51. Australian and New Zeland Society for Geriatric Medicine

Name of organisation: Australian and New Zealand Society for Geriatric Medicine

Question 1

Important to recognise the role “institutions” may have in relation to elder abuse. Organisations as well as individuals need to be included in any framework – Residential Age Care Facilities, hospitals etc.

Question 2

Clear definition

Increased public awareness of both the issue and the implications

Pathways for reporting

Requirements for training and education for people working with older people

Range of articulated consequences

Question 3

If there is to be specific populations identified then those with dementia are a very vulnerable group. Whilst much of the abuse in this population is no different to other populations, some relates to peoples skills and knowledge in how  to interact and work with people with dementia. The abuse (an outcome) can be a reflection of poor education, training and support.

Question 4

Research: Developing a better understanding of the predictors of elder abuse both from a perpetrator and victim perspective. Are perpetrators of domestic violence in younger years more likely to abuse in older age etc….

Research: Pure bad or badly trained? – a better understanding of where best to start to drive down incidence of elder abuse. Punative approach for the bad or more resources to support carers do their job.

Research: A national prevalence study

Whilst more research required, it is equally important to fully utilise the data that is currently collected. A Registry style approach with an agreed minimum dataset and a process for sharing of information across States would help expand our knowledge in the short term.

Question 5

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Question 8

Would be challenging to operationalise and oversee. Suspect of limited value.

If there was to be tighter reporting requirements for the carer allowance, then perhaps this could be a trigger for income management.

Question 9

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Question 11

Much of what is seen, particularly in the residential setting relates to skills, knowledge and expertise. There should be mandatory training requirements for staff working with older people – comparable to requirements in health around working with children.

Question 12

ACAPs currently have a limited role if any in this area. ACATs are delegates of the Commonwealth Government resourced to assess eligibility for Commonwealth Services. They no longer have a role in case management. However they are very skilled workforce with the ability to identify issues and potentially manage etc. Would be a pity not to use their expertise.

Question 13

Question 14

Question 15

Quality indicator/s around use of restrictive practices – measure at resident and facility level.

Question 16

Restrictive practices are still pervasive in RACF, particularly in relation to chemical sedation and inappropriate use of drugs.  Much of this practice is driven my lack of skills and knowledge as well as staffing numbers.

There need to be more barriers to use of restrictive practices but also support for staff in alternate approaches to care. All RACFs should have a policy and practice manual around restrictive practices and national quality indicators should include a measure of around restrictive practice.

Question 17

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Question 29

Suspect more “harm” comes to older people who don’t have these safegurards in place – POA, Enduring Guardian, Advance Care Directive. However the approach needs to be consistent across the Country.

Question 30

There is certainly scope to improve on current decision making instruments.

Question 31

Potentially although less clear how this would / could be effected.

Question 32

Question 33

Supportive of the role of the public advocate.

Question 34

Whatever mechanism is suggested, it needs to be transparent, consistent, easy to navigate and be resourced by people with the skills both to assess and manage the issues.

Would not be supportive of mandatory reporting unless evidence emerges to suggest that it works

Question 35

Better awareness in first place. Then must have an agreed local pathway to take the issue forward and a belief that by doing so, something will happen.

Question 36

Mandatory training module for all staff working with older people.

Question 37

Yes – critical in some instances particularly in relation to assessment of capacity to make a decision about a particular issue, the most common of which is making and signing a will.

Question 38

Question 39

Question 40

Question 41

Question 42

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Question 45

Health care and legal professions at a minimum altho not supportive of mandatory reporting. Simple reporting to police likely to be unproductive. Dedicated multiprofessional response team with appropriate range of expertise seems a better way forward. Unclear as to under which umbrella organisation it should sit.

Question 46

Question 47

Question 48

Question 49

Question 50

Other comments?