular face other vulnerabilities specific to aged care and other frailties including health comorbidities.

Question 43

No; there needs to be a co-ordinated national response

Question 44

No the family and domestic violence framweorks do not specifically meet the needs of older people.

Question 45

There should be mandatory reporting and a national process whereby allied health clinicians and doctors for example must report their concerns to the local authority auspiced by the State or Territory on behalf of the Commonwealth. Ideally as afore mentioned the local Office of the Adult Guardian or Civil and Administration Tribunal will have the level of Orders to respond alongside police with updated criminal laws relating specifically to elder abuse.

Question 46

Question 47

Question 48

They should be targeted and specific.

Question 49

Question 50

Other comments?