Everyone's Business

Research into responses to the abuse of older people (elder abuse) in Western Australia

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Front cover image: The Purple Road (image credit Northern Suburbs Community Legal Centre)

The Purple Road is a community awareness initiative that raises awareness about older person' rights and abuse of the older person. It is funded by the Western Australian Department of Communities and managed by the Northern Suburbs Community Legal Centre's Older People's Rights Service.

The Purple Road is a collaborative community artwork, a 'road' of purple cloth, now twenty metres long and still growing, decorated with thousands of purple flowers each hand-crafted by members of art groups and older people from the community. Each flower represents a story, a personal experience, or a reflection about abuse. The Purple Road travels all over Western Australia, raising awareness about abuse and starting conversations about this complex issue through the medium of art.

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Stevens, Baldassar, Krzyzowski, Du Plooy and Jones were employed at UWA during the period the research was conducted and the draft report prepared. Stevens, Baldassar, Du Plooy and Jones were employed at ECU during the period the report was edited and finalised, while Krzyzowski was employed at UWA during this same period. O'Brien was employed at UniSA throughout the research process.

Executive summary

Introduction

The abuse and mistreatment of older people is a complex social issue that occurs across all societies, cultures and socio-economic groups in varying forms, contexts, and relationships.[1] It is arguably, the least visible and least well understood form of abuse. Population ageing, both nationally and globally, has highlighted the need to address this issue as more people are spending more years of their life in older age and potentially experiencing abuse during this time.

The 2017 'Elder Abuse: A National Legal Response' final report of the Australian Law Reform Commission observed that the abuse of older people is 'everybody's business'.[2] In so doing, the authors echoed the World Health Organisation's (WHO) much earlier proclamation of 2002,[3] but went a step further emphasising shared responsibility to respond:

> **This Inquiry has acknowledged that elder abuse is indeed 'everybody's business'. It is also everybody's responsibility—a responsibility not only to recognise elder abuse, but most importantly, to respond to it effectively.**

The Western Australian (WA) Government has adopted this same language in one of the key principles underpinning the WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019-2029: 'Preventing and addressing elder abuse is everyone's responsibility'.

This view is accepted by the 674 professionals and service providers throughout Western Australia who were surveyed for this study with 94.4% of respondents agreeing that they have a responsibility to respond when they encounter a case of an older person experiencing abuse.

Effectively responding to abuse in Western Australia requires action at multiple scales and from a range of actors, including our communities, professionals from relevant sectors, and both State and Commonwealth government agencies.

This study

This study was commissioned by the Western Australian Department of Communities as a component of the WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019-2029[4] (Elder Abuse Strategy). The Elder Abuse Strategy is a 10-year whole of government plan that aims to prevent and respond to the abuse of older people throughout Western Australia.

Western Australia is now at a dynamic juncture, with significant potential for action and change to occur over the next ten years, guided by the Elder Abuse Strategy. The Elder Abuse

[1] Yon et al, 2017.
[2] Australian Law Reform Commission, 2017, p.29.
[3] World Health Organisation, 2002.
[4] Gov of Western Australia, Department of Communities, 2019, p.9.

Strategy reflects the steady development over time in awareness of, research about, and service responses to the abuse of older people.

This study has sought to build on and update existing research and knowledge, as well as to identify gaps in policy and practice and in data and evidence, that are relevant to the Western Australian context. Recognising that this is a complex issue that defies simple, narrow definitions and approaches,[5] the core research objectives framing this study are to:

- better understand the types of abuse experienced by older people in Western Australia
- map agency and service provider responses and referral pathways to understand the 'service journey' of older people experiencing or at risk of abuse
- explore best practice recommendations that are suited to Western Australian conditions, taking account of existing resources develop a clearer understanding of the distinctive experiences and needs of older people. This includes people living in regional, rural, and remote Western Australia but also diverse populations, including CaLD and LGBTIQ+ older people, who are known to have unique needs and experiences, lower rates of service access and who may be at greater risk of abuse.

Research activities and participants

To address the above research objectives, the research activities and data collection methods used in this project have gathered the perspectives of professionals and service providers based throughout Western Australia. Older people experiencing abuse were not directly consulted. Conducting research with this highly vulnerable population requires the slow

development of trusted relationships and was beyond the scope of this study. Over 750 Western Australians participated in this research. Data was collected through an online survey, focus groups, stakeholder interviews and an analysis of service client case studies.

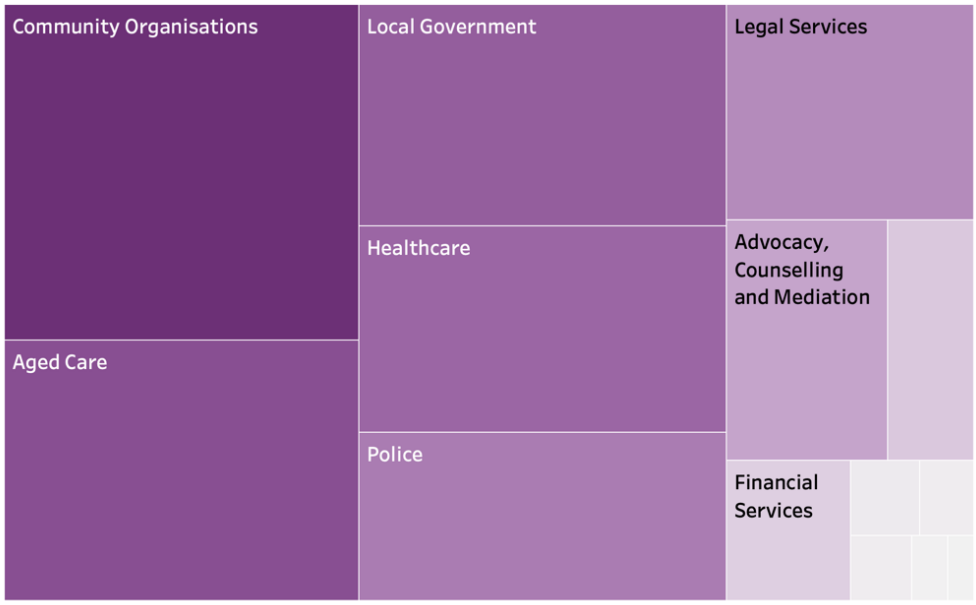
This is the first study conducted in a Western Australian context, that consults such a wide variety of participants from a range of sectors including advocacy, aged care, community

[5] Kaspiew et al., 2019; Australian Law Reform Commission, 2017.

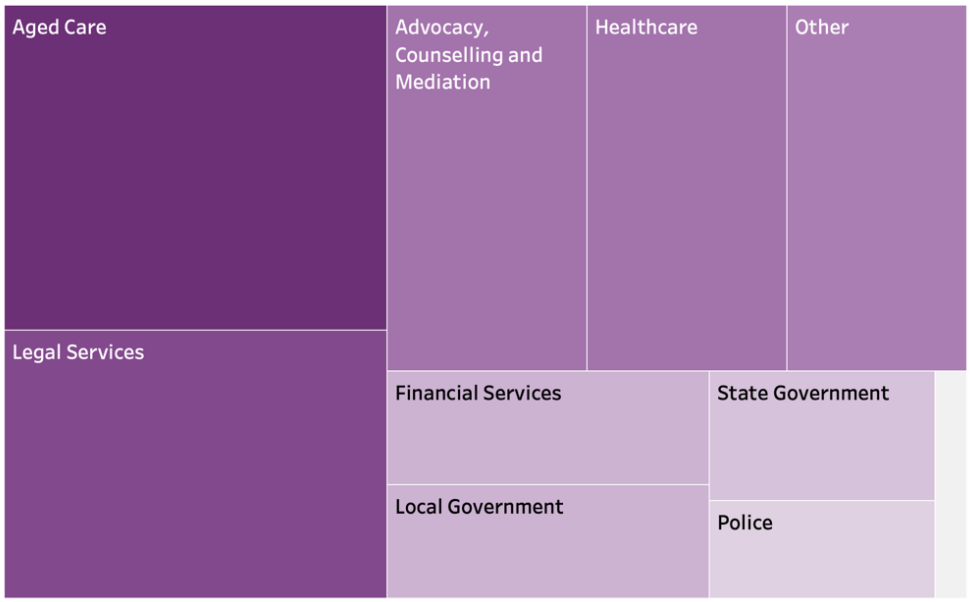
organisations, counselling, financial services, guardianship, health, legal services, local government, mediation, and police.

The findings present original insights into how professionals working in these sectors respond to cases of abuse and suspected cases of abuse of older people. The experiences and perspectives reported here include the views of elder abuse specialists, but also, importantly, the views of people without specialist elder abuse knowledge and training who nonetheless encounter older people during their everyday work or volunteering roles.

Sector Breakdown - Survey Respondents, n=674



Sector Breakdown - Interview & Focus Group Participants, n=80



Key findings: Definitions and types of abuse experienced by older people in Western Australia

The most commonly encountered types of abuse

Older people in Western Australia experience similar types of abuse to those reported in other Australian and international contexts. The types of abuse most commonly encountered by survey respondents are (in descending order of reported frequency):

- Financial abuse
- Neglect
- Psychological abuse
- Social abuse
- Physical abuse
- Sexual abuse

Of these types, social abuse was reported as the least well understood form of abuse by service providers. It is important to better understand social abuse because it often occurs in combination with other types of abuse both for older people with and without decision-making capabilities.

Professionals have good awareness but would benefit from more training and support

Awareness among professionals working in relevant sectors is high, with 89.7% per cent of survey respondents reporting that they are familiar with the WHO definition of abuse used in the WA Elder Abuse Strategy and the six key types of abuse. However, respondents also report confusion among professionals as to what behaviours constitute abuse, indicating a need for more training and support for frontline service providers.

89.7%

of survey respondents are familiar with the WHO definition used in The Strategy

Increased abuse during the COVID-19 pandemic suggests a need for more disaster planning

Professionals and service providers perceive an increase in the incidence of abuse in response to the COVID-19 pandemic. This indicates a strong need for planning interventions and services that are suited to future outbreak scenarios. However, some services report a decline in financial abuse during the early stages of the pandemic. Study participants attributed this change to higher Jobkeeper payments in alleviating conditions of extreme financial hardship.

Abuse of older people is the preferred term in Western Australia

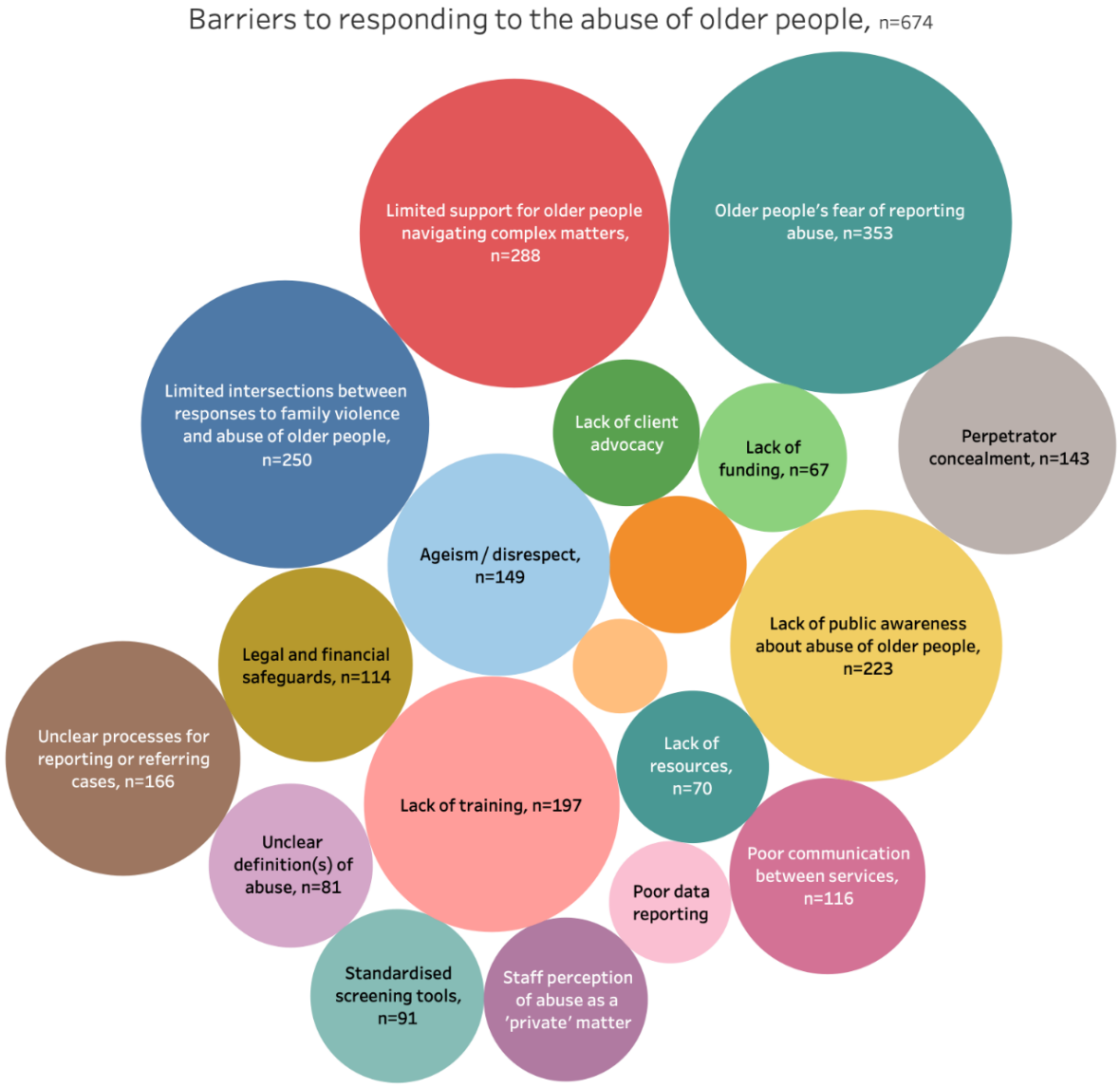
Survey responses clearly indicate that the term ‘abuse of older people’ is preferred over ‘elder abuse’ for use in Western Australia because the term ‘elder’ has specific meaning for Aboriginal Australians. In addition, 44% of survey respondents think the definition of the abuse of older people should not be limited by reference to the age of an older person.

Key findings: Key issues and barriers to responding to abuse of older people in WA

Barriers to responding exist at individual, institutional and societal levels

Almost all survey respondents (94.4%) agree that they have a responsibility to do something if they encounter cases of older people experiencing abuse.

However, barriers to responding exist at the individual (for example, training and knowledge), institutional (for example, reporting and referring pathways) and societal (for example, ageism and low awareness of abuse) levels.



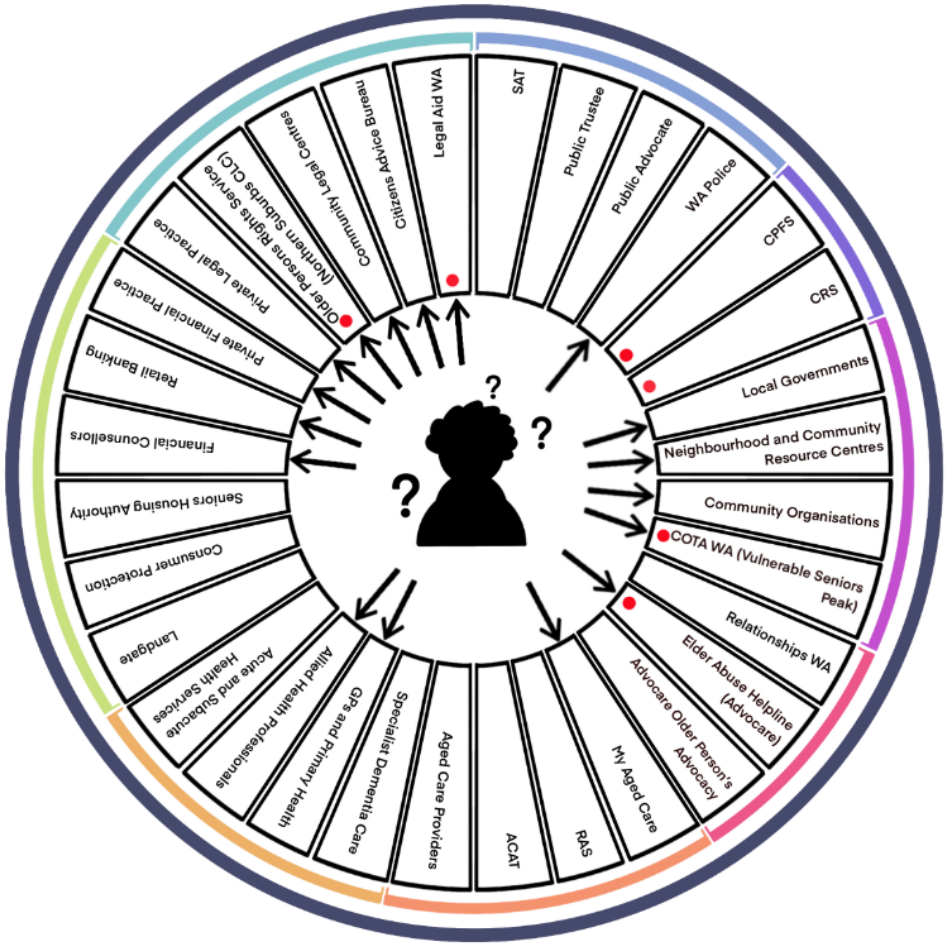
The barriers to responding to abuse identified by survey respondents as being most important to reduce are:

- older person's fear of reporting abuse - 67.6% (353 respondents)
- supporting older people to navigate complex matters - 55.2% (288 respondents)
- intersections between responses to family violence and the abuse of older people - 47.9% (250 respondents)
- lack of public awareness about abuse of older people - 42.7% (223 respondents)
- unclear processes for reporting or referring cases of abuse - 31.8% (166 respondents)
- ageism and disrespect for older people in society - 28.5% (149 respondents)
- lack of appropriate responses for perpetrators – including addressing perpetrator concealment of abuse - 27.4% (143 respondents) and resources to work with perpetrators – 13% (70 respondents)
- lack of communication between available services - 22.2% (116 respondents)
- lack of legal and financial safeguards for older people - 21.8% (114 respondents).

Key findings: The 'service journey' and mapping responses to the abuse of older people in Western Australia

The service landscape is complex and evolving

The abuse of older people is a complex social issue that may require responses from many different professionals over an extended period. The service landscape reflects this complexity. Appropriate responses may involve various health professionals, social workers, legal and financial professionals, police guardianship, advocacy, mediation and/or care services. These multi-sector responses are described in detail in Chapter 5. Service provider capacity to respond to abuse has changed significantly in recent years.



- Common point of self-referral/ first identification
- Response funded by Department of Communities
- Statutory responses (policing and guardianship)
- Family violence responses
- Systemic advocacy, public awareness and information
- Advocacy, counselling and mediation
- Care services
- Health services
- Financial services and responses
- Legal services and responses

Service journeys are inconsistent

Despite the above positive service-level changes, the current service landscape could be described as 'patchy'. Some services and geographical areas have well developed responses to the abuse of older people, which they deliver well, while others have less developed responses. In addition, from the perspectives of people who work within them, services do not always link together adequately to provide an integrated and coordinated client experience.

Factors affecting the kinds of support an older person may receive include:

- geographic location
- language and culture
- types of abuse experienced
- knowledge and prior experience of individual professionals and service provider organisations
- an older person's ability to independently navigate services and make decisions about complicated matters.

Support and advocacy are required to navigate complex systems

Study participants reported that some of their older clients find this service landscape confusing and may not know how to access the most appropriate support to address each dimension of a challenging situation. Several cases reported as representative describe how older people may 'pinball' between professionals and service providers in repeatedly explaining their concerns (a taxing experience in itself), without finding effective support.

These challenges arise because the existing service framework depends on the older person or client being a capable and autonomous individual who can effectively access these services. Where the client is less intrinsically capable, highly dependent on the perpetrator of abuse and/or subject to undue influence, formal advocacy and support is needed to help them navigate the system in relation to their personal circumstances, sometimes over a period of months or years.

Consistent tools and resources are needed to support uniform and integrated responses

Behind this complex service landscape lies an equally complex and ever-evolving set of protocols, policies and other resources. The Elder Abuse Protocol developed by the Alliance for the Prevention of Elder Abuse: Western Australia (APEA:WA), with funding from the Department of Communities, is widely recognised as a document that has been important to awareness raising and promoting the current existing referral pathways. Other resources do exist, and since 2019 there has been significant activity developing additional resources from other organisations and agencies (see Resources subsection). While this activity is commendable, there is a risk that resources may become 'siloed' and responses diverge, resulting in inconsistent service provision.

Addressing the inconsistencies in the 'service journey' of older people experiencing abuse in Western Australia will require interagency collaboration, system adjustment and, possibly, legislative change.

Key findings: Diverse cohorts of older people in Western Australia

Diversity exists within and across cohorts of older people

This study included an empirical focus on three diverse cohorts of older people:

- older people living in regional, rural and remote settings
- LGBTIQ+ older people
- culturally and linguistically diverse older people.

There is great diversity within each of these broad cohorts. While this study presents an overview of the key issues for each cohort, far more focussed work is needed to fully understand the wide range of experiences and needs among these broad categories.

Older Aboriginal people are not included here because the Department of Communities has commissioned a separate study focused on the mistreatment of older Aboriginal people in Western Australia.

Some cohorts are at greater risk of abuse

Some cohorts of older people are at greater risk of abuse than others. Circumstances of vulnerability or risk can arise from personal characteristics (for example, disability, poor mental or physical health) and from external factors (for example, housing insecurity, limited access to appropriate services). People may also experience intersecting sites of vulnerability.

For example, due to a range of factors associated with barriers to accessing suitable services, Western Australians aged over 50 who speak a language other than English at home and do not speak any English are more than three times as likely to require assistance with daily core activities than those who speak English well.[6] Diverse cohorts of older people experience forms of systemic abuse and/or systemic conditions that increase risk of abuse and/or create barriers to seeking help. Socially isolated people are also considered to experience abuse much more frequently than the general population.

Older people living in regional, rural, and remote Western Australia experience thin service provision

The diverse geographies and dispersed populations of Western Australia present additional barriers to identifying and responding to abuse than those found in other Australian and international contexts.

Even in geographically smaller Western Australian regions with more concentrated populations, study participants reported challenges that arise because of distance, time, cost of travel and thin service provision.

Service responses therefore, vary significantly both within and between regions of Western Australia for older people who are experiencing or are at risk of abuse. There are examples of experienced professionals with well-developed responses to abuse working in regional Western Australia, including in more remote settings. However, these responses are currently

[6] Australian Bureau of Statistics, 2016.

limited, available only in some geographical areas, and are reliant on the availability of individuals with expertise and on individual professionals having an interest in the issue.

Professionals and service providers in regional Western Australia tend to be 'generalists' who require knowledge across a wide range of issues and population cohorts. Low population density means these professionals may only intermittently encounter cases of abuse. Under these conditions, clear pathways to seeking advice and support from peers with more specialised experience are needed.

The challenges of navigating a complex service landscape are amplified in regional Western Australia. Issues reported by study participants include:

- 'overlapping' services where different responses (for example, health, police, community legal) may be located in different regional centres
- irregular access to services that require referral or coordination
- finding transport solutions that align with appointments.

Virtual service delivery brings benefits but has limitations

Virtual provision of some services may help to alleviate the challenges of geography. However, study participants report that existing infrastructure has limitations, that many older people struggle with these technologies, and that facilitated access supported through care professionals and/or community resource centres may be inappropriate where an older person is seeking advice with confidential financial or legal matters.

Diverse regions need tailored solutions

Study participants also proposed some strengths of responses to abuse in regional, rural and remote settings. These include strong communities, informal discussion of cases between professionals to overcome distance and willingness to find creative solutions to support their clients.

'One-size-fits-all' models are inappropriate for the diverse geographies and populations of regional Western Australia. Regional professional networks or communities of practice, combined with incentives and support to participate and share knowledge, may support increased awareness and more consistent responses for older people experiencing abuse.

LGBTIQ+ older people have experienced discrimination throughout their life course

Approximately 11% of the Australian population identifies as LGBTIQ+,[7] however, evidence-based policy to support this cohort is limited due to the lack of population level data, resulting in the statistical invisibility of LGBTIQ+ older people.[8]

LGBTIQ+ older people may experience similar types of abuse as the wider population but face systemic barriers to reporting and responding. These include:

[7] Australian Human Rights Commission, 2014.
[8] Lyons et al., 2021.

- fear of discrimination from mainstream service providers, especially in residential care
- conflict between biological families, including adult children, and same-sex partners or 'families of choice'
- increased risk of social isolation and of self-neglect.

Older people who identify as LGBTIQ+ deal with the legacies of discrimination throughout their life course, having grown up and come of age in an era of criminalisation and systemic exclusion by families, religious institutions, workplaces, and wider society.

Service design, research, and media should address the 'invisibility' of older LGBTIQ+ people

The poly discrimination experienced at the intersection of ageism, homophobia and transphobia has resulted in an enduring invisibility as older LGBTIQ+ people may be excluded from positive media depictions of LGBTIQ+ communities that tend to feature younger subjects.

This 'invisibility' extends to very limited Australian and international research on the abuse experienced by older LGBTIQ+ people, and to limited knowledge of appropriate service provision. Very few Western Australian service providers understand the needs of gender and sexually diverse older people. This results in systemic exclusion from heteronormative and cis normative services, which is a major barrier to seeking help in cases of abuse.

Addressing the specific needs of older LGBTIQ+ people in ageing well is the new frontier in queer rights. This includes providing inclusive service responses for those experiencing or at risk of abuse. The focus of this study and of the Department of Communities in relation to this cohort is a welcome first step towards understanding and responding to the abuse of older LGBTIQ+ people.

'Culturally and linguistically diverse' is a broad category that encompasses different experiences of ageing

There is great diversity among CaLD people, including differences of ethnicity, race, language, religion, subnational region, class, educational, occupational background, English proficiency, visa status and societal and policy conditions at the time of their arrival in Australia.

Within this broad category of CaLD there are therefore many different experiences of ageing, of being part of a family, and of interacting with Australian service systems and providers. Notwithstanding this diversity, there are factors affecting many CaLD older people that increase their risk of experiencing abuse and/or make it more difficult to respond.

Language and culture form barriers to understanding abuse and seeking help

Language is a major barrier to accessing services and to addressing circumstances of abuse, especially for people and groups with little to no education. Many CaLD older people are heavily reliant on family, and in particular, adult children as interlocutors along with Australian public administration and service provision, including online service interfaces. The compounded dependency arising from limited English and age-related disability significantly increases the risk of abuse. This can be particularly true in language communities with small

populations where seeking support from co-ethnic organisations risks other community members finding out about a private and family matter perceived as shameful.

In addition to language barriers, members of CaLD communities may perceive the abuse of older people differently than other Australians. The emotional dynamics of abuse, and the interactions between abuse victims and abuse initiators, vary according to culture. A rights-based model of responding to abuse is sometimes at odds with the kinds of resolution sought by older people from culturally diverse backgrounds, who may prefer holistic models of family intervention that privilege relational hierarchies and/or involve collective decision making.

Risk factors arise as a result of migration processes and visa status

Increased risks may arise from circumstances of migration. These include:

- disruption of homeland sources of social support
- social isolation in Australia that can be compounded by language barriers, and the expectations of grandparenting and housekeeping work from adult children
- for more recent arrivals, migration policy and visa regimes can increase the risk of abuse
- temporary visa holders are especially vulnerable as they may not have the right to access services and are in relationships of visa dependency with sponsor adult children
- older people who are New Zealand citizens also experience particular vulnerabilities as a result of their citizenship and migration status.

Supporting CaLD older people requires effective bicultural responses

Responding to abuse in the context of diverse communities requires multidisciplinary specialists to work in partnership with bilingual and bicultural community service providers. Study participants suggest that prevention measures for CaLD communities should focus on perpetrator accountability over victim education, especially where older people are less able to enact protective measures. Working to change community values, for example, through the engagement of trusted community liaisons, may prove more effective, enabling community members to recognise abusive behaviours and enact change before situations deteriorate to the point that mainstream agencies might be alerted.

Key findings

A summary of key findings arising from this study are included in the final chapter of this report.

These findings are grouped thematically under the following key directions:

1. Record consistent data for robust research and evidence.
2. Build professional awareness through effective training and information resources.
3. Raise public awareness and understanding.
4. Improve service design and service responses.
5. Support people who experience abuse and people who may abuse others.
6. Develop appropriate legal responses.
7. Address the needs of diverse and vulnerable cohorts.

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Glossary of acronyms and abbreviations

ACAT	Aged Care Assessment Team
ACT	Australian Capital Territory
ADC	Ageing and Disability Commissioner
AHRC	Australian Human Rights Commission
AIFS	Australian Institute of Family Studies
ALRC	Australian Law Reform Commission
AMA	Australian Medical Association
ANZ	Australia and New Zealand Banking Group Limited
APEA: WA	Alliance for the Prevention of Elder Abuse, Western Australia
ASAG	Adult Safeguarding Advisory Group
ASU	Adult Safeguarding Unit
AuSI	Australian Elder Abuse Screening Instrument
AUSTRAC	Australian Transaction Reports and Analysis Centre
CaLD	Culturally and Linguistically Diverse
CBA	Commonwealth Bank of Australia
CCCA	Criminal Code Act Compilation Act 1913 (WA)
CHSP	Commonwealth Home Support Programme
CLC	Community Legal Centre
COTA WA	Council on the Ageing Western Australia
CPFS	Child Protection and Family Services
CRARMF	Common Risk Assessment and Risk Management Framework
CRS	Coordinated Response Services
DIMA	Department of Immigration and Multicultural Affairs
DPP	Director of Public Prosecution
EAHRU	Elder Abuse Helpline and Resource Unit
EAPU	QLD Elder Abuse Prevention Unit
EPA	Enduring Power of Attorney
EPG	Enduring Power of Guardianship
FCAWA	Financial Counsellors Association of Western Australia
FDV	Family and Domestic Violence
FVU	Family Violence Unit
GP	General Practitioner

GRAI	GLBTI Rights in Ageing Inc.
HACC	Home and Community Care
HCP	Home Care Packages
IPS	Indigenous Professional Services Management Consultants
KCLS	Kimberley Community Legal Services
LGBTIQ+	Lesbian, Gay, Bisexual, Transexual, Intersex and Queer
LMS	Learning Management System
MACM	Multi-Agency Case Management
NAB	National Australia Bank
NARI	National Ageing Research Institute
NDIS	National Disability Insurance Scheme
NEAPS	National Elder Abuse Prevalence Study
NSAC	National Screening for Aged Care
NSAF	National Screening and Assessment Form
NSCLC	Northern Suburbs Community Legal Centre
NSW	New South Wales
OMI	Office of Multicultural Interests
OPA	Office of the Public Advocate
OPAN	Older Persons Advocacy Network
OPI	Older Patient Initiative
OPRS	Older People's Rights Service (Northern Suburbs CLC)
Peel SRS	Peel Senior Relationship Service (Relationships WA)
PRG	Project Reference Group
QLD	Queensland
RAC	Residential Aged Care
RAS	Regional Assessment Service
SA	South Australia
SAGE Lab	Social Care and Ageing (SAGE) Living Lab
SAT	State Administrative Tribunal
SCALES	Southern Communities Advocacy Legal & Education Service
SRAS	Seniors Rights & Advocacy Service (Legal Aid WA)
SRS	Senior's Right Service
TAS	Tasmania
UK	United Kingdom

US	United States
UWA	University of Western Australia
VRO	Violence Restraining Order
WA	Western Australia
WACHS	WA Country Health Service
WACRH	WA Centre for Rural Health
WALGA	WA Local Government Association
WAPHA	WA Primary Health Alliance
WHO	World Health Organisation

Note on language used in this report

Elder abuse is the accepted global term, endorsed by the World Health Organisation (WHO) and widely used in research, policy and practice around the world and within Australia. However, reflecting on the Australian context, study respondents indicated that it is more appropriate to use the terms, 'abuse of the older person' or 'abuse of older people', in recognition of the fact that for many First Nations Australians, the term 'elder' does not mean 'older person' but rather refers to a person with an ascribed leadership role who is acknowledged as a custodian of traditional and sacred knowledge. In addition, most respondents felt that terminology use is very important and can impact understanding and awareness raising and therefore, should be adapted to suit different audiences.

Both 'elder abuse' and 'abuse of the older person' or 'abuse of older people' are terms used by Western Australian government agencies and in the National Plan. In this report these terms are used interchangeably, as well as 'abuse of older Western Australians'. Please see the Definitions section for an expanded discussion of a range of terminology that may be used to communicate this issue with diverse audiences.

Throughout this report, Aboriginal is used in preference to Aboriginal and Torres Strait Islander in recognition that Aboriginal people are the original inhabitants and traditional custodians of lands throughout Western Australia. Aboriginal and Torres Strait Islander may be used with reference to Australian national contexts, and Indigenous with reference to international contexts. No disrespect is intended to Western Australians who identify as Torres Strait Islander.

1. Background and context of this study

This study was commissioned by the Department of Communities as a component of the WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019-2029 (Elder Abuse Strategy).

The research team, appointed through competitive tender in June 2020, was led by the UWA Social Care and Ageing (SAGE) Living Lab and included collaborators from University of South Australia and the Northern Suburbs Community Legal Centre, Older People's Rights Service.

A separate and related study was commissioned by the Department of Communities to explore the mistreatment of older Aboriginal people in Western Australia. This research is being conducted by Indigenous Professional Services (IPS) Management Consultants[9].

As there is separate and focussed research being conducted, this study has considered the experiences and particular service requirements of Aboriginal people as one cohort within the Western Australian older population but does not make this a primary focus of the research.

This background and context chapter of the report presents:

- the background and aims of the Elder Abuse Strategy
- the Western Australian research context in which this study was conducted, noting previous work that has been done in this field
- the Australian national context, including the National Plan.

1.1 WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019-2029

The Western Australian Government through the Department of Communities launched the WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019-2029 (Elder Abuse Strategy) on 18 November 2019. The Elder Abuse Strategy is a 10-year plan that aims to prevent and respond to elder abuse in communities throughout Western Australia.

The Elder Abuse Strategy identifies four priority areas[10]:

- Priority area 1: Raising awareness and early identification
- Priority area 2: Prevention and early intervention
- Priority area 3: Integrated and coordinated response
- Priority area 4: Data and evidence

This research project was commissioned as a dimension of Priority area 4: Data and Evidence. However, the Research Objectives of this study determined in consultation with the

[9] IPS Management Consultants https://www.ipsau.com.au/

[10] Department of Communities, 2019, p. 9.

Department of Communities address all of the Priority areas identified in the Elder Abuse Strategy.

The first Progress Report Summary for the Elder Abuse Strategy, covering the period 2019-2021, was published by the Department of Communities in March 2022.

1.2 APEA: WA – Interagency collaboration to prevent the abuse of older people in WA

The Alliance for the Prevention of Elder Abuse Western Australia (APEA: WA)[11] is an interagency policy group that promotes information sharing and a whole-of-government response to the abuse of older people.

Organisations represented on APEA: WA as of October 2021, comprised of Advocare, COTA WA, Department of Communities, Department of Health, Department of Planning, Lands and Heritage, Legal Aid WA, Office of the Chief Psychiatrist, Office of Multicultural Interests, Office of the Public Advocate, Northern Suburbs Community Legal Centre's Older People's Rights Service, Office of the Public Trustee, WA Police Force, Financial Counsellors Association WA and GLBTI Rights in Ageing Inc (GRAI).

APEA: WA is hosted by Advocare with secretarial support currently funded by WA Health. Since its establishment, the objectives of APEA: WA are to:

- raise awareness and understanding of elder abuse in Western Australia
- facilitate elder abuse policy development in Western Australia.

APEA: WA published the document *Elder Abuse Protocol: Guideline for Action* (the Protocol)[12] in 2013. This document was updated in 2017 to include information about the Elder Abuse Helpline. Development of the Protocol was funded by the Department of Communities and developed through a collaboration between Advocare and Dr Barbara Blundell of the Curtin University School of Allied Health. The Protocol and other resources are discussed in more detail in Chapter 5 of this report.

1.3 Previous research into the abuse of older people in Western Australia

There have been many studies conducted on the abuse of older people in Western Australia over the past two decades. This current study has aimed to update and extend this work, avoiding duplication where possible and building on previous findings and recommendations.

Previous research, including the many and extensive submissions made to the Legislative Council Select Committee on Elder Abuse convened in 2017-2018, has explored in detail the legislative context, the types of abuse encountered in Western Australia. See the table below for a summary of research from the last two decades.

[11] Advocare Inc. 2021. http://www.apeawa.advocare.org.au/
[12] Blundell, B. 2017.

Summary of previous research into the abuse of older people in WA			
Year	Title	Author(s)	Funding
2002	Elder abuse in Western Australia: Report of a survey conducted for the Department of Community Development, Seniors Interests	Boldy, Duncan Webb, Mathew Horner, Barbara Davey, Margaret Kingsley, Beth	WA Department of Community Development Office for Seniors Interests
2003	Advocare's speak out survey: "S.O.S." on elder abuse	Faye, Bethany Sellick, Maureen	Advocare
2005	Mistreatment of older people in Aboriginal communities project: An investigation into elder abuse in Aboriginal communities	Office of the Public Advocate (no named author)	WA Government Active Ageing Strategy
2006	Care and respect: Project to research elder abuse in culturally and linguistically diverse communities	Office of the Public Advocate (no named author)	WA Government Active Ageing Strategy
2007	Research into community attitudes to elder abuse in Western Australia	D'Aurizio, Tina	WA Department of Communities Office for Seniors Interests and Carers
2008	The human rights of older people and agency responses to elder abuse	Black, Barbara	Curtin University Internal Linkage Grant WA Department for Communities Office of Seniors Interests and Carers
2011	Examination of the Extent of Elder Abuse in Western Australia: A Qualitative and Quantitative Investigation of Existing Agency Policy, Service Responses and Recorded Data	Clare, Mike Black Blundell, Barbara Clare, Joseph	Lotterywest
2012	Elder abuse in culturally and linguistically diverse communities: Developing best practice	Black Blundell, Barbara Clare, Mike	WA Department of Health
2018	'I never thought it would happen to me': When trust is broken. Final report of the Select Committee into elder abuse	Legislative Council Select Committee into Elder Abuse	Not applicable

Recognising this existing previous work, this study set out to generate new insights through focus groups that intentionally brought together service providers, professionals and policy makers from different service responses, including legal, financial, health, aged care, community, local governments and relevant state government agencies.

See Appendix A for a thematic summary of recommendations from previous research conducted in Western Australia into the abuse of older people.

1.4 National context and national plan

This study, funded by the Department of Communities, is conducted within a wider national context that includes Australian Government action to prevent and respond to elder abuse. National action is led through the Commonwealth Attorney General's Department, initiatives of which have included:

2016	Australian Law Reform Commission instructed to undertake an Inquiry into Protecting the Rights of Older Australians from Abuse (final report published in 2017)[13]
2019	Development of a National Plan to Respond to the Abuse of Older Australians[14]
2019	Funding Elder Abuse Action Australia[15] to build community and professional awareness by compiling and sharing information and resources from across the country through Compass[16]
2019-21	Sponsoring a national research program, including a National Prevalence Study
2019-21	Funding Elder Abuse Service Trials to implement and evaluate a range of different service responses to the abuse of older people.

1.4.1 The Australian Law Reform Commission

On 15 February 2016, the then Commonwealth Attorney-General announced an inquiry into laws and frameworks that safeguard older Australians from abuse. The Australian Law Reform Commission (ALRC) was tasked by the Commonwealth Government to identify the best way to protect older Australians, as well as promoting respect for their rights.[17]

The inquiry extended to a consideration of existing Commonwealth laws and frameworks purporting to safeguard older persons from abuse inflicted by formal and informal carers, relatives, representatives, and others. This included regulation of financial institutions, superannuation, social security, living and care arrangements and health. As many laws affecting older people come within the purview of the states and territories (for example

[13]Australian Law Reform Commission, 2017.

[14]Council of Attorneys-General, 2019.

[15] Elder Abuse Action Australia (EAAA), 2019 https://eaaa.org.au/

[16] EAAA Compass, 2021 https://www.compass.info/

[17] The Australian Law Reform Commission (ALRC) was established on 1 January 1975 by the Law Reform Commission Act 1973 (Cth) and reconstituted by the Australian Law Reform Commission Act 1996 (Cth).

regulation of property, powers of attorney and wills and estates), there is also the interaction and relationship of Commonwealth and state and territory laws in this arena to be considered.

The ALRC inquiry provided a comprehensive examination of the laws relevant to elder abuse. The ensuing report made sweeping recommendations for a national plan to combat elder abuse. Recommendations focussed on the implementation of adult safeguarding regimes in states and territories in relation to 10 discrete areas of concern, including; aged care,[18] substitute decision making[19], as well as the role of banks in identifying and combatting elder financial abuse.[20]

In the wake of the ALRC Report, there have been several responses with more state-based inquiries and reports,[21] some legislative review[22] and amendment,[23] the establishment of adult safeguarding units in two states[24], and the commencement of a Royal Commission into Aged Care Quality and Safety.[25]

The capstone recommendation of the ALRC Report was that all Australian governments (Commonwealth, state and territory) develop a National Plan to combat elder abuse.[26] On 19 March 2019, the Attorney-General launched the National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019-2023 (the National Plan).

It was noted that the National Plan should establish a national policy framework, outline relevant strategies and actions by government as well as the community, set priorities for the implementation of actions agreed to by the various governments and conduct further research and evaluation.[27] It was recommended that the plan be led by a steering committee under the imprimatur of the Law, Crime and Community Safety Council of the Council of

[18] Ibid Chapter 4.
[19] Ibid Chapter 5.
[20] Ibid Chapter 9.
[21] For example, a Western Australian inquiry in 2017-2018 made 35 recommendations to address elder abuse issues in that state including developing a human rights approach to respond to elder abuse and for law reform: Select Committee on Elder Abuse, *I never thought it would happen to me: When Trust is Broken—Final Report of the Select Committee into Elder Abuse* 13 September 2018 Legislative Council, Western Australia. < https://www.parliament.wa.gov.au/Parliament/commit.nsf/(Report+Lookup+by+Com+ID)/5D4DB8F8EB0A444848258307000F6874/$file/el.eld.180830.rpf.000.xx.web.pdf> 40th Parliament, Legislative Council of Western Australia, 2018. 1-152.
[22] This was particularly the case in relation to guardianship and administration, see the NSW Law Reform Commission Review of the Guardianship Act 1987 (2018) and the Tasmania Law Reform Institute Review of the Guardianship and Administration Act 1995 (2018).
[23] For example, in March 2019 the Queensland Parliament passed significant amendments to the *Guardianship and Administration Act 2000* to improve the efficiency of Queensland's guardianship system: *Guardianship and Administration and other Legislation Amendment Act 2019 (Qld).*
[24] An Adult Safeguarding Unit has been established in South Australia (commenced 1 October 2019) and NSW introduced an Ageing and Disability Commissioner (commenced 1 July 2019).
[25] The Royal Commission into Aged Care Quality and Safety was established on 8 October 2018. This was preceded by the Carnell-Paterson Review of National Aged Care Quality Regulatory Processes in 2017: K. Carnell and Professor R Paterson, *Review of National Aged Care Quality Regulatory Processes,* October 2019 <https://www.health.gov.au/sites/default/files/review-of-national-aged-care-quality-regulatory-processes-report.pdf> Carnell, K., Paterson, R., 2017. 1-188.
[26] Recommendation 3.1.
[27] Recommendation 3-1 (a) – (d).

Australian Governments.[28] Several goals were suggested for the National Plan, such as addressing ageism and achieving national consistency.[29] The recommendations underscored the diverse nature of the older population with a specific recommendation that addresses the circumstances of older people with respect to gender, sexual orientation, disability and cultural and linguistic diversity. It was anticipated the National Plan would also consider the experiences and needs of older Aboriginal and Torres Strait Islander peoples.[30] Finally, the ALRC recommended that there should be a national prevalence study.[31]

1.4.2 The National Plan

There has been a significant response on the part of government to these recommendations. A collaboration of state, territory and Commonwealth governments, the National Plan to Respond to the Abuse of Older Australians 2019-2023 was released on 19 March 2019. The plan complements, but does not replace, Commonwealth, state and territory policies about ageing and elder abuse.

The National Plan provides a framework for ongoing cooperation, action and monitoring against five key priority areas:

1. enhancing our understanding
2. improving community awareness and access to information
3. strengthening service responses
4. planning for future decision-making
5. strengthening safeguards for vulnerable older adults.

1.4.3 National Elder Abuse Prevalence Study

As part of the National Plan, the Australian Institute of Family Studies was commissioned to conduct the first Australian National Elder Abuse Prevalence Study.

This study delivered data on the nature of elder abuse, the extent to which it occurs in the 65+ population nationwide, and a more detailed analysis of the types of abuse and prevalence experienced by culturally and linguistically diverse older people. This three year (2018-2021) national prevalence study involved two large scale surveys:

1. A survey of 7,000 people aged over 65 who live in private dwellings in the community (not residential care) to explore their experiences of abuse.
2. A survey of 3,400 people from the general community to explore knowledge of abuse, attitudes to older people and intergenerational support provided to older people.

The final report of the National Elder Abuse Prevalence Study was published in December 2021, after the research informing this report and the majority of report drafting had

[28] Recommendation 3-2.

[29] Recommendation 3–3 The National Plan to combat elder abuse should identify goals, including: (a) promoting the autonomy and agency of older people; (b) addressing ageism (c) achieving national consistency; (d) safeguarding at-risk adults and improving responses; and (e) building the evidence base.

[30] Recommendation 3-4.

[31] Recommendation 3-4, Recommendation 3-5.

concluded. The importance and implications of the National Elder Abuse Prevalence Study are discussed in Chapter 3.

1.4.4 Elder Abuse Service Trials

The National Plan has directed funding towards delivery of certain front-line services addressing abuse of older people. The Elder Abuse Service Trials are comprised of three forms of service delivery including:

- specialist elder abuse units
- health-justice partnerships
- case management and mediation services.

A total of $18.3million supported four-year trials from 2018-2019 to 2021-2022, at twelve providers across Australia. Two Elder Abuse Service Trials were funded in Western Australia, one case management and mediation service through the Peel Senior Relationship Service, and one specialist elder abuse unit operated by the Kimberley Community Legal Centre.

2. Research aims and methods

The study comprised qualitative and quantitative research methods. Over 750 people participated in this study through interviews, focus groups and an online survey. Previous research in Western Australia has tended to focus on consultation with specialists with deep knowledge about the abuse of older people. This study aims to go beyond this work by including a broader and more diverse group of participants. This includes people throughout Western Australia from a range of different sectors who encounter older people in the course of their daily work or volunteering.

2.1 Research objectives

The abuse and mistreatment of older people is a complex social issue that occurs across all societies in varying forms, contexts, and relationships.[32] This study has sought to respond to gaps in research and policy that are relevant to Western Australian conditions. Recognising that this is a complex issue that resists simple, narrow definitions and approaches,[33] the core research objectives framing this study and developed in consultation with the Department of Communities were to:

1. better understand the types of abuse experienced by older people in Western Australia.
2. map agency and service provider responses and referral pathways to understand the 'service journey' of older people experiencing or at risk of abuse.
3. explore best practice recommendations that are suited to WA conditions, while taking account of existing resources.
4. develop a clearer understanding of the distinctive experiences and needs of older people. This includes people living in regional, rural, and remote Western Australia but also underserved and diverse populations, including CaLD and LGBTIQ+ older people.

'Service journey' in this context, refers to understanding who an older person or their family members may contact when someone is experiencing or is at risk of abuse. For instance, where the points of first identification may occur, and what kind of referral pathways older people need in order to reach the professionals and support that may help to resolve or at least improve their situation. By mapping the 'service journey' this study aims to explore how those pathways might be made more effective, less time consuming and less stressful for the older person when seeking help.

The research objectives as outlined in the Request for Quote were to undertake qualitative and quantitative research into elder abuse prevalence, drivers and protective factors in Western Australia. During initial consultations with the Department of Communities in June 2020, following appointment of the research team, it was acknowledged that this was a project with potentially huge scope but a limited timeframe and budget. Therefore, the

[32] Yon et al. 2017.
[33] Kaspiew et al. 2019; Australian Law Reform Commission, 2017.

agreed aim was to capture the many different elements and the complexity of this issue, avoiding a reductive approach, while also recognising the limitations of a one-year project that may not have all the answers, but may facilitate multiple possible future trajectories for policy, funding and further research.

A Project Reference Group was established to oversee the project and provide strategic advice on how best to conduct the research and communicate findings.

Guided by the research objectives, the following intersecting themes were determined, in consultation with the Project Reference Group, as being particularly relevant to Western Australian responses:

1. Developing multi-disciplinary responses with expertise in the multiple and intersecting forms of abuse that occur in Western Australian communities.
2. Recognising the importance of facilitating strong social support networks, including formal and informal resources, as a preventative measure to increase understanding and awareness, reduce risk and incidence of abuse.
3. Co-designing solutions that are suited to locally and culturally specific contexts, building on, consolidating and expanding existing resources and networks.
4. Supporting holistic, person-centred, therapeutic and restorative solutions informed by culturally sensitive approaches, that centre the experiences and desires of the victim while addressing the circumstances and perpetrator perspectives that give rise to abuse or mistreatment.

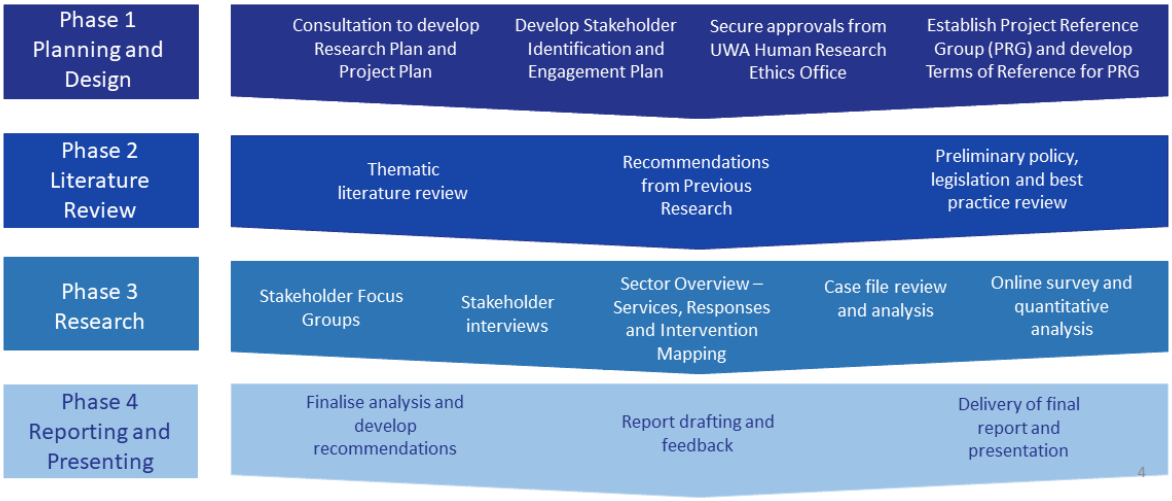
A strength of this study is the service provider and researcher partnerships represented in both the research team and in the Project Reference Group, in combining active community research, academic excellence and experienced communication with non-academic audiences.

The anticipated end users and objectives of the project outputs were defined as:

- informing policy for government
- triggering new activity in the field through recommendations for further action and further research
- delivering evidence for determining allocation of future funding.

2.2 Research plan

A Research and Project Plan and a Stakeholder Engagement Plan were developed in collaboration with the Department of Communities. The plans were completed in August 2020 and presented to the Project Reference Group for comment at their first meeting on 21 September 2020.



2.3 Project governance

This project was overseen by an intersectoral and multidisciplinary Project Reference Group (PRG) comprising professional subject matter experts and researchers from relevant fields. The PRG met at two-monthly intervals throughout the project from September 2020 to September 2021.

The roles and responsibilities of PRG members were to:

1. Attend meetings and contribute their experience and expertise to the development of the project.
2. Provide strategic advice on how to most effectively conduct research and communicate findings.
3. Act as a 'sounding board' to the Research Project team to discuss and advance the more complex elements of the project that are relevant to their area(s) of expertise or experience.
4. Provide a quality control mechanism to ensure that documents and resources that are developed are of high quality, 'fit for purpose' and useful to relevant stakeholders.

The organisations and services represented on the PRG were: Advocare and the WA Elder Abuse Helpline, the Australian Institute of Family Studies (AIFS), Council on the Ageing WA (COTA WA), Department of Communities, Indigenous Professional Services (IPS), Legal Aid WA, Office of Multicultural Interests (OMI), Office of the Public Advocate, UnitingCare and the Queensland Elder Abuse Prevention Unit (EAPU), UWA Medical School, the WA Centre for Rural Health (WACRH), and the WA Local Government Association (WALGA). Membership of

the PRG changed minimally over the course of the project, reflecting changes in staff and their availability at the organisations represented.

See Appendix B for PRG Terms of Reference and full membership.

2.4 Research ethics

Ethics approvals for this project were granted by the UWA Human Research Ethics Committee in accordance with the requirements of the National Statement on Ethical Conduct in Human Research and the policies and procedures of UWA. Application reference number: RA/4/20/6411.

See Appendix C for Human Research Ethics Approval, Participant Information Sheets and Participant Consent Form.

2.5 Literature review

A rapid evidence review was conducted to establish the scope of academic literature relevant to the research objectives. Literature consulted included work from a range of disciplines, including gerontology and health sciences, social work and social sciences criminology and legal studies. The breadth of literature relating to this issue is a reflection of the complexity of this issue and the requirement for multidisciplinary understandings and approaches. Grey literature, including policies, plans, organisational reports, and relevant agency websites were included in the literature review.

Rather than including a standalone literature chapter, evidence from the literature review is presented throughout this report where relevant. This is a more effective way of relating the WA-specific findings of this study to the wider national and international literature and content.

This study also integrates the prior work, knowledge and expertise of the research team. Dr Catriona Stevens, Professor Loretta Baldassar, Dr Lukasz Krzyzowski, Maria Greta Carleze Du Plooy and Bronte Jones at the SAGE Lab have combined expertise in social care, ageing, migration and diversity, social inclusion and the aged care sector. Professor Eileen O'Brien is a leading expert in law and ageing, homelessness in older populations and adult safeguarding and legislative responses to protect the rights of older people. Ekaterini Cokis, Gaynor Noonan and Fran Ottolini are professionals with the Older People's Rights Service at Northern Suburbs Community Legal Centre who have extensive experience working with older people and their families.

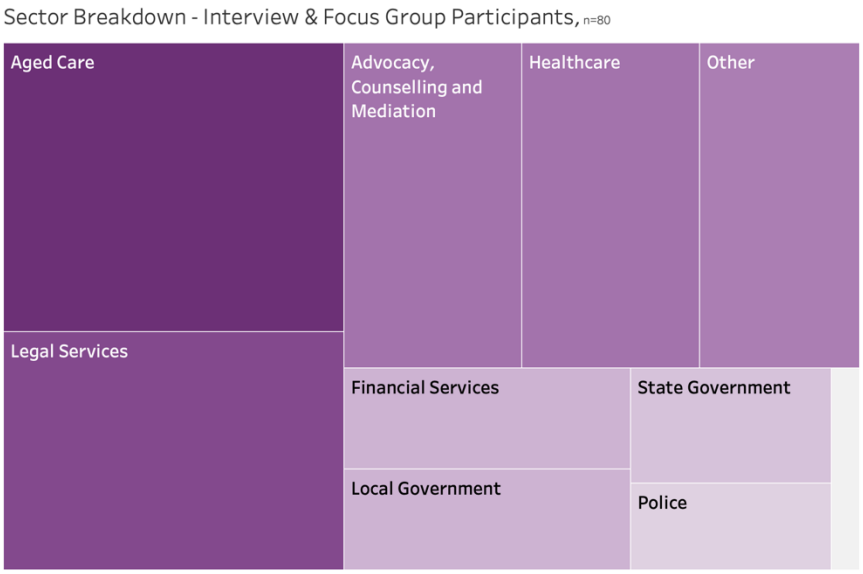
2.6 Research limitations

One limitation of this research is the reliance on stakeholders and service providers to present their perspectives on experiences of abuse among their clients and the 'service journey' of older adults seeking support and/or redress. Research activities did not include direct consultation with either victims nor perpetrators of abuse. Conducting research with this highly vulnerable population requires the slow development of trusted relationships and was beyond the scope of this study. The perspectives of stakeholders and service providers are shaped by their training, experience and knowledge of these issues.

A further limitation relates to scale. This study was scoped to develop an overview of service provision and experiences of all forms of abuse across the whole of Western Australia. While this holistic and high-level view is important, particularly, because similar service mapping has not been attempted in Western Australia in the last years, the findings necessarily lack the granularity that might be achieved with research commissioned to investigate abuse within discrete population cohorts, specific forms of abuse, or abuse that occurs within more focussed geographies.

2.7 Expert and stakeholder consultations

A list of relevant stakeholders, including key organisations and named individuals was developed in consultation with the PRG. Potential participants were recruited through direct emails from the research team and from PRG members. 'Snowballing' was encouraged to ensure a wide range of professionals from relevant agencies across multiple sectors were consulted during this study. Figure 2.7.1 below shows the breakdown by sector of interview and focus group participants.



Note, that some focus group participants also participated in an interview. Each individual and organisation is included only once in the totals detailed here.

Focus groups and interviews were audio recorded, transcribed and analysed thematically with a focus on the research objectives for this study.

Findings from focus groups and interviews are presented throughout the findings chapters of this report. Focus group participants were all invited to complete a form detailing the work of their organisation, referral pathways and challenges to responding to abuse. Appendix D presents overview summaries of these forms.

2.7.1 Focus groups

Focus groups in metropolitan Perth

Five multi-sector focus groups were held at UWA on 27 November, 1 December, 9 December, and 10 December 2020, and on 26 March 2021.

Participants in these focus groups included stakeholders from legal, financial, health, care and advocacy, higher education, and state and local government. Participants from different sectors were not separated into sector-specific focus groups. A core research objective of this study was to map services and responses, to understand how those services and referral pathways connect, and to identify where there are gaps. This mixed-sector recruitment for multi-disciplinary focus groups, was a methods-driven decision to achieve the key research objectives.

A further focus group was held at UWA on 4 March 2021, with a focus on agencies and service providers who work with culturally and linguistically diverse older people who may be experiencing or are at risk of abuse.

In total 55 individual participants from 39 organisations attended the six focus groups held at UWA. These focus groups were semi-structured and lasted between three and four hours.

A dedicated focus group for members of the WA Police Force family violence team was planned to be held at UWA. However, a COVID-19 lockdown necessitated a move to a Microsoft Teams focus group. Five participants from the WA Police Force attended this online focus group.

Focus groups with regional participants

A key research objective of this study is to deliver a clearer understanding of the experiences of abuse and service responses to abuse found in regional, rural and remote Western Australia. The original research design planned to hold multiple online focus groups, one each for eight of the WA regions (note, Peel-based participants attended Perth metropolitan focus groups).

There were major challenges recruiting for these focus groups. Despite extensive efforts to recruit suitable participants through the networks of the research team, the PRG and metropolitan focus group participants, participation in regional focus groups was limited.

In practice, four online focus groups were conducted, one with participants based in the South West and one with participants based in the Great Southern. A total of nine participants from six organisations attended these focus groups. In response to this limited interest in regional focus groups, several targeted interviews were held with service providers based in regional WA. The subsection addressing older people living in regional, rural, and remote WA includes a discussion of possible reasons for and implications of these participant recruitment challenges.

2.7.2 Interviews

Interviews were held with key stakeholders and other subject-matter-expert participants who were either:

a) unable to attend a focus group, or
b) who represented a service with a specialist response to the abuse of older people.

In total, 27 participants representing 20 organisations were interviewed. Of these, five were service providers based in regional Western Australia, and six were interstate subject matter experts. Interviews were held in person, through Zoom or Teams and by telephone. They varied in length from 20 – 90 minutes.

2.8 Online survey

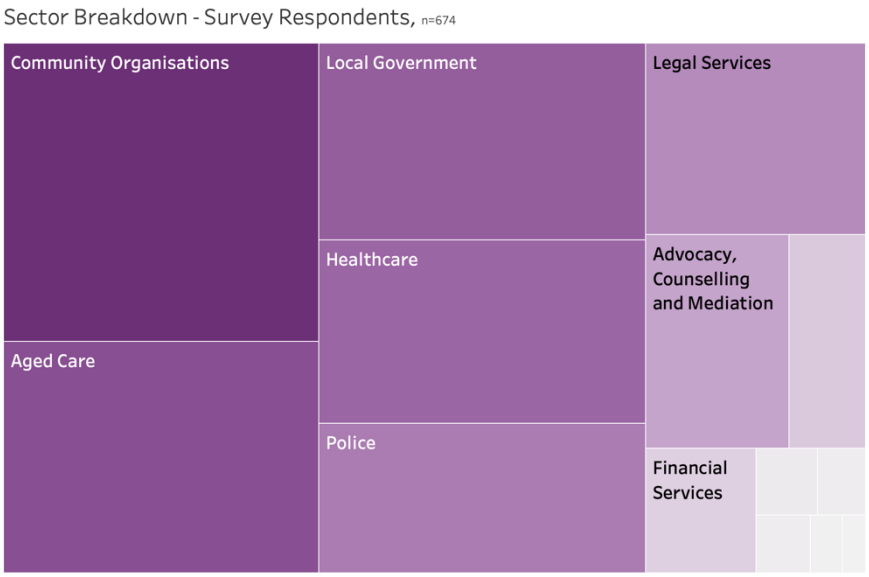
An online anonymous survey was deployed using the UWA Qualtrics survey platform for a period of 11 weeks during the period from late-May to early-August 2021. The survey was designed and tested in consultation with the full research team and the PRG.

The survey was primarily targeted at service providers, professionals and volunteers in both metropolitan Perth and in regional, rural and remote locations across Western Australia. The survey did not target elder abuse specialists, rather it aimed to gather insights from a wide range of people who encounter older Western Australians during their daily work or volunteering roles. This includes people working or volunteering in a range of sectors, including but not limited to health services, aged care, local and state government, community organisations, legal services, financial services, counselling, mediation and advocacy.

A total of 674 survey responses were received. Respondents were drawn from a range of different sectors, (see Figure 2.8.1 below for a breakdown by sector). A strength of this study was the active recruitment of survey participants who are not specialist responders to the abuse of older people, but who nonetheless encounter older people in their workplaces.

It was not possible to determine an accurate denominator for those eligible to participate in the survey, because of the wide range of potential participants from multiple sectors. It was also not possible to calculate a response rate as the number of individuals who received the survey was unknown. The survey intended to cover all service responses, and 'snowballing' of the survey to personal and professional networks across Western Australia was encouraged.

Findings from the survey are incorporated thematically into all the findings chapters of this report. In addition, data visualisations are presented throughout these chapters. Appendix E comprises tabular presentations of the data used to create these visualisations.



2.8.1 Survey objectives

The objectives of the survey were:

1. to identify experiences and exposure of service providers to the abuse of older people.
2. to document the types and dynamics of abuse of older people encountered by service providers.
3. to identify barriers to the identification and case management of abuse of older people.
4. to identify abuse of older people, referral pathways and interventions of service providers in Western Australia.
5. to collect recommendations from service providers to facilitate identification, referral pathways, case management and decision-making process.

Analysis of the survey and qualitative research data led to the development of recommendations to facilitate identification of abuse, consolidate referral pathways and improve case management strategies.

2.8.2 Survey design

The survey was designed with two components:

- the first with a focus on survey respondents' experiences and understanding of abuse of older people in Western Australia, together with their recommendations for improving service delivery and support for professionals and volunteers.
- the second was a factorial component which consisted of eight vignettes displayed to survey participants on a randomized basis. The vignettes were designed to understand perceptions of abuse, and the level of recognition of specific needs of older people on

the basis of individual characteristics, including age (for example, young old / old old), gender (male/female), sexual orientation and linguistic diversity.

2.8.3 Survey recruitment methods

The survey link was distributed through direct emails to professional and research networks, through organisation newsletters and through social media (Facebook and LinkedIn).

Over 300 individualised emails were sent by members of the research team, and these emails were sent to the following:

- members of the Project Reference Group
- focus group and interview participants
- professional contacts and networks of research team
- community legal centres
- community resource centres
- WA Lions clubs
- community op shops.

Each individualised email invited participation in the survey and further encouraged the recipient to forward the message on to others in their networks.

The survey was promoted through network newsletters and/or circulars of the following Western Australian organisations:

- Legal Aid WA
- Office of Multicultural Interests
- Volunteering WA
- LinkWest
- WA Health Networks Bulletin
- State Emergency Response Committee
- WA Community Sector Peaks network
- WAPHA Provider Connect
- FCAWA elder abuse community of practice.

The survey was promoted through the social media accounts (Facebook and LinkedIn) of the research team and the PRG members. It was 'liked' and reposted by others, including several focus group participants. The survey was also published on a local online platform OUTinPerth, to encourage more participation from respondents with an interest in the perspectives of sexually and gender diverse older people.

2.9 Case file analysis

While strong bodies of literature from gerontology, criminology, social work, and related fields expand our understanding of varying forms of abuse, risk factors and preventative interventions, the ways knowledge is structured through a 'politics-of-evidence' in expert

professional discourse risks erasing the embodied experiences and personal perspectives of older people themselves.[34]

There is a growing critical awareness of the importance of qualitative data that features the experiences of older people and their families, to complement quantitative analyses of prevalence. This is particularly needed to better understand the cultural and regional complexities of this issue, and is a point made repeatedly across the literature. However, access to experiential accounts of mistreatment from older people and their families is extremely difficult to collect given the sensitivities of the issue, not least because informal carers are the most likely sources of both care and abuse in these situations.

Research methods for this study also drew on existing case files and data collected from safe contexts. Composite case studies[35] were developed based on real world examples of responding to abuse that have occurred in Western Australia. These case studies illustrate in detail the complexity of emotions and varied dynamics between victims and persons-of-trust that are involved, the multiple actions and behaviours comprising broader typologies of abuse, and the kinds of institutional agents and interventions that may be involved in improving or resolving abusive situations.

Case studies are presented throughout this report to illustrate key points. The analysis of composite case studies also informed the other research activities, particularly interviews and focus groups. The versions of the case studies presented in the findings chapters are long and detailed, to preserve ethnographic richness of originals, but are nonetheless somewhat abridged. Appendix F contains full, unabridged versions of the composite case studies developed as part of this research.

2.10 Review of legislative and policy context

The research relevant to the law impacting upon elder abuse in Western Australia was conducted using a number of methods. Each component was designed to pursue the key research questions from various data and perspectives. Although the legal focus was pivotal, the research considered the associated ethical, social and practice issues.

The research components included:

- Statutory and case analysis involving:

(i) Civil and criminal laws impacting upon the abuse of older people in Western Australia.
(ii) Where pertinent to Western Australia, civil and criminal laws elsewhere in Australia and internationally.

[34] Garnham & Bryant, 2017.
[35] Composite case studies illuminate common patterns found across multiple data sources and present them as a single individual's vignette (Jarzabkowski et al. 2014; Willis 2019). This approach requires a 'level of understanding and familiarity with the context of the study, in order to judge what makes a meaningful composite' (Willis 2019: 478). This features a collaborative approach adopted in the analysis and writing process, which facilitated ongoing critical reflection on the appropriateness of our composite cases.

(iii) Adult safeguarding regimes in Australia, United Kingdom (England, Scotland, Wales and Northern Ireland), the Republic of Ireland, Canada and the United States.

- An extensive review of the available literature on the prevalence of abuse of older persons in Australia and internationally.
- An extensive review of the available literature on best practices and adult safeguarding models in the abovementioned jurisdictions including textbooks, journal articles, government and non-government organisation (NGO) reports.
- Information collected from experts and stakeholders engaged in elder abuse responses.

2.11 Other research and engagement activities

Over the course of this project, UWA SAGE Lab researchers have engaged in other meetings, forums and activities that have informed this work. These included:

- APEA: WA meetings
- COTA Positive Ageing Alliance roundtable on elder abuse
- Peel Seniors Rights Service elder abuse forum
- COTA WA Elder Abuse is Everyone's Business symposium
- WA Police Force family violence conference
- FCAWA elder abuse community of practice meetings
- GRAI Annual General Meeting 2021
- SAGE Lab Annual Ageing Research Forum – 2021 focus on abuse of the older person.

3. Types of abuse and key definitions

3.1 Introduction

This chapter presents findings relevant to Research Objective 1: Better understand the types of abuse experienced by older people in Western Australia. Findings from this study indicate that the types of abuse experienced by older Western Australians are similar to those identified in other global contexts.

A global systematic review and meta-analysis of prevalence studies conducted in 2017[36] suggests that the types of abuse experienced by older people worldwide, listed from most common to least common, are:

- psychological abuse
- financial abuse
- neglect
- physical abuse
- sexual abuse.

The National Elder Abuse Prevalence Study[37] found that the types of abuse experienced by older people in Australia, listed from most common to least common are:

- psychological abuse
- neglect
- financial abuse
- physical abuse
- sexual abuse.

Social abuse is one of the six types of abuse recognised in the Elder Abuse Strategy but was not a category included in either the National Elder Abuse Prevalence Study, nor in the systematic review conducted by Yon and colleagues.

This study does not report prevalence of abuse in Western Australia. There are limitations of data

The six types of abuse

The Elder Abuse Strategy defines elder abuse as:

'… a single or repeated act, or lack of appropriate action, that occurs in a relationship with an older person where there is an expectation of trust and where that action causes harm or distress to the older person'

The six types of elder abuse recognised in this Strategy are:

Financial abuse – The misuse or theft of an older person's money or assets
Psychological / emotional abuse – Any behaviour that causes an older person mental anguish, and/or to feel shame, fear, powerlessness or worthlessness
Social abuse – Intentional prevention from having social contact with family or friends, or accessing social activities
Physical – The infliction of pain, injury and/or physical force on an older person
Neglect – The intentional or unintentional deprivation of basic and professional care
Sexual abuse – A broad range of unwanted sexual behaviours

[36] Yon et al., 2017. Pooled prevalence rates for each type of abuse are: Psychological abuse (11.6%); Financial abuse (6.8%); Neglect (4.2%); Physical abuse (2.6%); Sexual abuse (0.9%).
[37] Qu et al., 2021. Prevalence rates for each type of abuse are: Psychological abuse (11.7%); Neglect (2.9%); Financial abuse (2.1%); Physical abuse (1.8%); Sexual abuse (1%).

quality and consistency that prevent reliable estimates using existing Western Australian data sources. Extrapolating estimates based on national prevalence data was not possible because the findings of the National Elder Abuse Prevalence Study were published in December 2021, after the data collection and analysis for this study had concluded.

However, survey findings deliver an indication of the types of abuse most commonly experienced in Western Australia and these findings represent research participants' reported perceptions about cases of abuse. As such, they are necessarily limited by the experiences, exposure and knowledge of those individuals who participated in the survey. Participants may only report on the cases of abuse that they personally encounter, which will be constrained by underreporting, concealment and stigma.[38] Some types of abuse may also be more evident to service providers and professionals because of the nature of their work and their interactions with older people.

However, despite these important limitations, survey findings do indicate that the most common types of abuse encountered in Western Australia are similar to those found in other locations. The frequencies with which survey respondents encounter different types of abuse are illustrated in Figure 3.1.1 below. The types of abuse that survey respondents reported encountering 'very often' or 'often' are:

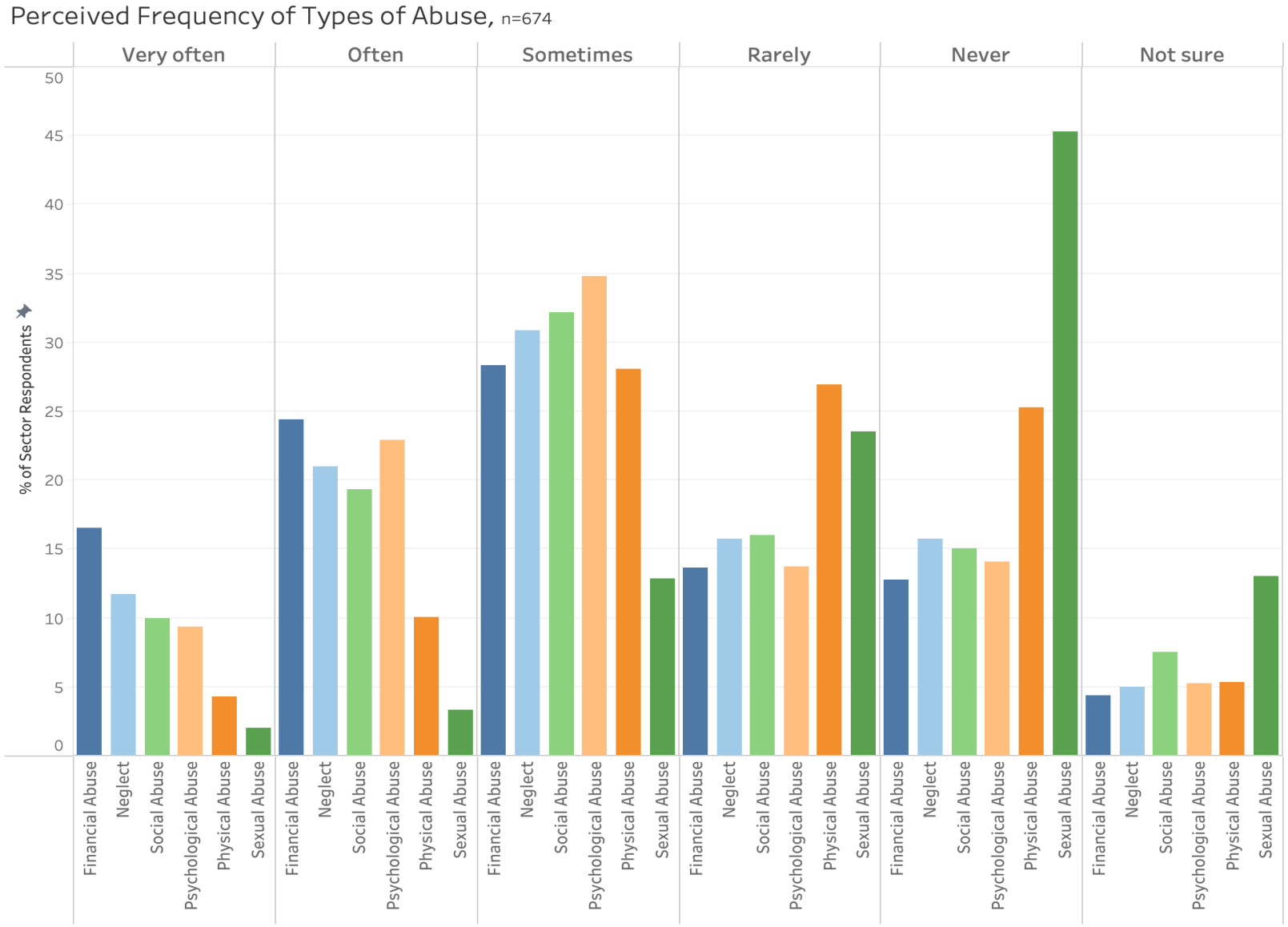
- financial abuse (41.3%)
- neglect (32.5%)
- psychological abuse (31.6%)
- social abuse (29.4%)
- physical abuse (14.5%)
- sexual abuse (5.5%).

Figure 3.1.1 illustrates the findings from this question for respondents from each sector. Note, that the percentages here indicate perceived frequency of the types of abuse among clients of survey respondents. They do not indicate population prevalence and should not be read in comparison with pooled prevalence rates from global or national studies presented on the previous page. [39] This chapter presents findings on the following topics:

- professionals and service providers' knowledge about the types of abuse experienced by older people in Western Australia
- definitions, terminology and language
- estimating the prevalence of abuse in Western Australia

[38] Dong, 2015; Joosten et al., 2020.

[39] The gap between these figures is not surprising. These figures present findings from a survey question that asks service providers to assess frequency in broad terms, rather than indicating numbers or proportion of cases. Other meta-analysis of global prevalence studies (Ho et al., 2017) found that third-party or caregiver reported studies produce far higher rates than population studies.


Perceived Frequency of Types of Abuse, n=674
Very often
Often
Sometimes
Rarely
Never
Not sure
% of Sector Respondents
0
5
10
15
20
25
30
35
40
45
50
Financial Abuse
Neglect
Social Abuse
Psychological Abuse
Physical Abuse
Sexual Abuse

3.2 Professionals and service providers' knowledge of the types of abuse experienced by older Western Australians

This study found that people who work or volunteer with older people in Western Australia have a high degree of awareness about the abuse of older people and the standard definition of abuse included in the Elder Abuse Strategy.

89.7%

of survey respondents are familiar with the WHO definition used in The Strategy

As previously noted, one limitation of this research is the reliance on stakeholders and service providers to present their perspectives on experiences of abuse among their clients and the 'service journey' of older adults seeking support and/or redress. Research activities did not include direct consultation with either victims or perpetrators of abuse. The perspectives of stakeholders and service providers are necessarily shaped by their training, experience and knowledge of these issues. As will be discussed below, one finding of this study is that there are gaps in knowledge that might be addressed through targeted training and education.

However, a strength of this approach is that it enables:

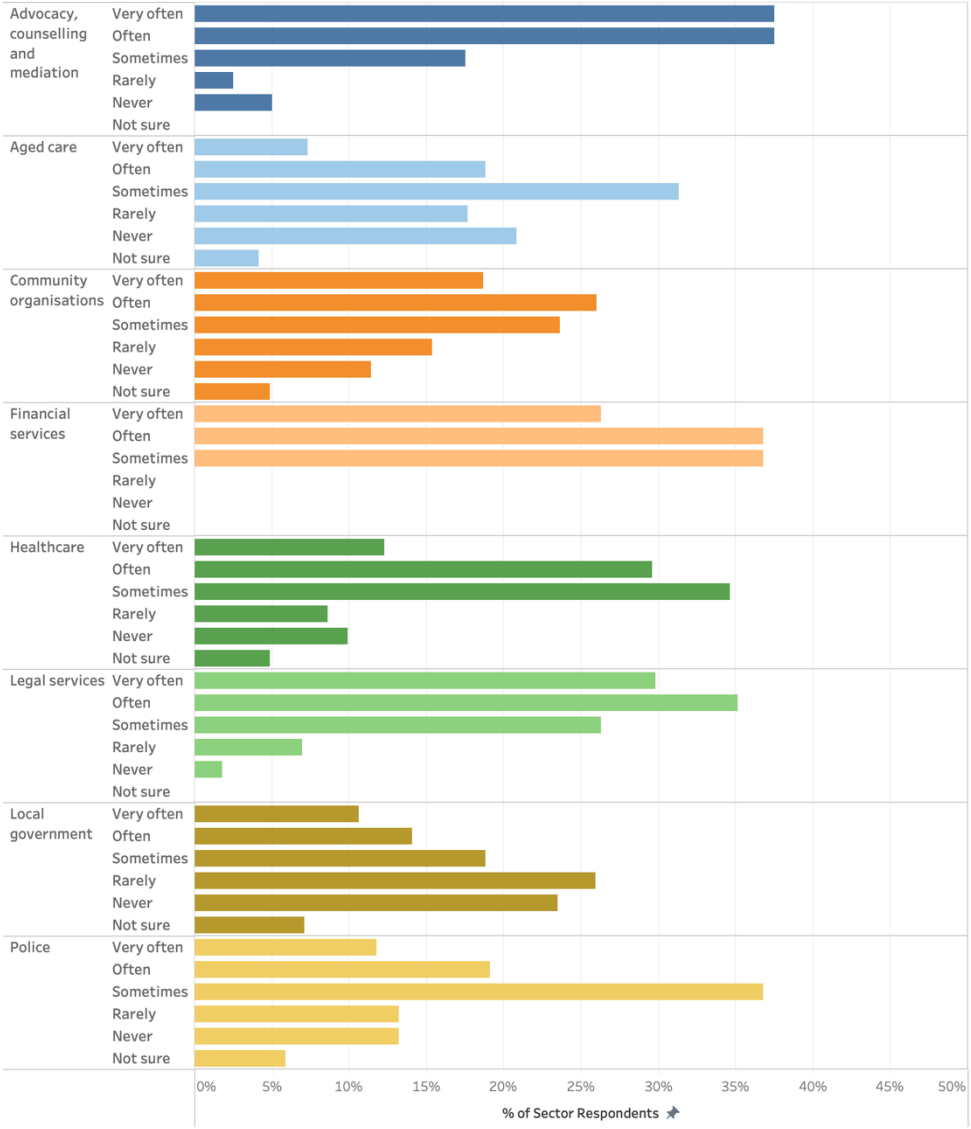
a) a comparative analysis of the types of abuse encountered by people working or volunteering in different sectors
b) an understanding of the types of abuse encountered by people working or volunteering in sectors that do not currently have any mechanisms in place to collect elder abuse data.

This extends our knowledge of abuse of older Western Australians beyond the data collected by the key relevant government and non-government agencies.

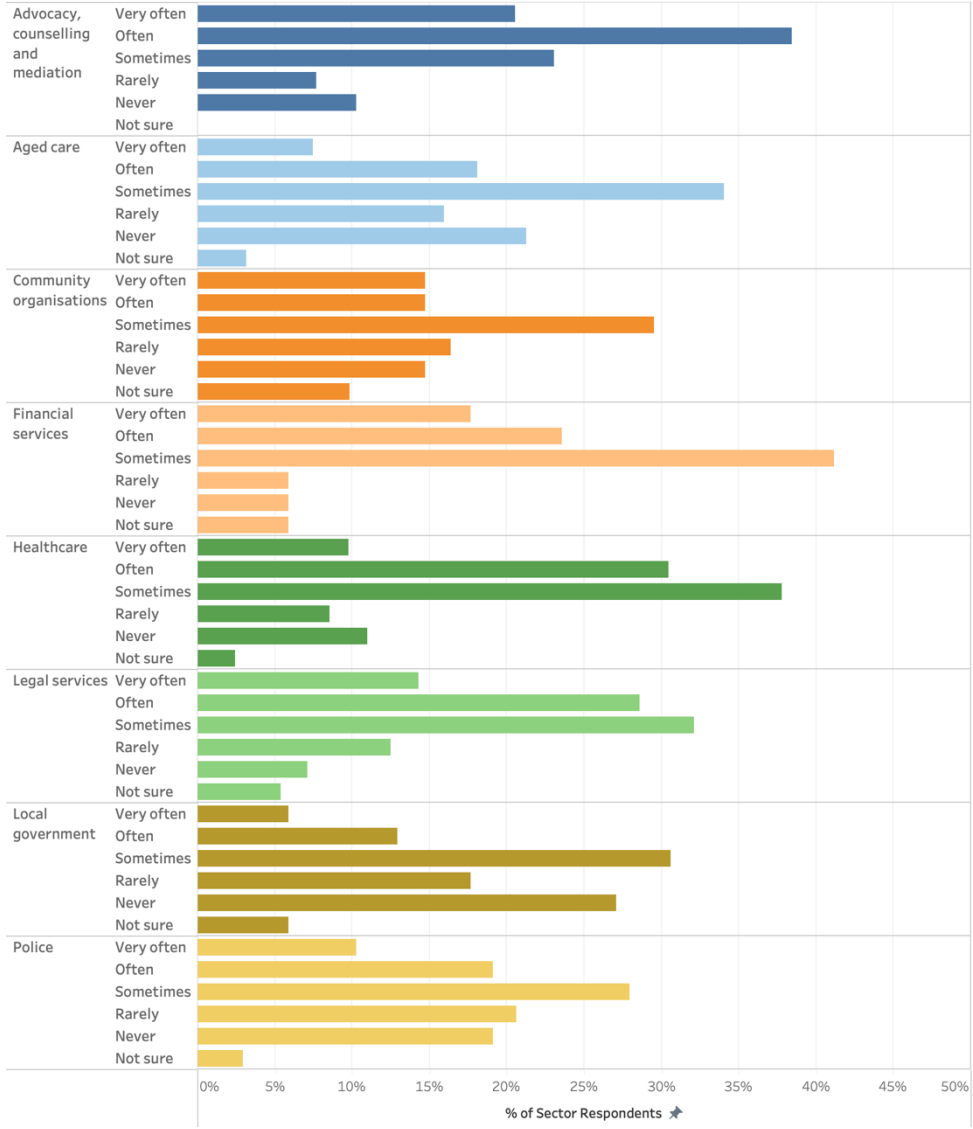
3.2.1 Difference in perceived levels of abuse across sectors

Figures 3.2.1 – 3.2.6 presented over the following three pages illustrate survey results for perceived frequency of abuse for respondents working or volunteering in different sectors. These findings show that survey respondents working or volunteering in different sectors reported some variance in the frequency with which they encountered the six key types of abuse. This is perhaps unsurprising since some sectors (for example, financial services) may be more reasonably expected to encounter certain forms of abuse, i.e., financial.

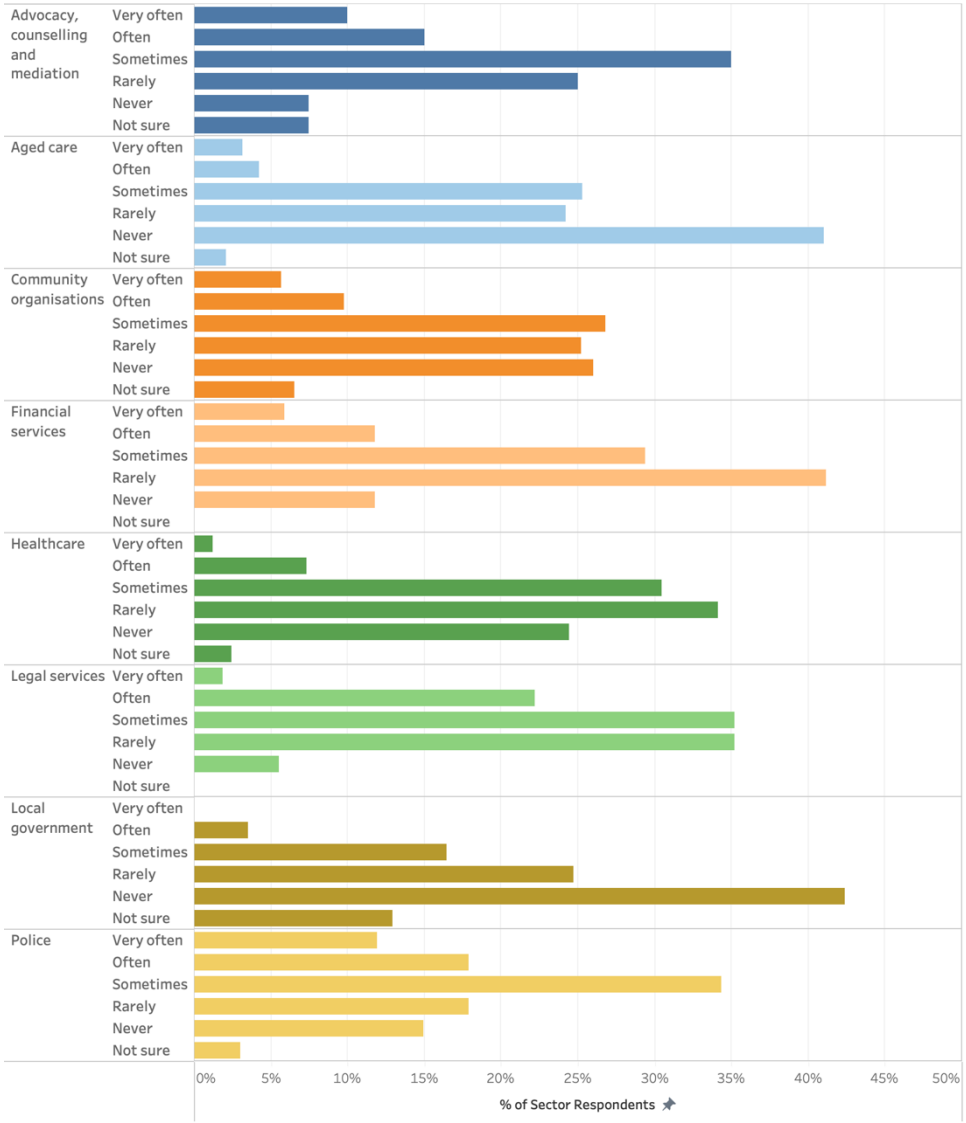
Perceived Frequency of Financial Abuse by Sector Respondents, n=593



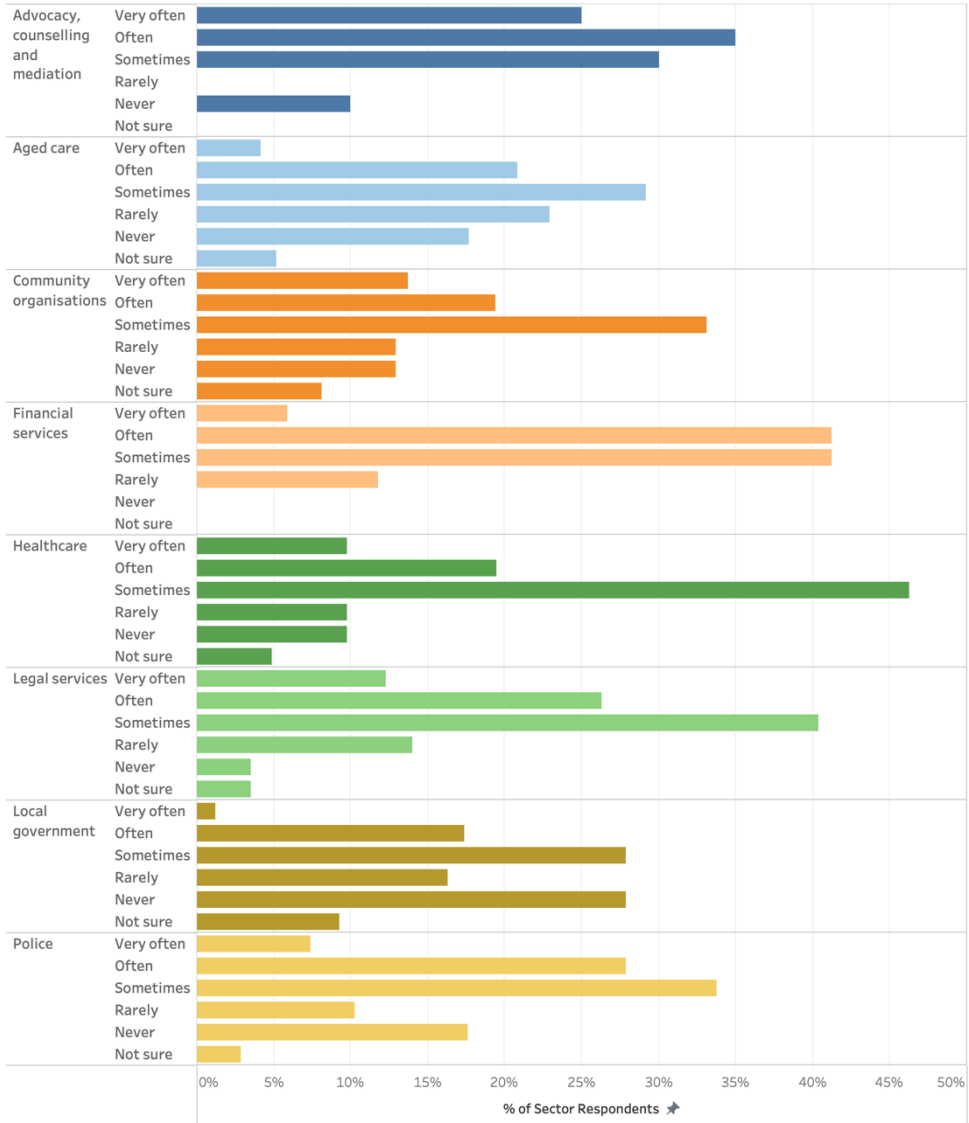
Perceived Frequency of Neglect by Sector Respondents, n=587



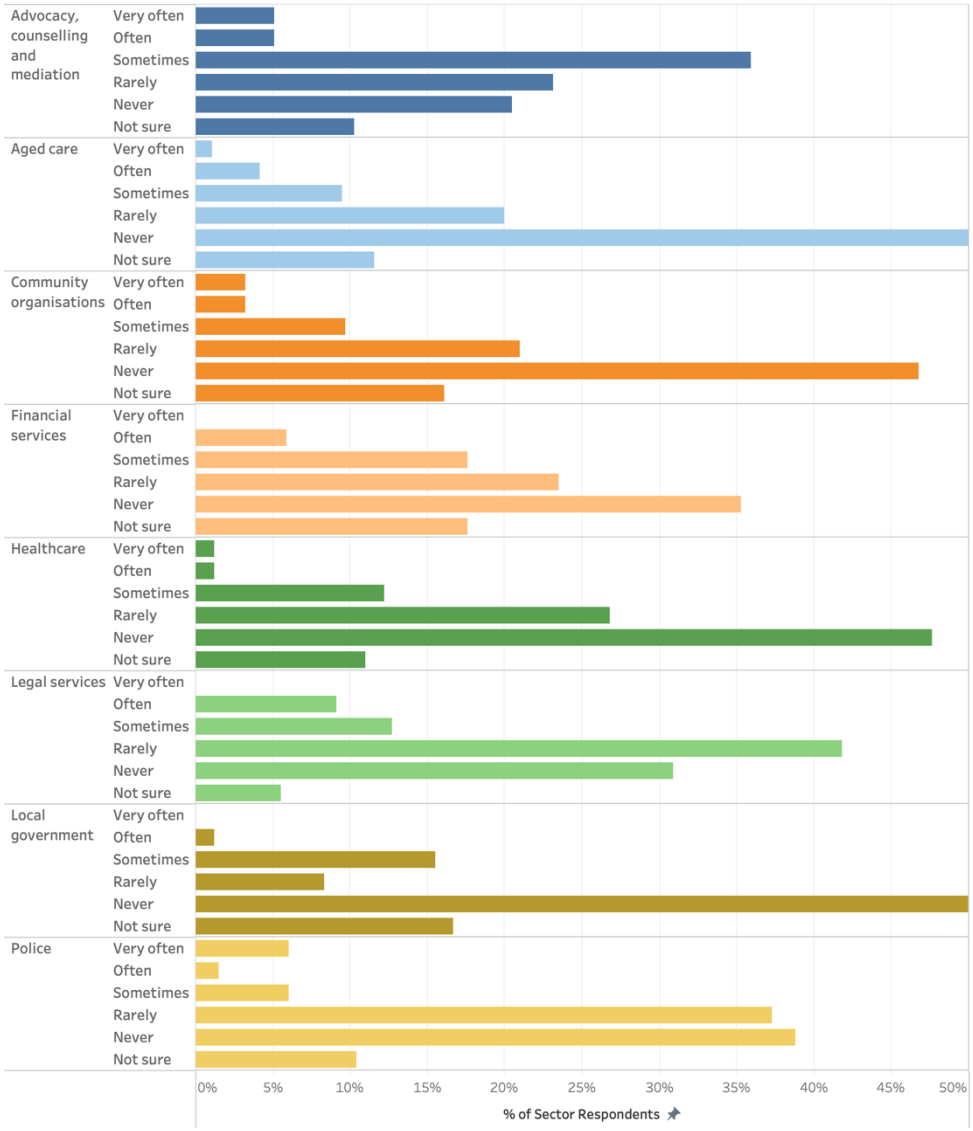
Perceived Frequency of Physical Abuse by Sector Respondents, n=587



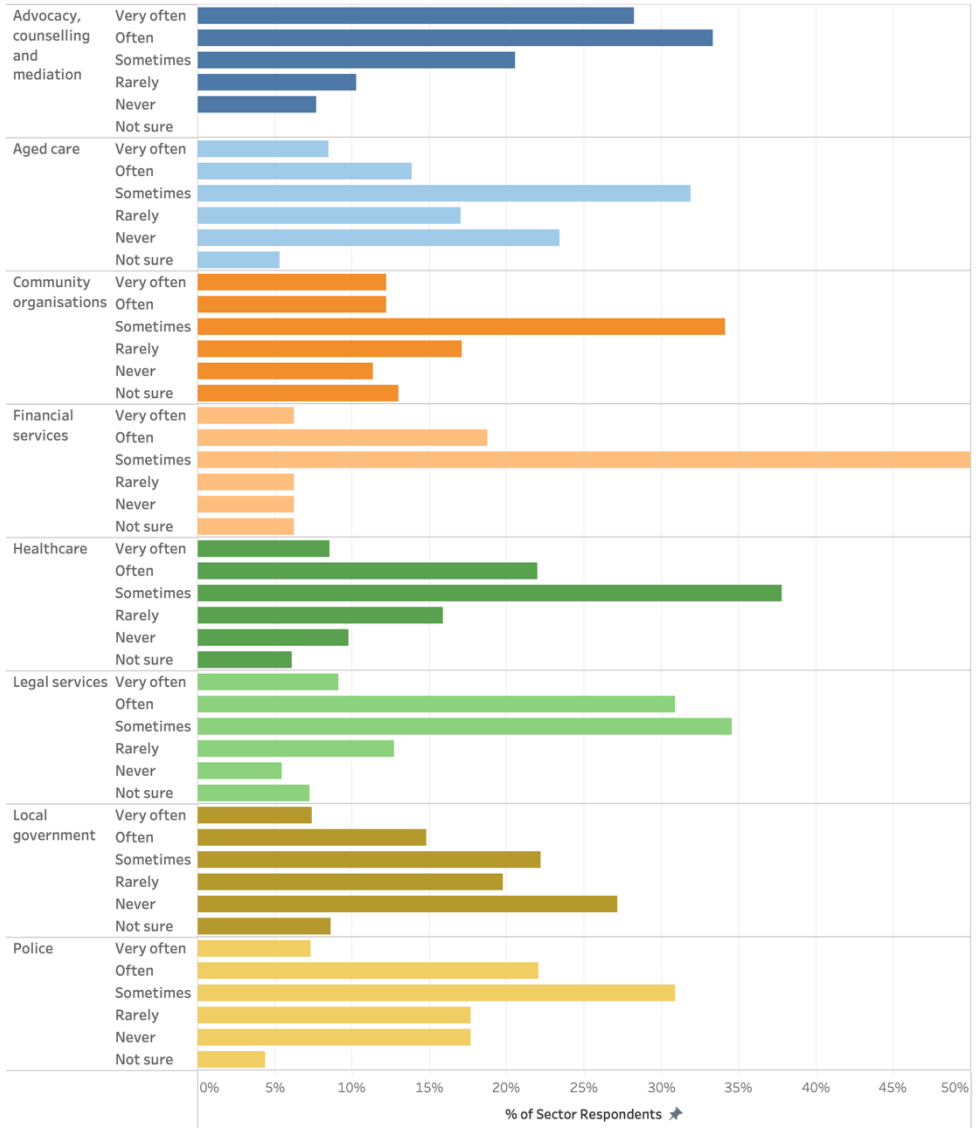
Perceived Frequency of Psychological Abuse by Sector Respondents, n=594



Perceived Frequency of Sexual Abuse by Sector Respondents, n=587



Perceived Frequency of Social Abuse by Sector Respondents, n=582



Beyond these survey findings, interview and focus group participants' accounts of cases they encountered illustrate that these forms of abuse are not discrete. Individual cases discussed by participants, all involved more than one type of abuse occurring simultaneously. The case studies presented in this report similarly illustrate the various combinations of the types of abuse that can occur. However, the combinations of abuse depend on individual circumstances and vary from case to case.

For example, study participants reported that financial abuse and emotional abuse commonly occur together in circumstances where an older person has capacity and may be more susceptible to threats, emotional blackmail, or undue influence. However, in circumstances where an older person has a decision-making disability, and the financial abuse is being perpetrated through misuse of an EPA, then emotional abuse is less likely to be present. In this type of situation, social abuse; the intentional isolation of the older person from other family members or friends who might intervene and advocate on their behalf; is a commonly reported combination.

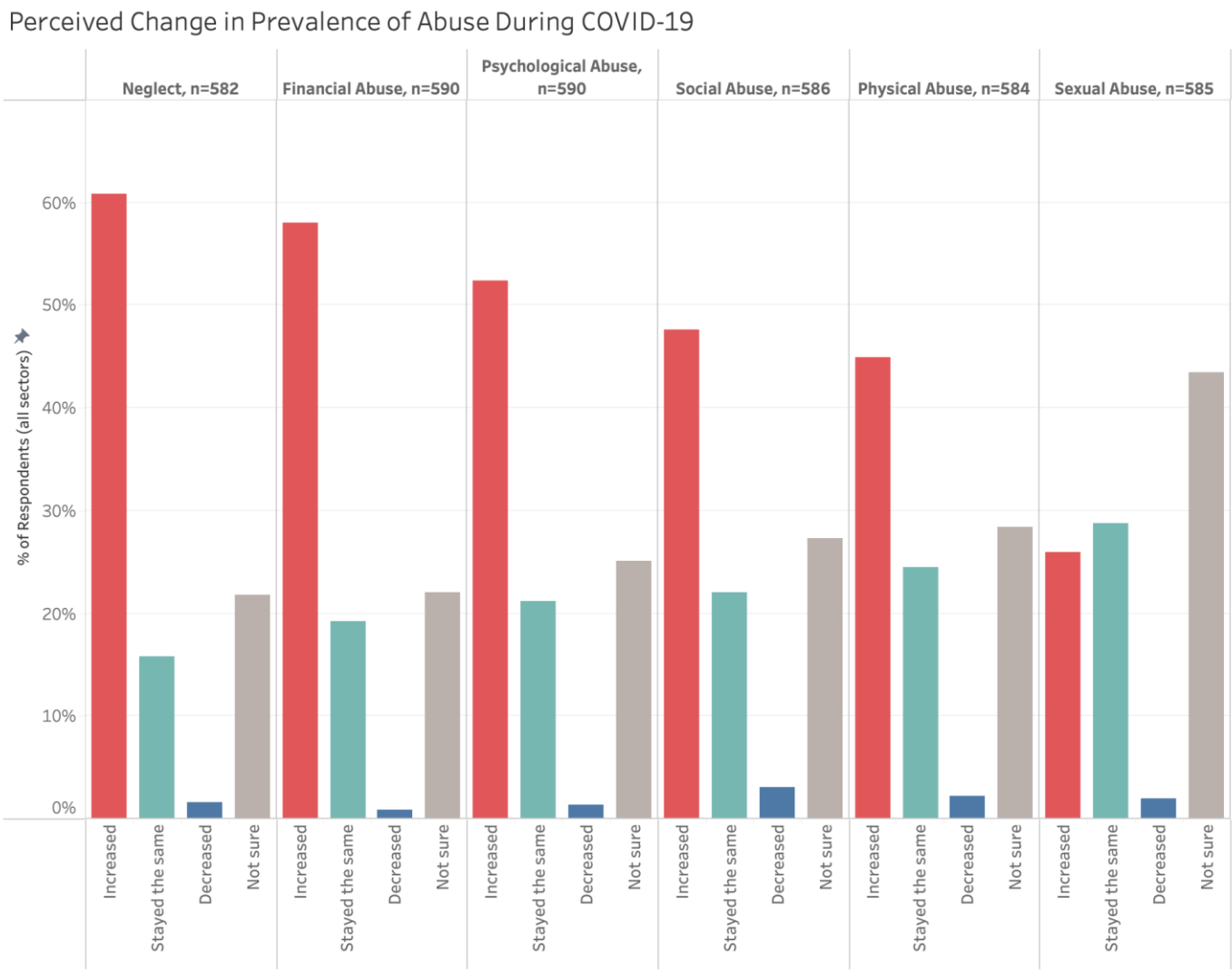
> 'Social isolation and social abuse are absolutely a key area because if you are socially isolated, you are vulnerable.'
>
> - Focus group participant

Social abuse was also reported by focus groups and interview participants as often being present in combination with other forms of abuse. This is an important finding because it suggests that strategies to tackle social abuse may have a material impact on reducing the incidence of other types of abuse including financial abuse. It is also a finding that aligns with international research that shows that maintaining adequate social support networks translates into greater mental health, social wellbeing, independence, and overall greater life satisfaction. [40] and that strong social support networks have been demonstrated to significantly reduce the risk of abuse among older people.[41]

[40] Wiles et al., 2012; Tobiasz-Adamczyk, 2015.
[41] Olasupo et al., 2020; Dong et al., 2007; Chokkanathan, 2018.

3.2.2 Perceived changes in frequency of abuse during COVID-19

The survey also asked respondents to indicate whether they perceived the incidence of abuse had increased or decreased in response to the COVID-19 pandemic. Figure 3.2.7 illustrates that survey respondents from all sectors perceive all types of abuse, (with the exception of sexual abuse), to have increased during the COVID-19 pandemic. This result aligns with findings from the focus groups and interviews where participants reported increases in cases of abuse in the early months of the COVID-19 pandemic. It indicates a need to actively plan for different service responses in case of further pandemic restrictions in the future, with reference to experiences and learnings drawn from other locations that have been more [exposed to the impacts of COVID-19 during 2020-2021.[42]



[42] Chang & Levy, 2021. This US study found an 83.6% increase in abuse compared to prevalence estimates prior to the pandemic.

The exceptions to this finding were a reported decrease in financial abuse in remote Aboriginal communities and a reported decrease in referrals for financial counsellors during the first months of the pandemic. Participants interpreted these perceived decreases occurring because the pressures of extreme poverty were temporarily alleviated while people were receiving higher Jobseeker payments.[43]

3.2.3 Education, exposure and awareness: the limitations of study participants' knowledge of abuse

Despite the promotion of established definitions through channels like the Elder Abuse Strategy, the APEA: WA Protocols and the internal training delivered in many Western Australian organisations, this study found that some professionals remain uncertain about whether or not particular actions or behaviours constitute abuse.

This points to the need for greater education to build knowledge among the Western Australian population, including professionals and service providers.

Study participants also reported behaviours that they felt did not readily fit into the six types of abuse. The examples given include:

- denying a person access to their own culture
- verbal abuse: for example, talking over someone to give information
- coercive control
- caring abuse: for example, taking advantage of family connection to leave children in the care of a grandparent without regard for the older person's physical, emotional or financial capacity to provide care
- spiritual abuse
- gendered abuse: older women not visible and wealth held or controlled by men
- replacing a landline telephone with a mobile that is hard to use, thereby limiting contact with others
- older people not valued in Australian society, 'ageism' as form of abuse
- self-neglect often because of denial of or non-diagnosis of dementia, that can result in greater vulnerability to other forms of abuse
- system abuse: for example, lack of access to services and an extremely complex system
- exploitation of older people in aged care and retirement villages, including fees and charges that stop them taking part in social and wellbeing activities
- commercial abuse: for example, storekeepers in remote communities taking bank cards and holding older people in fortnight-to-fortnight cycles of debt

[43] As part of social security economic responses to the pandemic, a Coronavirus Supplement of $550 per fortnight was paid to recipients of JobSeeker payments (Klapdor, 2020). Although there are no formal assessments of the impacts of these payments on abuse of older people in low income populations, increased social supports have positive impacts on related issues like poverty, housing and health (Kavanagh et al., 2021; Phillips et al., 2020).

- systemic abuse of LGBTIQ+ older people: discrimination and exclusion under conditions of hetero-normative and cis-normative service provision
- political abuse through migration policy: visa conditions creating circumstances of heightened vulnerability to abuse.

Some of these examples show that there is more work to be done to educate professionals and service providers about the kinds of behaviours that constitute abuse, particularly, in relation to social abuse and to emotional or psychological abuse. The first seven examples in this list above can be categorised as either social or emotional abuse but were not readily recognised as such by participants.

However, some of these examples also point to the limitations of the WHO definition and the classification of types of abuse that are widely used and accepted. For example, limiting communication with others through the replacement of a landline with a smartphone can be seen as a form of social abuse, even when the intentions of the family member are benign. Yet, as technologies change, so may our understandings of the intersections between technology and abuse. 'Technology-facilitated abuse', which can entail taking over internet accounts like email, banking or social media, the use of surveillance tools, sending abusive messages, or posting or threatening to post hurtful content online, is an emerging subtype in analyses of family and domestic violence.[44] Technology-facilitated abuse may also prove increasingly relevant to the abuse of older people, particularly as services are now often accessed through digital platforms. This can include denying older people access to the internet, even when this is expressed as trying to 'keep them safe' from cyber-crime.[45]

Furthermore, there are broader structural dimensions to consider when supporting older people to age well, particularly among diverse cohorts. The forms of systemic abuse as highlighted by participants affect people unequally, with some more likely to suffer the impacts as a result of personal characteristics, such as disability and poor health, ethnicity and race, English language competencies, gender and sexuality, or as a result of location. This indicates the need to design systems in ways that do not create or perpetuate conditions that produce abuse, neglect or self-neglect.

[44] Williams et al., 2021; Gendera et al., 2021.
[45] Baldassar et al., 2022; Baldassar et al., 2021.

3.3 Definitions, terminology, and language

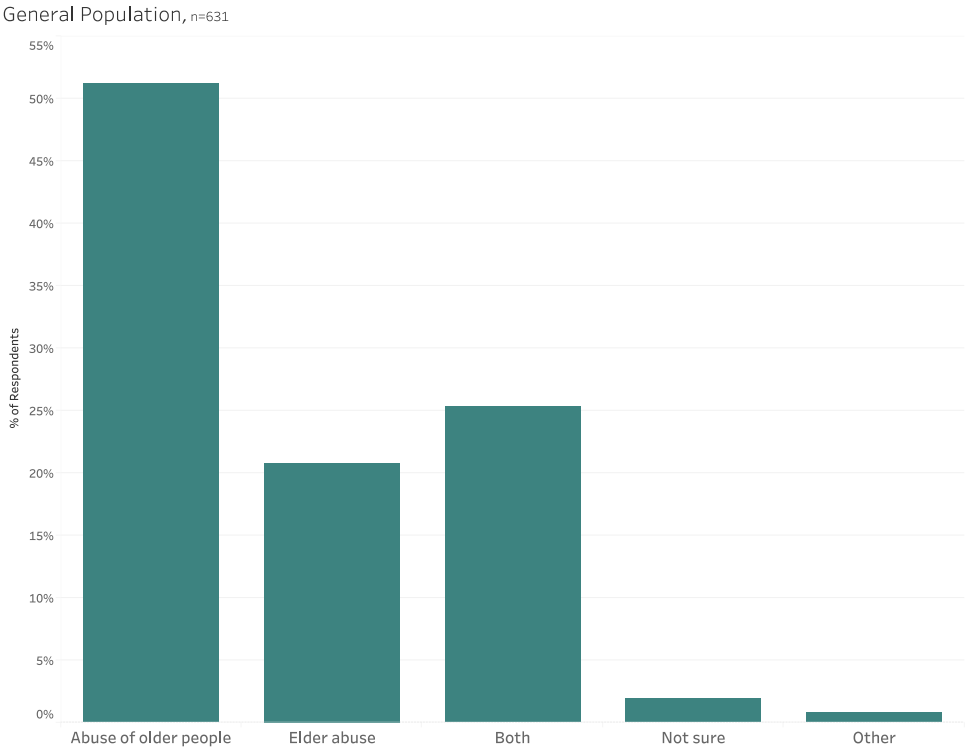
Study participants expressed a range of opinions about the most appropriate definitions and terminology to describe the abuse and/or mistreatment experienced by older people in Western Australia. This section of the report presents the key debates raised by and discussed with study participants in relation to:

- appropriate terminology for Western Australian audiences
- definitions and types of abuse
- defining an older person or an 'elder'
- defining 'vulnerability' and risk.

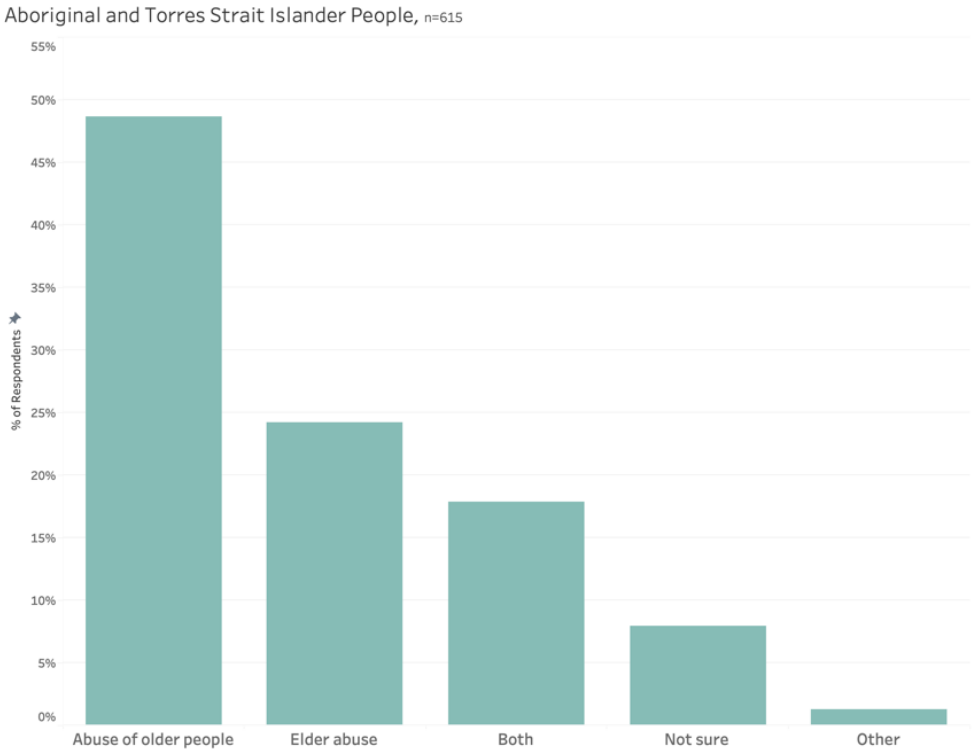
3.3.1 Appropriate terminology for Western Australian audiences

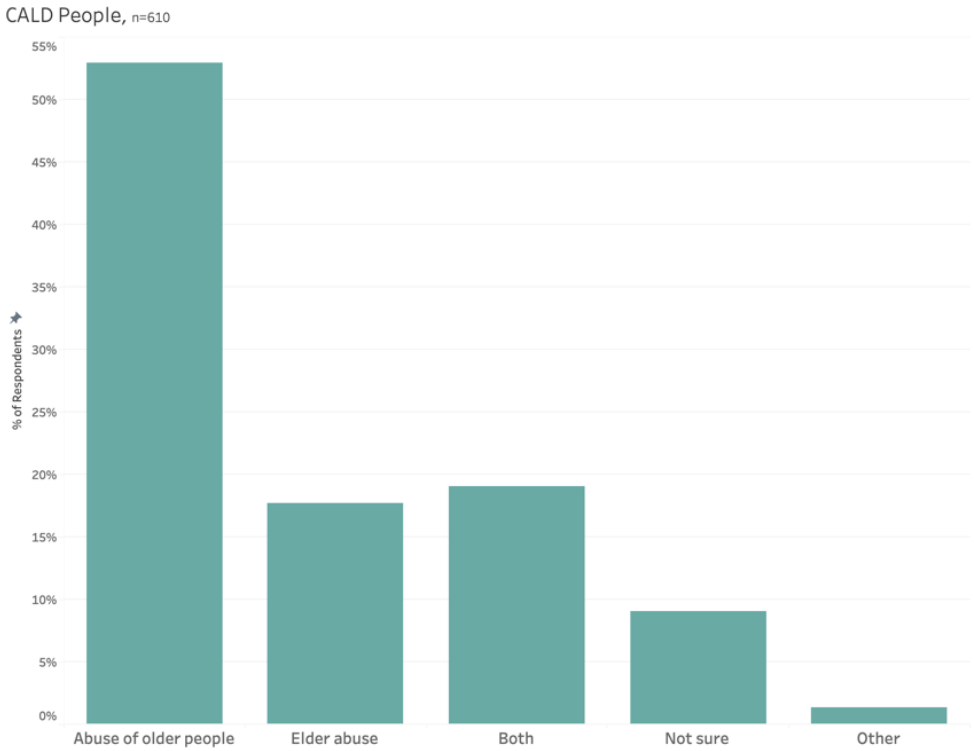
The survey included questions to assess knowledge of and attitudes towards some of the key definitions and language used in Western Australia. Many study participants suggested it may be necessary to use different language for different audiences. This may involve varying the terminology used when communicating with professionals, when educating the general public, and when working with older clients, with perpetrators, and with other interested parties in cases of abuse and/or suspected abuse.

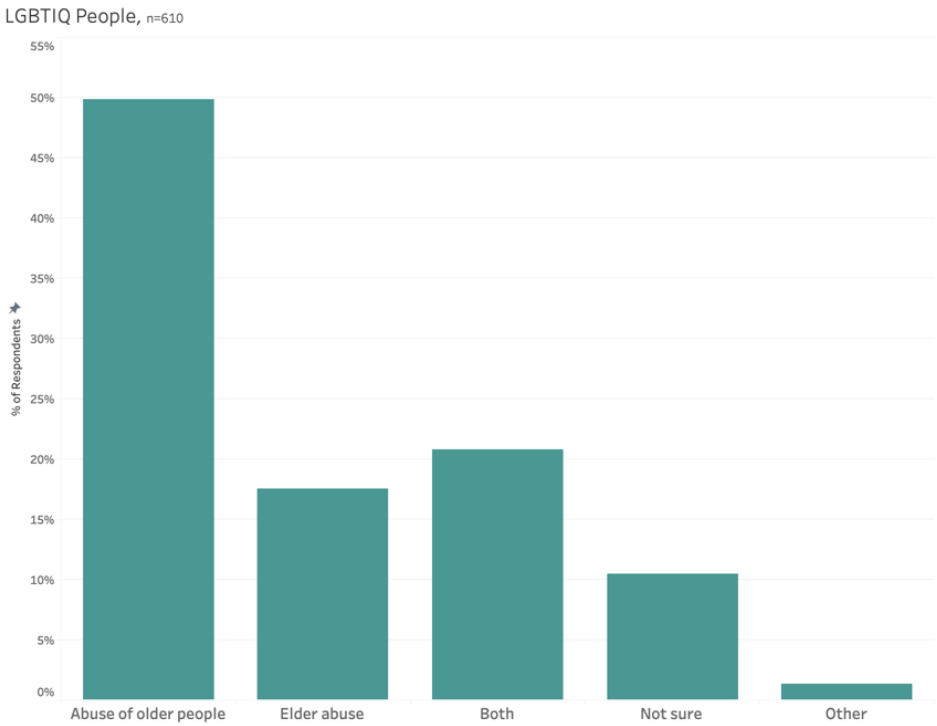
Figure 3.3.1 below illustrates that a majority of survey respondents from the general population (51.2%) would prefer using the term 'abuse of older people' over 'elder abuse' for use with the general population. Alternatively, 20.8% of survey respondents prefer the term 'elder abuse', while a further 25.4% consider both terms to be equally suitable.



It is important to note, that the approval rates for the two terms did not change significantly when survey respondents were asked to assess their suitability for use with diverse cohorts, including with Aboriginal and Torres Strait Islanders, with culturally and linguistically diverse people, and with LGBTIQ+ people. Figures 3.3.2 - 3.3.4 on this page and the next illustrate this consistency of opinion across these three population cohorts.







Focus group discussions also reviewed these different terms and their suitability to Western Australia. The appropriateness of the term 'elder abuse' was questioned by study participants because of the ambiguity, cultural limitations, and ageism that this language may imply. Many of these critiques are echoed in the literature, referenced below where appropriate.

Arguments from study participants for the preferred use of 'abuse of older people' or 'abuse of the older person' demonstrate:

- the term 'elder abuse' is culturally inappropriate for many Aboriginal people[46] because 'elder' has a particular meaning in Aboriginal communities, signifying a social and spiritual position as a custodian of traditional knowledge, that does not apply to all older people.[47]
- if 'elder abuse' is a culturally inappropriate term referring to Aboriginal people, it cannot be an appropriate term for use in a non-Aboriginal context.

Arguments from study participants for the retention and uniform use of 'elder abuse' further demonstrate:

- 'Elder abuse' is an established term within Australia and globally. It is clearly defined by the WHO, and is a definition widely accepted in Australian policy and professional practice.
- Professionals are accustomed to hearing the term 'elder abuse', a term that correlates to familiar training, reporting requirements and organisational policies and procedures. Changing the terminology risks undermining this work.

[46] Blundell & Clare, 2020, p.550.
[47] Lohoar, Butera and Kennedy, 2014.

Some study participants argued that 'abuse' and/or 'mistreatment' are difficult words to hear, particularly in the context of working with older adults. They suggested that the use of such confronting language in some service or public information contexts, may work to reduce the willingness of audiences to engage with the messages being conveyed, and instead propose alternative terminology including 'family safety' or 'older person's rights'. For example, one study participant working in local government observed that elder abuse information sessions attracted limited numbers, perhaps as few as 40 people when other community events can attract 100-140 older residents.

> 'You know, if I do an elder abuse forum or education around that [issue], how many people am I going to attract? Do I have to frame it in a different way, to attract, to get people to come? Because sometimes it can be quite confronting.'
>
> - Local government professional

Other study participants suggested that 'abuse' is itself an imprecise and broad term. There are a broad range of different forms of 'abuse' that include financial or material abuse; intentional or unintentional neglect; emotional or psychological abuse; social isolation; physical abuse; and sexual abuse. Noting, that different forms of abuse may occur at the same time.[48]

- 'Abuse' may be misunderstood by some Western Australians, particularly those with limited or no English, to refer only to physical or sexual abuse.
- Aboriginal Western Australians may consider the word 'abuse' inappropriate, with 'mistreatment' preferred instead. This language preference is also evidenced in the parallel study being conducted into the mistreatment of older Aboriginal people.

However, many study participants strongly defended the retention of the term 'abuse', whether in the context of 'elder abuse' or 'abuse of the older person'. Their arguments included:

- It can be disempowering to use minimising language, particularly when dealing with older people who may have become acclimatised to abusive environments through personal histories characterised by domestic and/or family violence.
- Conversely, naming traumatising experiences as 'abuse' is empowering, in helping older people to recognise that their situation is wrong, may be criminal, and can be changed.
- While members of the public may find 'elder abuse' confronting, continuing to use this term emphasises the seriousness of the issue and helps perpetrators and potential perpetrators to recognise their behaviours as abusive.

48 Alliance for the Prevention of Elder Abuse: Western Australia, 2017, p.4.

3.3.2 Evolving definitions

Maintaining and consistently using standard definitions are an important part of aligning community expectations around responding to the abuse of older people. Perceptions of what constitutes abuse or appropriate intergenerational care expectations vary between service providers in different contexts,[49] between children and parents,[50] between birth order children and by gender, and families with varying relationship dynamics[51] and in different cultural contexts.[52] These different perceptions may be further amplified in a context as geographically and culturally diverse as Western Australia.

As already reported, a large majority (89.7%) of survey respondents are familiar with the standard WHO definition used in the Elder Abuse Strategy:

> 'a single or repeated act, or lack of appropriate action, that occurs in a relationship with an older person where there is an expectation of trust and where that action causes harm or distress to the older person.'

However, while this definition and broad types of abuse are useful frames to shape common understandings, some participants noted that static definitions may hinder shared knowledge of new and emerging forms of abuse. Since social phenomena like abuse of older people may change over time in response to generational, technological, or societal shifts, similarly language and definitions may require intermittent revision and updating.

Scoping work undertaken for the National Elder Abuse Prevalence Study suggests that the WHO definitions are limited.[53] The NEAPS research team have proposed a working definition that extends the definition to encompass five key elements (also depicted in Figure 3.3.5 below):

> 'a single or repeated **act or failure to act**, including threats, that results in **harm or distress** to an older person. These occur where there is **an expectation of trust** and/or where there is a **power imbalance** between the **party responsible** and the older person.'

The extension of the initial definition to highlight the power imbalance between parties was discussed by focus group participants, who were largely supportive of including this dimension in future attempts to further clarify what is meant by abuse of the older person. However, as the case study of 'Mimi' detailed below illustrates, power dynamics are not always clear-cut as a person may be unaware of power differentials in their trusted relationships. Mimi is vulnerable to befriending and financial exploitation because of her previous traumatic life experiences. She believes she is independent and in a position of power, only slowly realising how she has been subjected to coercive and abusive behaviour.

[49] Hempton et al, 2011.
[50] Simmons et al., 2019.
[51] Silverstein et al., 2006.
[52] Bowes et al., 2012; Lee et al., 2014; Enguidanos et al., 2014.
[53] Kaspiew et al., 2019, p.4-5.

CASE STUDY: MIMI'S STORY

This case study illustrates the types of 'relationships of trust' where abuse may occur. The older person in this case study is emotionally vulnerable, as a result of her loneliness and bereavement. This makes her susceptible to 'befriending' by a charming younger man who seems to need her help.

Mimi, an 82-year-old widow, needs information and support. She contacts a service for older people after disclosing concerns to her neighbour about befriending and financial abuse. Mimi finds it difficult to discuss her issues with strangers, and feels embarrassed talking about recent encounters, blaming herself for what she sees as 'silly behaviour.' Her experiences have caused her distress and anxiety, as someone she trusted has betrayed her, and she has experienced significant financial loss.

Mimi experienced family violence as a child; her father had a fearful temper and she learned at a young age how to avoid and appease. A quick wedding to George, her first and only love, provided Mimi with the opportunity to leave home and live a quiet and simple life. When George died in 2017, Mimi badly missed his companionship. She started to feel her age and older still. Then she met Ian.

Ian was 59, handsome and charismatic. He was separated from his wife, Rose, with whom he had two children. They lived in Tasmania and Ian said he too felt lonely but had found good support from a local coffee group he'd joined. Ian suggested to Mimi that she might enjoy it too.

Mimi was persuaded to go to the coffee group and had a lovely morning chatting with people. Ian seemed to be a nice person. After a few weeks, Ian became a regular visitor at Mimi's home, and she would spend more money on shopping knowing that Ian would turn up and expect a meal. Mimi considered asking Ian to contribute but thought it would be impolite to ask a guest to pay.

One Friday evening Ian tearfully disclosed to Mimi that he was struggling to pay the bills, his rent and child maintenance. Mimi felt sorry for Ian and offered to loan him $5,000. Ian was a good friend to Mimi, he had fixed the tap, mowed the lawn, and done a few little odd jobs around her home, never once asking for payment.

Within 2 months Ian had repaid the loan. However, about 6 weeks later Ian had another problem. He wanted to become a self-employed handyman, but this would require new tools and a van, and Rose, his ex-wife, had emptied his savings account without his consent. He didn't want to confront Rose as he worried about losing contact with his kids. Ian was tearful, asking why when he tried to do the right thing, he was so often knocked back by life. Mimi struggled with seeing Ian cry; Mimi's father had always been an angry man while George had been so even tempered.

Mimi offered to loan Ian some money. Ian took Mimi to the bank so that she could transfer the money, requesting $40,000, which Mimi felt was a huge sum of money. But when she voiced her concerns, Ian spoke sharply to Mimi, accusing her of deliberately raising his hopes. He said that he was a good friend and an honourable man who would pay her back. Mimi didn't know how to say no and so went ahead with the transfer.

A few weeks later, Ian suggested he and Mimi visit Tasmania together but unfortunately his credit card was delayed in the post, so he needed her to book the tickets. Mimi wasn't sure how the online booking worked so she let him use her credit card. Ian said that it would cost $4,300, that he would pay her back, and that he would cover her flights and accommodation because she was such a good friend.

Mimi enjoyed the trip but was lonely visiting places on her own as Ian was always busy elsewhere. On the last day, Mimi was introduced by Ian to Rose and his family. Mimi liked Rose but thought she and Ian did not seem like a separated couple. When Mimi mentioned this, Ian grabbed her arm roughly and told her to stop gossiping in front of his family. Once they returned home, Ian was very apologetic about how he had treated her, once again becoming tearful. However, Mimi was becoming suspicious of Ian and felt a pattern was emerging in his behaviour.

When Mimi's bank statement arrived, she learned the trip cost $15,000, far more than the $4,300 discussed. Mimi's anxiety increased, affecting her sleep and causing her to experience palpitations. Mimi told her GP what had happened and was referred for counselling. Mimi was angry with herself for having been taken advantage of, but she also knew why she had agreed to Ian's requests. She had felt lonely at first, but then become fearful of Ian. Ian had never threatened her nor been physically violent towards her, but his body language and his voice would change, so that he appeared bigger and more menacing. Mimi would then appease Ian so that she could feel safe.

Although Mimi started to feel emotionally stronger, her health was declining. She needed home care support but was reluctant to have anyone in her home or life. Mimi's anxiety was preventing her from engaging with people as she no longer trusted her judgment and was fearful of being exposed to more people like Ian.

Mimi received legal advice, but the difficulties in getting someone to repay money loaned without a written agreement seemed insurmountable. Mimi's medical specialist was concerned about the level of stress that she would be under should she try to pursue repayment of her loan through the courts. Mimi decided to speak with the police, but they were unable to assist because the money had been a loan and access to credit card had been provided willingly.

Mimi chose a different approach. She wrote a letter to the coffee group friends, to see if they could mediate on her behalf and speak with Ian about repaying the money. However, after a few exchanges between them, Ian became more difficult to contact, eventually returning to Tasmania. Mimi died a few months later with her matter unresolved.

3.3.3 Defining an older person

The Elder Abuse Strategy defines an 'older person' as Aboriginal people aged 55 years and over, and non-Aboriginal people aged 65 years and over. However, these age categories are not consistent throughout Western Australian agencies. The WA Police, for example, flag cases of elder abuse where an older person is aged 60 years and over, as this is considered a circumstance of aggravation for some offences, including assault.

> 'Age is irrelevant. Both for 'victim' and perpetrator. The language used in this discourse about 'abuse,' and violence, is often approximate, not clear enough and it often leaves too much to interpretation.'
>
> - Survey respondent

Many agencies who provide services for older people and/or respond to cases of abuse will also work with people whose age falls outside of these parameters. This can include members of diverse cohorts, but also, for example, people who are prematurely aged as a result of illness and/or poor health.

Survey respondents and focus group participants observed that arbitrary age cut-offs to define 'elder' victims that may trigger a different service response can be problematic, because they uncritically align growing older with declining capacity [54] and create practical challenges for service providers.

> 'Our whole cohort of client base is so diverse. It could be anyone, any age. So, if you go to remote communities, an Aboriginal client has a life expectancy, this is the average, of like fifty-five years. Yeah so, what is older Australian in their culture? So, it could be like, in their thirties or, you know, as an older Australian.
>
> And that makes it really difficult, like saying with Indigenous older people living to fifty-five there's then this grey area of, like let's say if they're on Newstart, they're having to then attend for Jobseeker or whatever it is but they're not able to because they're older, they're not well. There's not really a space for that but then they're not eligible for any other Centrelink benefits.'
>
> - Focus group participant

The survey included a question asking respondents what age group 'older person' refers to in the context of defining abuse. Results presented in Figure 3.3.5 on the next page show that 43.8% of survey respondents feel that the definition of elder abuse should not be limited by age. Among respondents who did indicate a cut-off-age there was limited agreement as to what that age should be.

These findings indicate that a more flexible approach to chronological age should be used when defining abuse of an older person. Contextual circumstances, defined risk factors, and individual functional ability[55] may be more effective measures to determine the kinds of support a person experiencing or at risk of abuse may require.

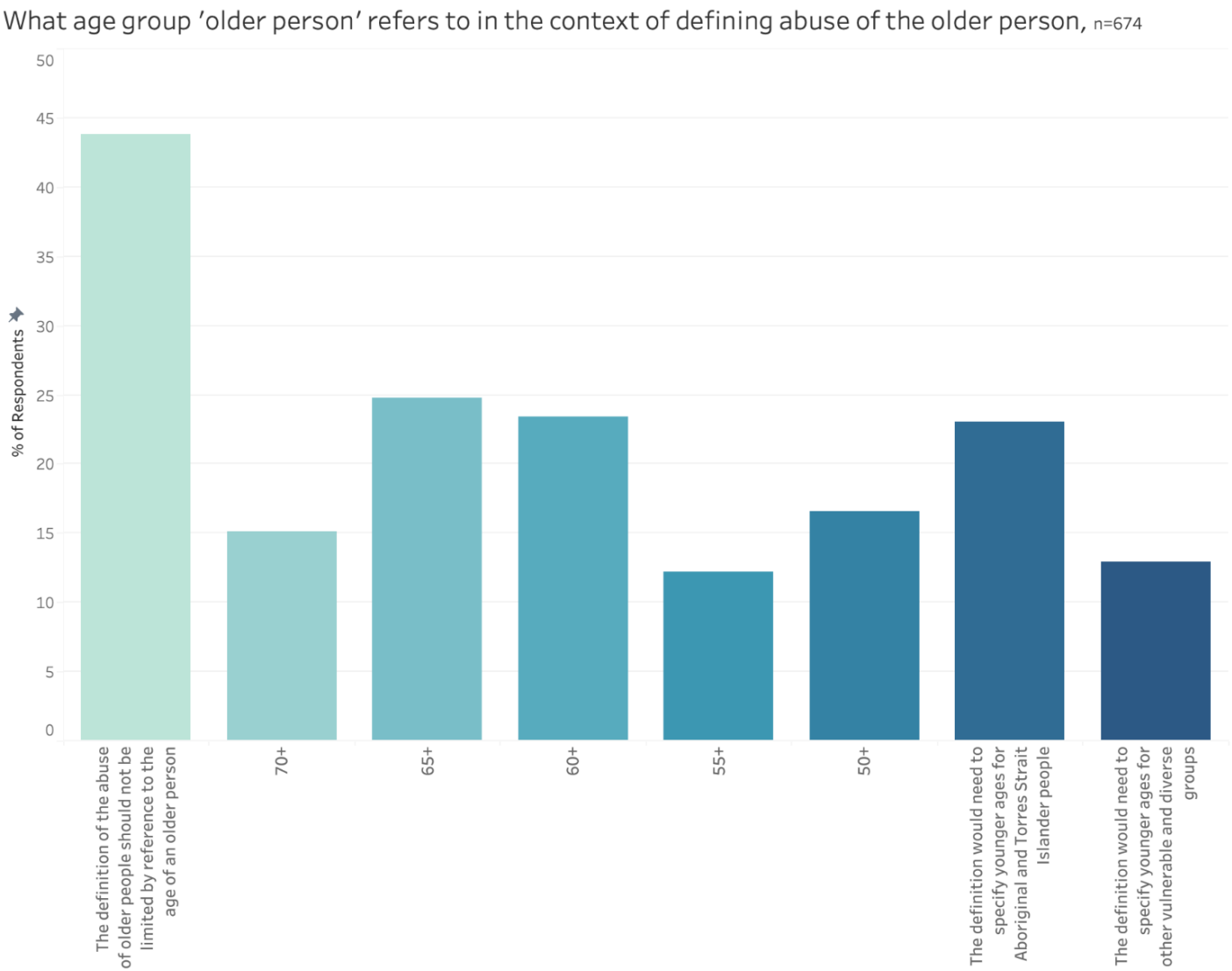
[54] Clare et al., 2014; Moir et al., 2017; Blundell & Clare, 2020.
[55] Moir et al., 2017; WHO, 2020.

This survey question permitted multiple responses.

Results show that nearly half (43.8%) of survey respondents feel that the definition of elder abuse should not be limited by age.

Furthermore, some survey respondents indicate that different and younger ages should be used to understand abuse of older people for both Aboriginal population (23%) and for other vulnerable and diverse groups (12.9%).

Among respondents who did indicate an age group that should be referred to in this context, there was significant divergence of opinion between the options presented, with roughly a quarter of respondents selecting either 60+ or 65+.



3.3.4 Defining and determining risk, 'vulnerability' and 'capacity'

Those older people who experience or are at risk of abuse, are all in some way vulnerable to the harmful behaviours of other people, usually those with whom they have relationships of trust. These vulnerabilities may arise because of age-related disabilities or illnesses, for example, reduced mobility, loss of hearing or sight, or reduced cognitive capacity. Vulnerability to abuse may also increase through social isolation and loneliness, particularly following the death of intimate partners or close friends. However, as already noted, age is not in itself a cause of vulnerability, and does not axiomatically result in physical or mental decline. Some people remain capable and independent even at very advanced years. Others experience ill health and declining capacity while comparatively younger.

As participants identified age cohorts or age cut-offs as an inconsistent or even unreliable mechanism to define abuse of an older person, an alternative measure could be to define and categorise circumstances of vulnerability that render an adult, whether older or not, 'at risk' of abuse.[56] For example, Moir and colleagues[57] have proposed adapting the domains of vulnerability from the National Disability Services Vulnerability Indicator Guide, by adding age-cohort to the existing domains of decision-making, financial, social, and health and wellbeing vulnerability.

'There's risk factors, a list of risk factors. And if the risk factors are in place and there's an older person, there's abuse, you can be sure of it.

I mean, [if] there's substance abuse in a house, or you're going there because of screaming and yelling and there's an older person living there, they're being abused because they're the vulnerable person.'

- Advocate

'Capacity' was highlighted as a major service responses challenge by participants in all of the focus groups held in metropolitan Perth and in regional Western Australia. However, the reasons participants give for finding this issue challenging vary according to their role and sector. This is hardly surprising since 'capacity', 'competency' or 'decision-making capacity' are broad terms and how best to define them is debated in research, policy and practice.

Medical and legal definitions of capacity and competency are traditionally binary determinations of a person's ability to make certain decisions. Yet the executive functions and metacognition involved in decision making, that is, the process of choosing an appropriate course of action from among many options, are complex and do not always align with the traditional cognitive domains of language and memory that are emphasised in classical neurological tests.[58]

Moreover, Australia currently lacks a single standardised process for medical assessment of decision-making capacity. The absence of a uniform approach, and the reliance instead on

[56] Blundell & Clare, 2020.
[57] Moir et al., 2017.
[58] Darby & Dickerson, 2017.

various assessment tools and clinical approaches, means that assessments are reliant on the skills and experience of individual clinicians. This can result in less effective capacity assessment of confused older adults presenting in clinical settings, particularly in regional areas with limited access to specialist expertise.[59]

Focus group participants also emphasised the importance of recognising and responding effectively to the fluctuating capacity and situation-specific capacity of clients. Cognitive capacity is not an on-off switch, a fixed set of capabilities that go suddenly and once gone are gone forever. Rather than operating along a simple binary, there are multiple domains of capacity, influentially enumerated by Moye and Marson[60] as comprising: consent to medical treatment, independent living, financial capacity, consent to research participation, testamentary capacity, voting, sexual consent, and driving. Compromised decision-making capacity in one domain does not necessarily imply a loss of capacity in all the others. Decisional relativity is common among people experiencing cognitive impairment, meaning a person may be able to make decisions about most matters of daily life but may not be sufficiently capable of complex financial or medical decisions.[61] Participants also noted the importance of recognising when a person's capacity to make independent choices may be temporarily diminished, for example as a result of a long stay in hospital. With the right identification from relevant health workers, people in such circumstances may be supported to return to an earlier or different level of independent function and avoid poor outcomes like misdiagnoses of cognitive decline and/or impairment.

Fluctuating capacity and decisional relativity are of particular importance when considered in relation to guardianship and safeguarding regimes. Person-centred care is now well established in health services, but new approaches to reflecting those same concepts of rights, autonomy and self-determination in protectionist legal responses are still in development in many global settings.[62] Newer approaches that explore 'relational autonomy' as an alternative to 'individual autonomy' acknowledge that all of our decisions are grounded in relationships of inter-dependence that may constrain or facilitate our choices. This kind of paradigmatic shift enables support for facilitated decision making that preserves and respects the remaining autonomy of people with declining capacity. Rights-based approaches to practice for people with disabilities have not yet enjoyed the same uptake in relation to older people living with dementia or with compromised decision-making abilities, however study participants indicated that there are

> 'I guess for me the key issue is the tension between protection and autonomy. So, when we have the right to step in and sort of say we are making the decisions on your behalf. I think there's a big gap for people that sort of have fluctuating capacity so they might need protection on many aspects of their life yet still have some autonomy.'
>
> - Health professional

[59] John et al., 2020a; John et al., 2020b.
[60] Moye & Marson, 2007.
[61] Buchanan & Brock, 1989; Phelan & Rickard-Clarke, 2020.
[62] Phelan & Rickard-Clarke, 2020.

shifts occurring in Western Australia that seek to challenge the dichotomisation/ separation of autonomy and protection for older adults.[63]

Chapter 7 highlights safeguarding responses recently developed in other Australian jurisdictions. Western Australia already has legal provision for the protection of people with a diagnosed or suspected decision-making disability under the Guardianship and Administration Act 1990. As will be noted in Chapter 4 there was strong support from study participants for a safeguarding response that could help people who are vulnerable but do not have a decision-making disability, but this support was tempered by recurring concerns among study participants that the rights and autonomy of people be respected and upheld. Beyond medically diagnosable forms of cognitive impairment, study participants also highlighted other forms of capacity/vulnerability that individuals possess to varying degrees. These might include:

- emotional or relationship vulnerabilities, such as the ability to develop and sustain healthy relationships of mutual benefit, or the ability to be self-reflexive, to recognise how particular behaviours can contribute to difficult or worsening relationships
- system-induced vulnerabilities, such as exclusion from or limited access to service provision. This may be because of English language capabilities, because of geographic location
- educational vulnerabilities, such as low literacy or limited experience of dealing with financial or legal matters
- health-related vulnerabilities, such as limited mobility, disabilities, and/or cognitive decline.

> 'Capacity is not just cognitively… it's not a cognitive issue alone. It is a physical disability, it's a social disability, it's the capacity generally- in other words, the autonomy - and how you put that back.'
>
> - Solicitor

The composite case study of 'Francois' detailed below illustrates how vulnerability to abuse can arise through a combination of long-term relationship dynamics and changing health conditions. This example features an older man who has been accustomed to his wife dealing with finances and paperwork, a pattern that characterised their established roles throughout their life course. When her declining health makes her vulnerable to financial abuse, he does not initially realise that this change has occurred. He only discovers after her death that his financial security has been jeopardised. He must then navigate a complex situation, learning how to handle financial matters with which he is quite unfamiliar, while also dealing with his grief for the loss of his wife.

[63] Davidson,2020; O'Connor, 2020.

CASE STUDY: FRANCOIS' STORY

This case study illustrates the ways that a person may be exposed to risk and financial loss because of the nature and quality of their relationships with other significant people in their life. Relationship dynamics established over many decades between a married couple result in both people being exposed to financial abuse when one suffers impaired judgement and increased vulnerability because of declining health.

Francois sought legal and advocacy advice to deal with his complex situation. Decisions made by his now deceased wife and another family member have caused Francois a lot of distress and his home is at risk if the matter isn't resolved.

Francois and Lorna were married for 40 years. They had a good marriage together but Francois 'knew his place'. Lorna was the decision maker, Lorna managed the finances, she was a good wife and mother and managed things well at home. Lorna would discuss everything with Francois, and he would defer to her opinion on many matters.

Francois was unsure whether a legal service would be able to assist him. He had previously tried to seek legal advice and had been informed that his matter was very complex and would take a long time to sort out. Francois reported that he left the office of other solicitors quite dejected, feeling foolish but still determined that he needed his matter to be looked at seriously. He had never been fully able to explain in detail how his circumstances had come about, before being told it was too complex.

When Francois first met his wife, he was very aware of her strong character. He believed their relationship had worked well.

Lorna died 6 months ago from a brain tumour at the age of 61. Francois recalled that the last five years of living with Lorna had been difficult, she was often short tempered and forgetful. Francois had put it down to the stress of Lorna's job and female troubles, and Lorna had not disclosed her concerns about her health to Francois until there were noticeable symptoms.

Prior to her diagnosis Lorna had approached her husband with some papers to sign. Lorna's nephew Luca, who had lived with them when he was younger and was like their child, wanted help with a loan. Lorna had been particularly abrasive during this period and was quick to anger when questioned, simply telling Francis that he should sign the papers to help Luca. She said there was no financial risk to them and that he must sign the papers, she was on the telephone at the time to the bank and pointed out the sections Francois was to sign. Francois signed the papers. Francois believed he had co-signed for a small 12-month loan but wasn't too sure of the details, he had often signed things that Lorna brought him.

Lorna died six months after her diagnosis, twelve months since Francois had signed papers on her insistence. After Lorna's funeral Francois didn't take any notice of the mail sent by the bank, he had no mortgage, so it was most likely advertising. It was only after he received registered mail requesting that he contact the bank urgently about defaulted mortgage payments that he took notice. When Francois contacted the bank, he was informed that equity in his property had been used as deposit for a property owned by Luca. Francois disputed this; he could not understand how the agreement with the bank had changed from a twelve-month loan to his property and Luca's property being linked. He was unable to get a satisfactory response from the bank and had been passed from person to person.

What Francois did not know was that Lorna and Luca had attended several subsequent bank appointments, instigating a change in the agreement. Luca had been at the bank in person and Lorna had been on the telephone with him when she pressured Francois to sign the documents.

Francois was shocked when he discovered this information. He had trusted Lorna and Luca and hadn't questioned things at the time because Lorna was angry and so he signed the document to keep the peace and had not thought about it again. Francois now felt stupid and grieved the loss of the trusted relationships he thought he had had with his wife and with Luca.

Over the next year Francois was assisted in asking the right questions of the bank and of Luca to uncover what had happened. Although Francois did not initially want to destroy his relationship with Luca, he became increasingly convinced that Luca had taken advantage of Lorna's ill health. Reviewing bank statements, he found that Luca had been receiving regular lump sums of money from Francois and Lorna's joint account, totaling almost $50,000 over the last 2 years of Lorna's life. Francois was unable to prove anything because Lorna was deceased, but he believes Luca had been pressuring Lorna. Francois was devastated, this is money that he would have wanted to go to his own children.

Francois finally had success with the bank and there is no longer a debt against his property, but he has been deeply shaken by this experience. Francois attended counselling to help him deal with the emotions he was experiencing towards both Lorna and Luca. He still grieves the loss of these trusted loved ones, but now prefers to focus on the healthy relationships he has with his children and grandchildren.

3.4 Towards an estimated prevalence of abuse of older Western Australians

This research project is not a prevalence study. At inception, this study set out to collect data on professionals and service providers' perceptions of the frequency of the various types of abuse. Findings from the survey are reported above in Section 3.2.

A National Elder Abuse Prevalence Study[64] was commissioned by the Australian Government Attorney-General's Department as part of the National Plan. The national study has delivered important findings about the nature of elder abuse, the relationships involved, and the extent to which abuse of older people occurs in the Australian population. The study also delivered valuable analysis of a subset of survey data to explore prevalence and forms of abuse experienced by culturally and linguistically diverse older people. This three-year (2018-2021) study involved two large scale surveys:

1. A telephone survey of 7,000 people aged over 65 living in private dwellings in the community (not residential care) to explore their experiences of abuse.
2. A telephone survey of 3,400 people from the general community to explore knowledge of abuse, attitudes to older people, and intergenerational support provided to older people.

A robust prevalence study of this scale is beyond the scope of this far smaller Western Australian research project. Furthermore, with limited resources available to both build the evidence base and implement new approaches to respond to the abuse of older Western Australians, it is questionable whether a Western Australian prevalence study is a good use of resources especially, in the context of the newly available national prevalence data.[65]

3.4.1 The challenges of prevalence studies

Prevalence data is important to understand key issues and inform service responses. However, limitations of these data may arise because of inconsistent definitions, measurements and study periods, and insufficient granularity, especially in relation to diverse and hard-to-reach population cohorts.[66]

Prior to the release of national study findings, the most accurate estimates (in an Australian or Western Australian prevalence) could be based on meta-analyses of global reviews indicating the worldwide prevalence rate is 15.7 per cent, representing one in six older people who experience abuse.[67] The newly-released national study data shows that the prevalence of abuse among Australian community-dwelling-adults aged 65 years and older is 14.8 per cent. Although the national study has limitations, such as the exclusion of people with

[64] Qu et al., 2021.
[65] When reporting their findings from the first study estimating prevalence of abuse in Western Australia, the first recommendation made by Boldy and colleagues (2002, p.26) was that "no further specific efforts/funds are devoted to produce a more precise estimate of the 'true' prevalence of elder abuse in Western Australia" given the limitations to such studies, including considerable under-reporting.
[66] Dow et al., 2020.
[67] Yon et al., 2017.

reduced capacity due to cognitive decline,[68] meaning the 'true rate' of abuse may be higher. Such data is nonetheless vitally important for understanding the scale of abuse in Australia.

Measuring the prevalence of abuse of older people is inherently difficult and varies considerably between different national contexts. A comparison of global prevalence studies shows that in Ireland just 2.2% of the population are recorded as having experienced abuse, compared to 61.1% in Croatia and 36.2% in China.[69] Methodological challenges to determining prevalence are caused by a combination of factors,[70] including:

- inconsistent and unclear definitions of what behaviours constitute abuse
- differing cultural understandings of abuse
- contextual variations in the mechanisms to detect abuse (e.g. screening tools) and reporting abuse (e.g. siloed organisational responses, mandatory reporting and frameworks)
- individual and/or institutional concealment of abuse.

Measuring the prevalence of abuse in its many forms is further complicated by widespread underreporting, with some types of abuse much less likely to be reported than others. Older people may not report abuse due to shame, dependency, concern for the outcomes for family members, the stigmatisation of some forms of abuse, or an overall lack of awareness and distrust in services.[71] People experiencing neglect are typically less able to seek help, while sexual abuse of older women is understood to be underreported, likely due to stigma.[72]

Older people's understandings of what constitutes abuse vary, from simple to broad definitions and, perhaps overly simplistic descriptions of 'victims' and 'perpetrators' fail to adequately capture the complex relationships and family dynamics through which older people may interpret their situations. Mismatched definitions and expectations between older people and formal service providers can erode trust and be a barrier to disclosure.[73]

The design of the National Elder Abuse Prevalence Study was based on a review of international prevalence studies in order to develop effective definitions, research measures and data collection instruments required to conduct a rigorous prevalence study. Given the potentially prohibitive cost of conducting a methodologically robust prevalence study in Western Australia, estimates of state prevalence could be determined using findings from the national study in combination with new Western Australian population data from the 2021 Australian Census. While this approach may have limitations because the population and distribution and characteristics of Western Australia differ from the nation as a whole, indicative prevalence figures may nonetheless be of use to relevant sectors and agencies.

[68] Qu et al., 2021, p.21.
[69] Naughton et al., 2010; Dong, 2015.
[70] Cohen et al., 2010; Killick et al., 2015; Bigala & Ayiga, 2014; Gallione et al., 2017; Naughton et al., 2010; Tsukada et al., 2001.
[71] Dong, 2015; Dow et al., 2020.
[72] Joosten et al 2020, p.17.
[73] Killick et al., 2015.

3.4.2 Agency data collection as an alternative means to estimate prevalence of abuse

More granular and localised analyses of existing data collected by service providers in Australian states have also been used to estimate prevalence of the different types of abuse and to explore victim-perpetrator characteristics (see examples using Victorian [74] and Queensland [75] helpline data). Similar analyses of existing data repositories have been undertaken in Western Australia in the past,[76] estimating an average prevalence rate of 4.6 per cent. However, the authors of this study have acknowledged the significant limitations of the data sources on which these projections of state prevalence rates were based. Indeed, the 2011 study recommended exploring new mechanisms to enable consistent state-wide documentation of the abuse of older people. As Western Australia now moves towards a more integrated and coordinated service response under the Elder Abuse Strategy, the need for consistent data collection, analysis and reporting will become increasingly pressing.

A detailed review of all data collection methods and data repositories across relevant agencies was beyond the scope of this study. However, study participants reported that existing Western Australian data sources have limitations. Factors that may impact the quality of the data collected include:

- inconsistencies in how abuse of an older person is defined, for example with reference to different age cut-off points (see subsection 3.3.4 above)
- different kinds of data collected by different agencies
- uneven access to training, knowledge and experience among frontline staff.

Figure 3.4.1 shows the results from a survey question that asked about survey respondents' knowledge of data collection practices relating to the abuse of older people at their place of work.

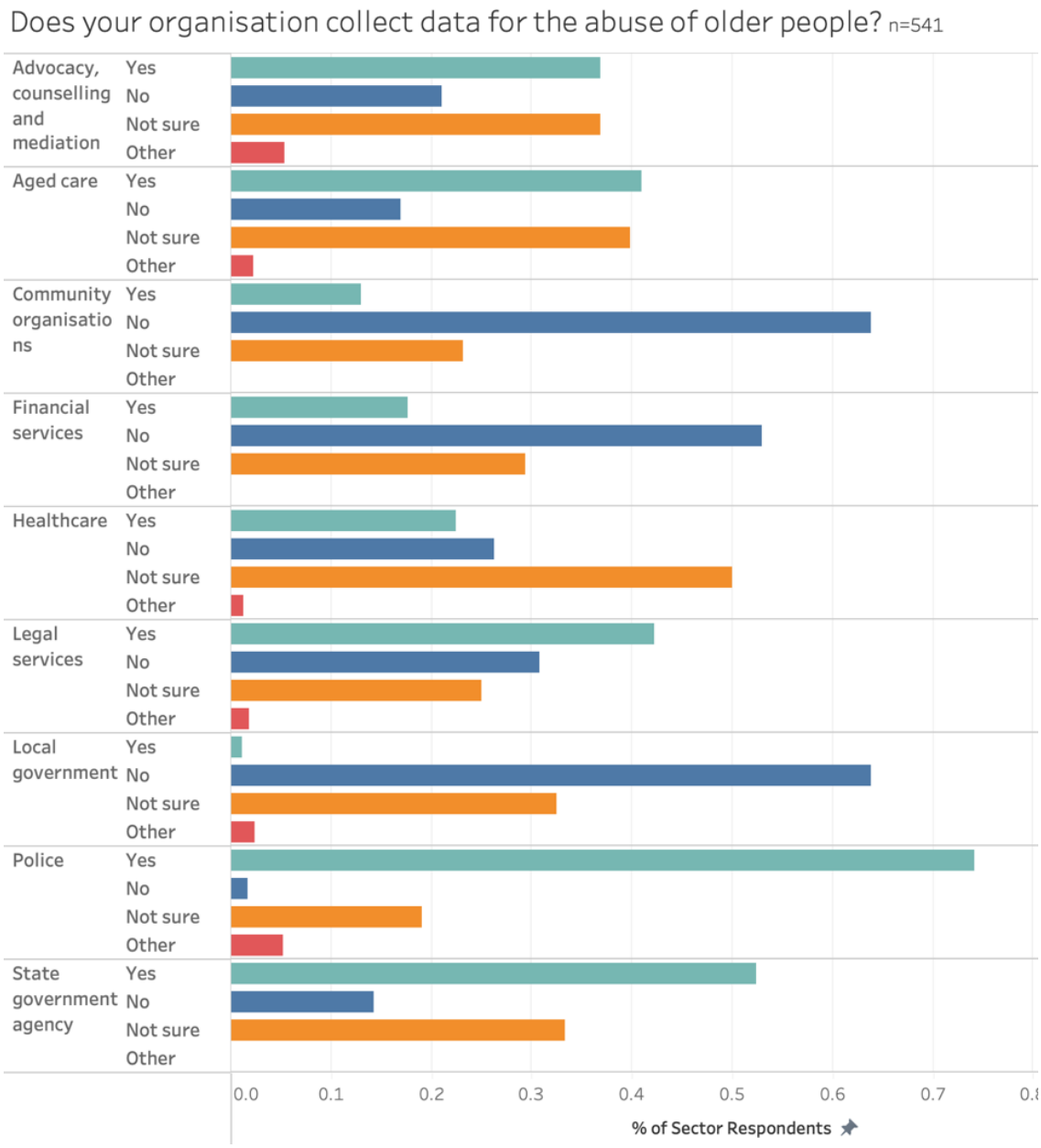
The results illustrate that some government agencies, for example, the WA Police Force, have clear data collection measures that are well known among staff within those organisations. However, there is some uncertainty among many survey respondents working in other sectors. For example, 50% of respondents working in healthcare and 39.8% of in respondents working in aged care were unsure about organisational data collection practices.

These results also show that there are many points of service provision in other sectors where the abuse of an older person might be identified by staff or volunteers but not be formally recorded. These include some frontline public-facing roles that are key to early identification, such as staff of community organisations or financial professionals.

[74] Joosten et al., 2020.

[75] Elder Abuse Prevention Unit, 2018.

[76] Clare et al., 2011.



Chapter 5 will describe how the 'service journey' of older people experiencing abuse is inconsistent and determined by geography, types of abuse, and personal and contextual factors. Because of these inconsistencies and uncertainty among some professionals regarding referral pathways, an affected person may or may not come into contact with an agency that collects data on the abuse of older Western Australians. This has serious implications for any attempt to establish prevalence on the basis of existing data repositories.

4. Key issues and barriers to responding to the abuse of older people in Western Australia

4.1 Introduction

This chapter presents findings relevant to Research Objective 3: Explore best practice recommendations that are suited to WA conditions, taking account of existing resources. This research objective was approached through a critical reflection on the gaps and challenges identified by professionals and service providers who participated in this study. The findings presented here are drawn from multiple qualitative and quantitative data collection activities, including interviews and focus groups, online survey, and case study review.

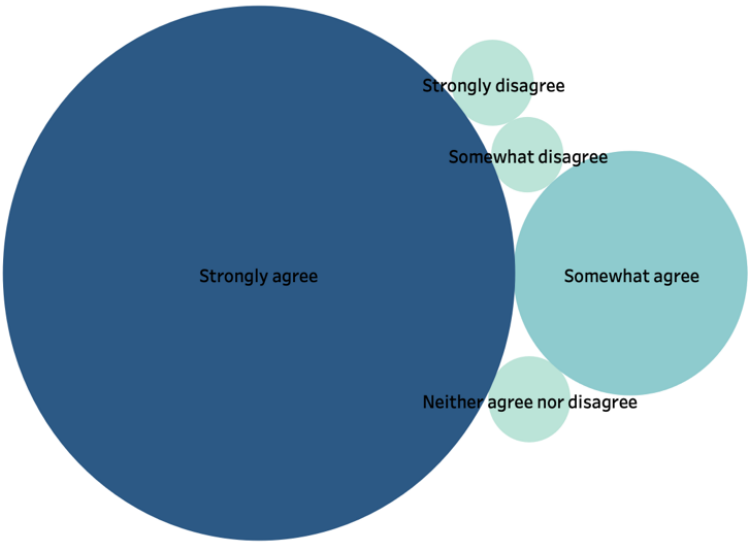
The 2017 final report from the Australian Law Reform Commission observed that the abuse of older people is 'everybody's business'.[77] In doing so, the authors have echoed the WHO's much earlier proclamation of 2002,[78] but went a step further, in emphasising a 'shared responsibility' to respond:

> This inquiry has acknowledged that elder abuse is indeed 'everybody's business'. It is also everybody's responsibility—a responsibility not only to recognise elder abuse, but most importantly, to respond to it effectively.

The State Government has adopted this same language. One of the principles underpinning the Elder Abuse Strategy is that 'preventing and addressing elder abuse is everyone's responsibility'.[79] An intersectoral symposium held in Perth on 17 June 2021, was funded through the Department of Communities and organised by COTA WA and NSCLC under the banner 'Elder Abuse is Everyone's Business'.

Study participants likewise indicate that they accept and agree with these principles. 94.4% of survey respondents agree that they have a responsibility to do something if they encounter cases of older people experiencing abuse.

I have a responsibility to do something if I encounter cases of older people experiencing abuse, n=502



[77] Australian Law Reform Commission, 2017, p.29.
[78] World Health Organisation, 2002.
[79] Department of Communities, 2019, p.10.

What then are the barriers to responding? Why may the abuse of older people in many cases go unrecognised and unreported? What might an effective response look like? And, how is the efficacy of a service response to be understood and by whom?

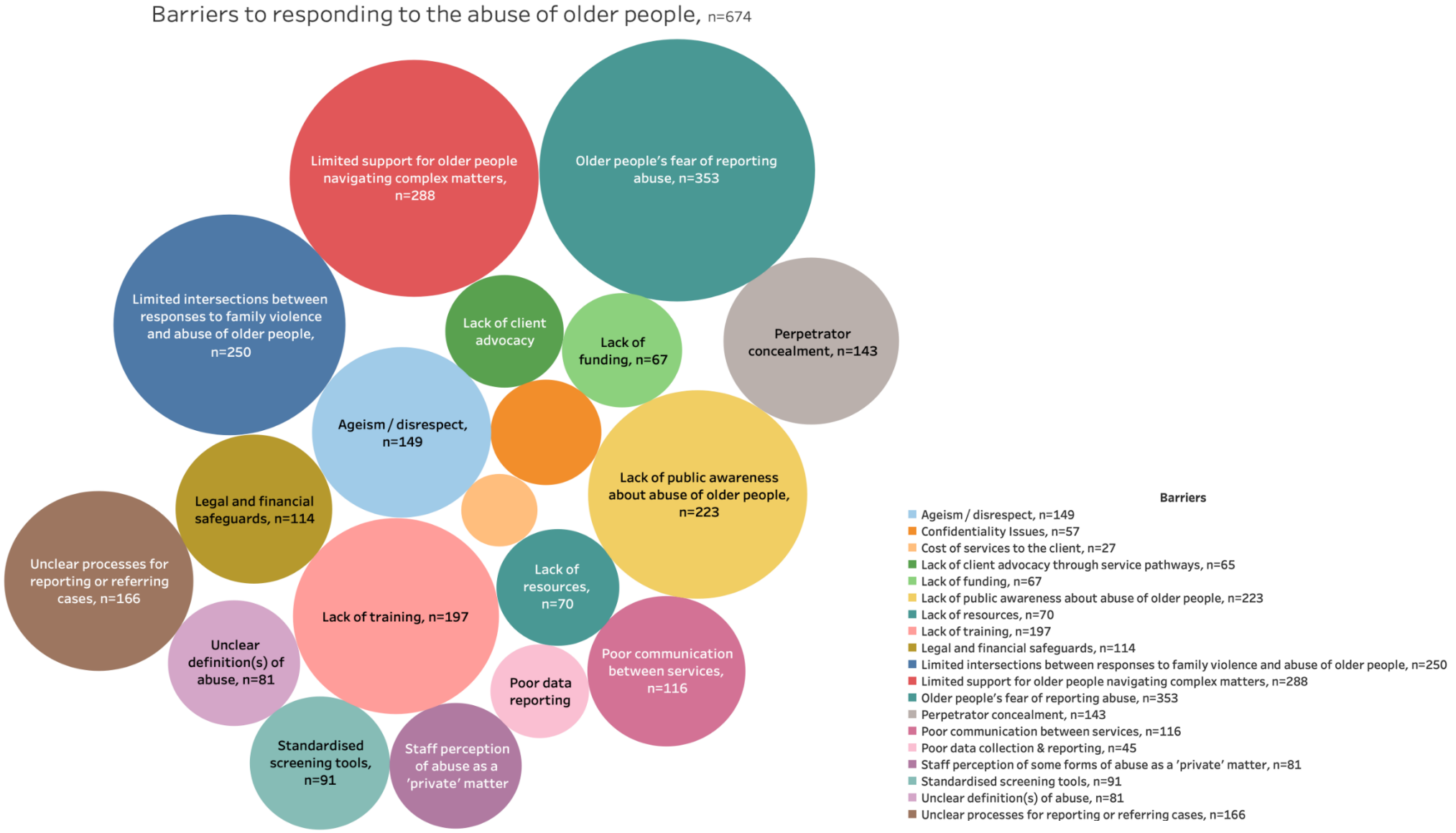
This chapter presents findings from quantitative and qualitative survey data and from an analysis of focus group and interview participants' contributions. These findings are discussed in a narrative style that syncretises the knowledge produced through all the research methods informing this study, with reference to relevant literature where appropriate. Key points are illustrated by anonymised direct quotes from study participants and with detailed composite case study accounts that provide ethnographic insights into the lived experience of abuse for some older people in Western Australia.

4.2 Key Issues: survey respondents' top barriers to responding to the abuse of older people

Survey respondents were asked to rank the top five barriers to responding to the abuse of older people. The barriers were selected from a pre-populated list that had been generated through an analysis of focus group and interview data and reviewed by members of the Project Reference Group.

The table below shows the barriers most commonly identified by respondents (including all barriers selected by at least 20 per cent of respondents). Figure 4.2.1 presents a visual representation of data from this same survey question.

Barrier to responding	Selection rate % of question responses (in respondents)
Older person's concealment or fear of reporting	67.6% (353)
Lack of support to help older people navigate complex matters	55.2% (288)
Abuse of older people not being recognised or embedded within existing family violence responses	47.9% (250)
Lack of public awareness about abuse of older people	42.7% (223)
Unclear processes for reporting or referring cases	31.8% (166)
Ageism and disrespect of older people in society	28.5% (149)
Perpetrator concealment	27.4% (143)
Poor communication between services to manage and follow up cases of abuse	22.2% (116)
Lack of legal and financial safeguards in place for older people	21.8% (118)


Barriers to responding to the abuse of older people, n=674
Limited support for older people navigating complex matters, n=288
Older people's fear of reporting abuse, n=353
Limited intersections between responses to family violence and abuse of older people, n=250
Lack of client advocacy
Lack of funding, n=67
Perpetrator concealment, n=143
Ageism / disrespect, n=149
Lack of public awareness about abuse of older people, n=223
Legal and financial safeguards, n=114
Unclear processes for reporting or referring cases, n=166
Lack of resources, n=70
Lack of training, n=197
Unclear definition(s) of abuse, n=81
Poor communication between services, n=116
Poor data reporting
Standardised screening tools, n=91
Staff perception of abuse as a 'private' matter
Barriers
Ageism / disrespect, n=149
Confidentiality Issues, n=57
Cost of services to the client, n=27
Lack of client advocacy through service pathways, n=65
Lack of funding, n=67
Lack of public awareness about abuse of older people, n=223
Lack of resources, n=70
Lack of training, n=197
Legal and financial safeguards, n=114
Limited intersections between responses to family violence and abuse of older people, n=250
Limited support for older people navigating complex matters, n=288
Older people's fear of reporting abuse, n=353
Perpetrator concealment, n=143
Poor communication between services, n=116
Poor data collection & reporting, n=45
Staff perception of some forms of abuse as a 'private' matter, n=81
Standardised screening tools, n=91
Unclear definition(s) of abuse, n=81
Unclear processes for reporting or referring cases, n=166

In addition to selecting the most important barriers from this list provided, survey respondents could also propose other barriers they encountered in their work or volunteering.

Other barriers to responding the abuse of older people suggested by survey respondents included:

- inconsistent language and lack of cultural support
- lack of access to local service providers, social workers and family domestic violence (FDV) supports in rural and remote communities
- existing responses are too punitive and not appropriate for family situations
- inadequate penalties for those involved in abuse, and the need for publicity about punishment of perpetrators
- a sense of hopelessness among service providers (i.e. that this is a problem that cannot change)
- competition between service providers (i.e. elder abuse becoming an income stream)
- lack of culturally appropriate services for Aboriginal people statewide
- lack of clarity around legal protections for professionals
- cultural tolerance of abuse in all institutions.

The following sections of this chapter of the report present a discussion of study findings relating to the key issues highlighted by the nine abovementioned barriers that were ranked most highly by survey respondents.

4.3 Issue #1: Older person's fear of reporting abuse

The top barrier to responding to the abuse of older people, selected by two thirds of survey respondents (67.6%) is the unwillingness of an older person to report the abuse they experience. This is a common issue in many parts of the world, as people experiencing abuse fear or have concerns about the consequences for themselves and their families. Meta-analysis of global prevalence studies has shown that caregivers and third parties are more likely to report abuse than older people who have been abused themselves.[80] Study participants from across all sectors noted that many older clients were reluctant to seek support and enact protective measures, in particular through Legal Services and the Police. The main reasons that were given in the focus groups and interviews include:

- a desire to protect and to help the perpetrator of abuse and to preserve important family relationships that have social and emotional meaning to the older person
- fear of losing contact with other family members, particularly grandchildren
- fear of homelessness and/or fear of being forced to enter residential aged care
- fear of abuse intensifying or escalating
- fear of censure from other family members, particularly where there is disagreement or tension, (e.g. between siblings, or where the abusive dynamic between parties is not one-sided and there is a long history of conflict)
- isolation and loneliness, particularly where the perpetrator of abuse is also a significant source of social and emotional support
- related to previously mentioned points, in relation to concerns about housing and accommodation options for both the older person and the person perpetrating abuse
- personal disposition that entails a suspicion of government agencies and/or a determination to manage affairs without intervention
- limited understanding of the options available to support either the older person themselves and/or the person perpetrating abuse.

This last point relates to how older people access support and navigate the service landscape in Western Australia. As Chapter 5 will illustrate, the older person is typically assumed to be the coordinator and navigator, seeking and acting upon advice they are given. This may be correct and an appropriate assumption for many older people with the necessary abilities to assume this role. However, some older people will find this more challenging as a result of their own health-related, system-induced, educational, emotional and/or relationship vulnerabilities.

It should be noted that the reasons presented above are the views of service providers working with older adults who interpret the thinking of their clients. More research is needed however, to consult with older people in Western Australia who have experienced abuse in terms of their decision-making and the types of responses they might be more willing to engage.

[80] Ho et al., 2017.

However, the reasons given by study participants are much the same as those identified through qualitative research conducted with clients from Seniors Rights Victoria about barriers to disclosure and taking action.[81] They are also reflected in wider international literature that emphasises similar barriers to reporting. This literature calls for educational interventions that recognise firstly, how abusive behaviours may be differentially understood and interpreted within various family scenarios and, secondly, that position reporting and help-seeking as a choice that can be made by older adults seeking to balance their needs as socially embedded independent adults with the situational vulnerabilities they may be experiencing.[82]

> '[We must] be aware of the tension between the social work issues and the legal issues. Some people come and they might go to a legal centre, or they may be interviewed by the Public Advocate. And those problems will be real, and they will be clearly articulated, you know once you can get the story out. But they will not want a legal remedy … They would rather go with the misery than be cut off from their family.'
>
> - Lawyer

> 'The onus of reporting abuse of older Western Australians needs to be taken solely away from the victim of abuse. A victim of abuse will more often than not want to report their abuser for fear of retribution or will not want to get the abuser into trouble. I have encountered this situation many times whereby the older person will not take the matter further for fear of the repercussions to them. If an outside party, such as their care provider, was able to make a report of abuse, it may result in the community being aware that someone other than victim can report abuse and prevent further abuse.'
>
> - Survey respondent

The case study of 'James' below provides insights into the emotional motivations of one older man who experienced serious financial and psychological abuse previously unimaginable to his younger self, having accumulated sufficient wealth by the time he retired to plan to live out his life in comfort. This abuse ultimately resulted in the loss of his home and assets, great emotional distress, declining health, and eventually, untimely death under circumstances of poverty. Despite these distressing changes in his personal circumstances, he decides not to report the abuse and pursue legal remedies. This decision is largely informed by his love for his grandson (the perpetrator), his pride in his family, and his hopes for a better future if his abuser can be helped to address the substance abuse that is the root cause of his behaviours. Issue #7 Perpetrator concerns presents a discussion of holistic and therapeutic intervention models that may be more acceptable to victims of abuse, and therefore reduce fear of reporting.

[81] Dow et al., 2020.
[82] Ziminski Pickering & Rempusheski, 2017.

CASE STUDY: JAMES' STORY

This case study illustrates an older person's determination to protect a loved family member, even while experiencing serious abuse that impacts their health and personal circumstances. This can be a barrier to effective service responses and to an older person getting the help and support they need.

In 2016 James, a frail looking gentleman in his early 90s, lost his home and a significant amount of money because of the actions of a family member.

After his wife died in 2008, James grieved deeply and found his son, Alfie, and grandson, Adam to be a source of great support during this difficult time. The three became close. However, by late 2013, James noticed Adam and Alfie's relationship had changed, and they began arguing frequently. James stayed out of it, but Alfie and Adam eventually became estranged. During this period, James and Adam grew closer; Adam was in his last year of studying medicine and James was very proud of him. James and Alfie's relationship worsened when Alfie failed to repay a loan for the family business secured on James' home. The house had to be sold, raising $1.5 million, of which $750,000 was taken to pay business debts.

Adam invited James to move into his rented apartment until James found a new place to buy. James was grateful and wanted to help Adam, who had a large student debt. James loaned Adam $175,000, to be repaid once he had graduated and found a job. Adam suggested they buy a property together, putting pressure on James to move quickly. James was unsettled, he felt frail and vulnerable.

James didn't know how he came to provide his bank details to Adam. Adam used the computer to show James the property that he wanted to buy, then fired figures, dates and questions at James. It was done too quickly for James to process. James did not see Adam much over the next few weeks, but when he checked his account, he found $500,000 missing. James knew it had been Adam, but Adam had become increasingly difficult to see and talk to and wouldn't discuss the money. Adam couldn't sit or stand still and would talk over James and shout obscenities at him. When James confronted Adam about his drug use, Adam locked James out of the apartment. James encouraged Adam to seek help, but Adam became more intimidating and frightening. James' mood spiralled downward, and he was alone, anxious and didn't know what to do, or who to go to.

James realised he no longer had enough money to keep providing loans. He felt he'd let Adam down and was fearful of Adam's response. James firmly believed Adam was a good boy but was wary of his unpredictable nature. James needed help and contacted his friend Jemima to help him with Adam's problems.

Jemima made an appointment for him with the GP, but James said little about Adam in case it affected his grandson's future. The GP diagnosed James with depression, anxiety and anaemia and referred him for investigation into his weight loss and anaemia. Jemima also encouraged James to speak to the police or a solicitor about Adam. James chose not to because he did not want to disclose his family's shame, nor jeopardise Adam's career

CASE STUDY: JAMES' STORY

prospects. James moved to a holiday unit, little more than a shack, where he paid minimal rent and utilities. Jemima helped him contact Centrelink but found he was not entitled to the aged pension because he had gifted so much money to his son and grandson. He could only receive a hardship payment of just over $400 a fortnight. Although Jemima helped out, cooking batches of food, James struggled to pay for other food, medication, his mobile phone and the gas cylinders.

When James learned that Adam had tried to contact Jemima, waiting outside her home and threatening to take her to court, James became worried about Jemima's safety and decided to seek advice from a legal and advocacy service experienced in elder abuse issues.

James was clear that he did not want to go to court for either a VRO or to recover the lost funds, even if it adversely affected his Centrelink benefits. He believed Adam could still get his career back on track and James would not jeopardise that chance. Moreover, even if he pursued the matter against his grandson, considerable time had passed, and Adam had no assets from which James could recover the financial loss. James decided he could not live with the shame of pursuing his grandson, and believed a court action would be too taxing for him at his age.

As time went on, James' health declined. He found visiting the service offices ever more draining, but his increased hearing loss also made telephone consultations impractical. Despite lodging appeal letters on compassionate grounds to review his aged pension benefit eligibility, this did not alter anything for James. He remained ineligible for a full pension because he did not want to take legal action against his grandson to recover the money taken from his account and the unpaid loan.

By late 2016, James was in and out of hospital. In mid-2017 Jemima contacted the solicitor who had advised James to say that his health had deteriorated further. James needed to enter into permanent residential aged care, but due to only being eligible for hardship payments there was difficulty finding a placement for him.

James died not long after, having developed pneumonia. Throughout the whole process, James was encouraged to put his own best interests first, to engage with the police, to consider legal action, but James was unable to move past his feelings of family loyalty and shame. He continued to express his hope that Adam would change if he could just be given the right assistance.

4.4 Issue #2: Supporting older people to navigate complex matters

The second barrier to responding to the abuse of older people, selected by over half (55.7% of survey respondents) was insufficient support to help older people navigate complex matters.

A common theme that recurred in multiple focus groups and interviews was the complex and multi-dimensional nature of the issues faced by older people experiencing abuse. Chapter 5 will highlight the many sectors and agencies that may be required to address the various dimensions and the 'pinballing' between services that some older people experience.

Study participants further emphasised that even with the support of professionals, older people may still need to make decisions regarding complex administrative, health, lifestyle, and relationship matters. These decisions may require financial or legal literacy, the ability to understand medical interventions, and the skills to negotiate difficult interpersonal relationships.

There are systems in place to ensure that older people who need a delegated decision-maker can access support, for example through a public administrator. Study participants reported cases where this type of support worked well, for example in the case study of 'Marija' presented in Chapter 6.

A key finding is that while some services do exist for people whose decision-making ability is in doubt, study participants emphasised the acute need for more advocacy services to support older people to address complex relationships and difficult situations in their personal lives.

> 'I'm meeting with a family this afternoon, husband and wife, the wife's gone into care, the husband's at home alone and he's fallen into pieces. He doesn't know what to do with himself, he has borderline capacity, and the three kids are completely not available to him…I mean, obviously you get financial advice, you get legal advice, but they ultimately need someone to stand by them and help them make big decisions. I mean, if you go into aged care there's big financial decisions to be made so people need help and there's - it's hard to know where to go for that sort of thing.'
>
> - Financial sector professional

Current models often require an older person to advocate on their own behalf, and navigate services to improve their complex situations. Study participants report that this is unrealistic in many instances due to:

- the limited ability of some older people to manage complex matters and to plan strategies that require coordination and difficult paperwork. In some cases, these may be personal characteristics that have existed throughout their life course but are exacerbated in older age
- self-referral or the identification of abuse occurring at time of crisis when an older person is less able to understand complex matters and make decisions. Such times of crisis might be when an older person is hospitalised and very unwell, perhaps delirious and experiencing fluctuating capacity, or when an older person is

experiencing extreme financial hardship, perhaps facing eviction, interruption to essential services or extreme food insecurity and therefore seeking help to manage symptoms of abuse
- further complication of matters by being embedded in difficult relationships with long histories, and particularly in relationships of high physical or emotional dependency or co-habitation.

Study participants similarly reported that service delivery constraints may prevent professionals adequately responding to cases of abuse that they encounter. The examples that were given include:

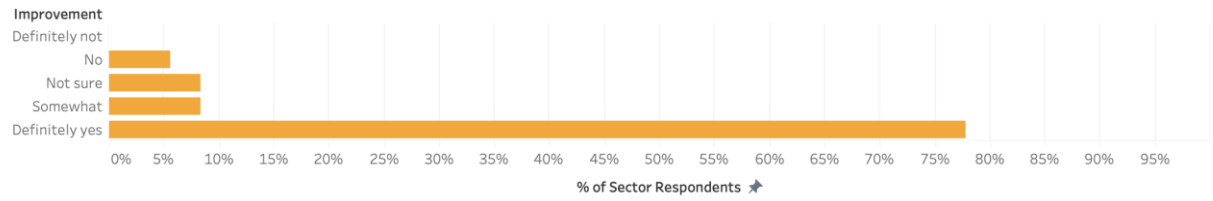
- Short appointments of typically 30-60 minutes in length in a majority of Community Legal Centres are insufficient to support some clients who do not have the skills to follow through on the legal advice they have been given. Study participants report older clients returning for multiple appointments, sometimes over the course of many months, without having acted on the advice in the intervening period.
- A social worker in a hospital may identify someone in need of help, but the pressure to discharge, and to free up beds means that it is difficult to justify social concerns that perhaps warrant a later discharge while other professionals are consulted. In addition, without ongoing support from an advocate, such as a community social worker, there is a risk the same person will present with the same problem in the future.
- A frontline police officer or a family violence officer may identify an older person as needing help from other services. However, if the pathway to securing the support and the advocacy that they need is unclear then there is very little that officers can do given their organisational remit is to ensure immediate safety and short-term interventions.

Solutions proposed by study participants include more advocacy services for older people. Figures 4.4.1 – 4.4.9 illustrate that 80.9% of survey respondents across all sectors feel that client advocacy services need to be improved. Appropriate models could include multiple sustained interventions that recognise that the process of making changes and enacting informed decisions on complex matters can be slow and iterative.

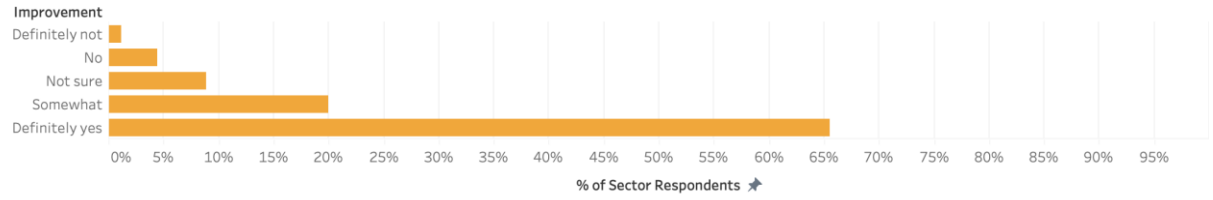
As one experienced advocate explained, ‘People don’t need to know the next ten steps, they need to know one step, or maybe two, and then see where they are at’.

Survey question: Thinking about the following resources, procedures and services currently available to support responses to abuse, do they need to be improved? – **Client Advocacy**

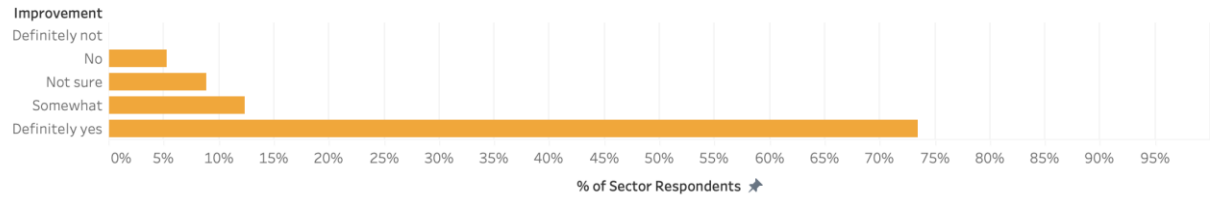
Advocacy, Counselling and Mediation, n=39



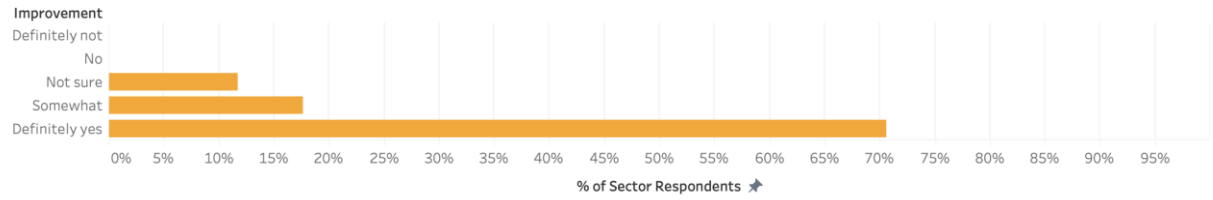
Aged Care, n=86



Community Organisations, n=113



Financial Services, n=17



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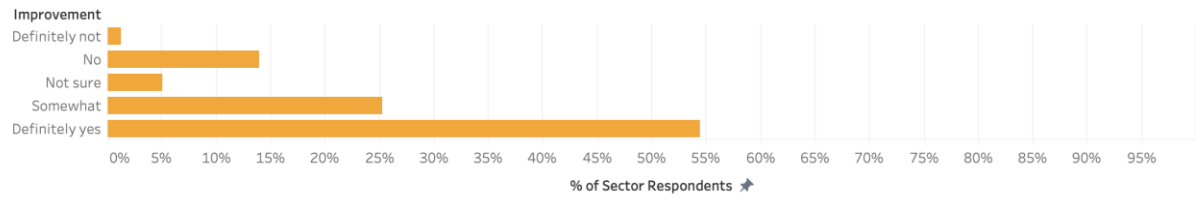
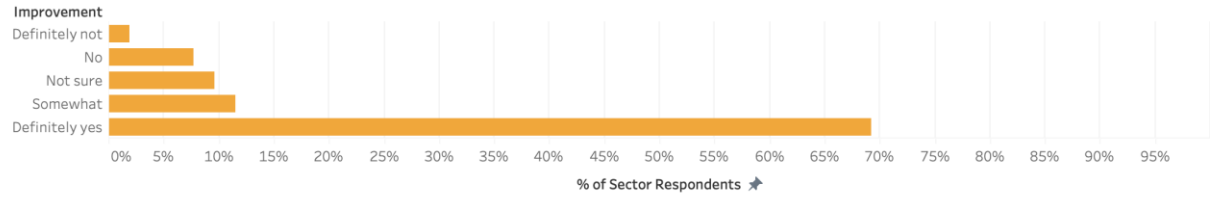
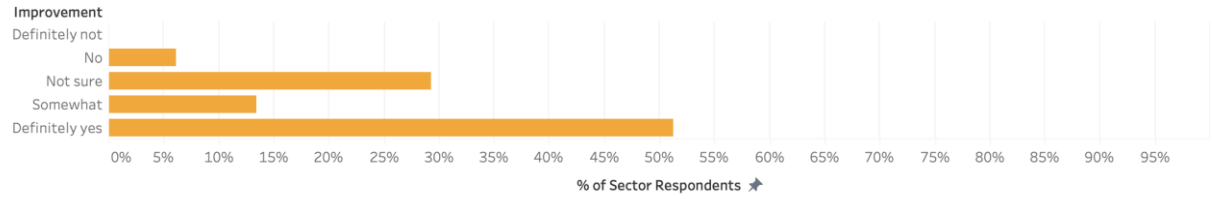


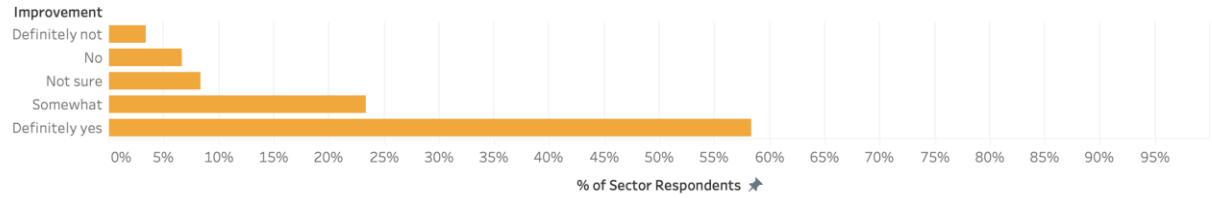
Legal Services, n=52



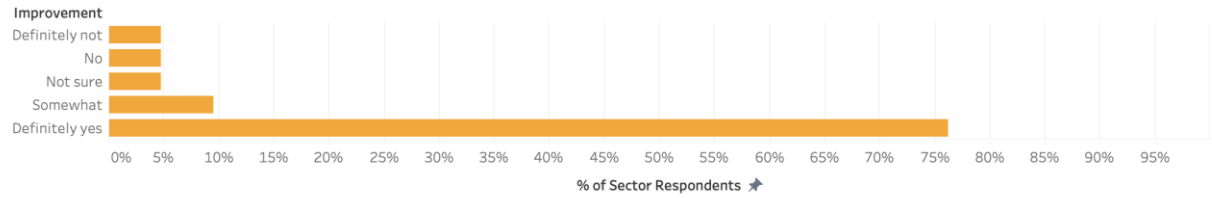
Local Government, n=83



Police, n=61



State Government, n=21



'It is very important to actually spend a lot of time educating that individual on how they can change things for the better for themselves. When we see people there is often a series or a pattern of events, it is often around a health problem or complex relationships. There is bereavement, or huge life changes have taken place for that individual and people don't make the best life decisions when they're in a period of crises.

It takes a long time to work with someone to try and establish what they want, and to address their expectations as well…There are so many factors that are in play. There are experiences from professionals and certain organisations that mean they may not want to deal with certain things. They may not want to go down the route that potentially gets their adult child, or family member, into trouble, although they want to change things, they want to resolve things.

It takes a long time to get people to any kind of a resolution that they may be comfortable or at peace with. For some people that never happens. So there is a lot of work that goes on.'

- Advocate

The composite case study of 'Augustine' and 'Emily' below illustrates the kind of complex matters that may require navigation. Augustine and Emily are very frail, already receiving home care services and a lot of medical and health support even before they realise that they have been subject to financial abuse. Once the abuse comes to light, threatening them with homelessness, their service needs increase as they need legal advice and the support of an advocate who can help them understand how to engage with the requirements of their mortgage provider. There are no 'quick fixes' and the process takes four years, but ultimately results in them being able to remain living independently in their own home.

As this case study illustrates, advocacy and case management services can result in significantly improved outcomes. However, these outcomes depend upon advocacy services being available and accessible, which can vary according to location. One study participant working in the Peel region, for example, noted that having the support of Peel Senior Relationship Service (during the period of the service trial funded under the National Plan) had been a 'game changer' for clients who were perceived to have been previously bouncing between health and legal services, unable to effectively address their difficult circumstances.

Effective service responses are designed to support older people to make decisions and navigate complex matters that may improve their situation and reduce the risk of abuse.

CASE STUDY: AUGUSTINE AND EMILY'S STORY

This case study illustrates the long period of time, up to several years, that an older client may need the support of an advocate as they work to resolve a complex matter. During this time, they may require services from multiple sectors. This example involves healthcare, aged care, legal services, and retail banking.

Eighty-year-old Augustine and his seventy-six-year-old wife, Emily, are a frail older couple who receive an aged pension benefit, they live frugally and within their means. Their social connections are limited to their care provider and a couple of distant relatives.

Augustine received a letter from the bank telling him that they would force a sale if arrears were not paid to their outstanding home loan. Augustine was shocked. He tried to contact the bank but couldn't navigate the automated telephone system. Augustine's anxiety escalated over the next few days and when he experienced an episode of chest pain he was taken by ambulance to hospital. A service provider visited Augustine in hospital and the extent of his worries become evident as he disclosed what had happened.

Augustine and Emily had few visitors and no family, having lost both their children in an accident as teenagers. One of their few visitors was Mason, a divorced school friend of their deceased oldest son. Living locally, Mason would check in on Augustine and Emily and offer to do odd jobs for them.

During one visit Augustine and Emily introduced Mason to their neighbour, Helena, with whom they were also close. Mason started spending time at Helena's and it wasn't long before Helena and her girls were invited to move into Mason's house with him. Augustine thought that Mason worked in property or in banking but was never quite sure. Mason was very knowledgeable about banking, insurance, and financial matters. Over the years Mason had helped Augustine and Emily to renegotiate their home loan deals with the bank. He had been invited to celebrate with them when they had completed their final home loan payment, which was why Augustine couldn't understand why the bank insisted that there was a default on their home loan as they didn't have one.

Augustine and Emily needed advice and attended legal and advocacy appointments facilitated through their care provider. They were supported in responding to the bank and in obtaining documents and information, but they were unable to locate their certificate of title for their property or any old mortgage papers. They thought they might have been lost some years earlier.

When a response was received from the bank, documents showed that Mason had used equity from Augustine and Emily's home to obtain funds for a business venture. Many years ago, Mason had asked Augustine and Emily to sign something when he was helping them to sort out their paperwork. Now Augustine and Emily's certificate of title had Mason's name on it, not just theirs.

CASE STUDY: AUGUSTINE AND EMILY'S STORY

An internal investigation by the bank identified that some of the signatures on the home loan contract were forged. Mason's ex-wife who had worked at the bank, was the employee who had arranged the home loan. They had intended to repay the money before they were found out, initially hoping that Augustine and Emily's health would significantly deteriorate, and the property would be Mason's to sell. Eventually Augustine and Emily, through extensive legal support, were returned to their original position of being debt free, and the certificate of title was once again placed in their name. The bank continued pursuing Mason and his ex-wife.

The investigation by the bank took several years. During this time Augustine and Emily needed support from health, social, advocacy and legal services. They became increasingly frail, needing more support from their home care provider and GP. They were further socially isolated, having lost contact with both Helena and Mason as a result of these events. Augustine remained angry about what had happened, and occasionally when he talked about his experiences, would sometimes require hospital admission due to chest pain and anxiety. However, he and Emily were relieved they were able to remain in their home and receive the care and support they need.

4.5 Issue #3: Intersections between responses to family violence and the abuse of older people

A barrier selected by almost half of the survey respondents (47.9 %) was that abuse of older people is not recognised or embedded in existing family violence responses. Several focus group participants similarly observed that responses to family and domestic violence are well developed in Western Australia, and that there may be ways existing resources could be extended or adapted to respond to the abuse of older people.

The WA Family and Domestic Violence Common Risk Assessment and Risk Management Framework (CRARMF) defines family and domestic violence as:

> Family and domestic violence is the intentional and systematic use of violence and abuse to create fear and to control the victim's behaviour. Multiple forms of abuse characterise the experience resulting in physical, sexual and/or psychological damage, forced social isolation, economic deprivation, or behaviour which causes the victim to 'live in fear.'

Elements of this definition align with the WHO definition of abuse of older people that is used in the Elder Abuse Strategy. Some Western Australian agencies, including the WA Police Force, consider elder abuse to be a form of family violence. Following the recommendation of the Select Committee, Department of Communities is the lead agency tasked with coordinating responses to elder abuse[83]. Some study participants proposed that a closer alignment of the elder abuse and family violence portfolios within the Department of Communities could support the development of coordinated responses that build on existing resources, avoiding unnecessary duplication. Existing responses, resources and models that were identified by study participants as potentially having application where the victim is an older person experiencing abuse include:

- Family and Domestic Violence Coordinated Response Services (CRS)[84]
    - CRS are FRV response partnerships between Department of Communities CPFS, WA Police Force and specialist family and domestic violence services.

- Multi-agency case management (MACM) [85]
    - MACM is an integrated, interagency approach to supporting people, including children and adults, at high risk of serious injury, harm or death due to family and domestic violence
    - it is one dimension of a CRS response
    - the aims of MACM are to: determine whether the perpetrator poses a significant risk to the victim; jointly construct and implement a multi-agency safety plan that includes risk management, professional support for the child and adult victim and strategies to improve safety; support a criminal justice system response to perpetrators; reduce repeat victimisation; reduce re-

[83] Legislative Council, 2018. Finding 26, p.54.

[84] https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/FDVRT%20Operational%20Procedures.pdf

[85] https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Pages/MultiagencyCaseManagement.aspx

offending by the perpetrator; improve agency accountability; and improve support for staff involved in high risk cases of domestic violence. While consent from adult victims is sought, MACM may be convened with or without the victim's consent. Many participants suggested the MACM model could be extended to encompass older people experiencing abuse, particularly in circumstances where information sharing consent has not been granted, but there is reason to believe the older person does not fully understand the risks of not addressing the abusive behaviours they are experiencing, or where an older person is believed to be subject to undue influence.

- One Stop Hubs[86]
    - the Hubs model is designed to make it easier for FDV victims by providing a range of services in one location
    - relevant services may include health and mental health, alcohol and drug, housing, legal, financial, counselling, parent-support, and off-site support service for men
    - two Hubs are currently operating in Western Australia, one in Mirrabooka and one in Kalgoorlie.

However, there are also drawbacks and risks in developing responses to the abuse of older people that are embedded only or primarily in family violence responses. Several issues were raised during focus group discussions:

1) Family violence service provision has a strongly gendered lens, as most intimate partner violence is perpetrated by men, and the root cause of this violence is widely understood to be related to the status of women in society and to issues of power and control.[87] The WA Family and Domestic Violence Common Risk Assessment and Risk Management Framework (CRARMF) considers FDV to be a gendered crime as 95% of victims are female and 90% of perpetrators are male.[88] In contrast, the Victorian elder abuse helpline data shows that, while older women are more likely to be victims of abuse than older men, women and men are equally likely to perpetrate abuse.[89] National Prevalence Study findings show that a higher percentage of women than men report experiencing abuse (15.9% cf. 13.6%).[90] Despite these differences, the abuse of older people does not have such strongly gendered dimensions as FDV.[91] and that prevention activities from family violence responses, particularly those

[86] https://www.wa.gov.au/organisation/department-of-communities/one-stop-hubs
[87] Joosten et al., 2017.
[88] https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/FDVRT%20Operational%20Procedures.pdf
[89] In Victoria, 72% of people seeking advice are women and 28% are male. Among perpetrators, 46% are women and 54% are male (Joosten et al. 2020, p.11, p.22).
In Queensland, 67.7% of victims are women and 32.4% are men. Among perpetrators, 47.1% are women and 52.7% are male (EAPU 2020, p.18, p.30).
[90] Qu et al., 2021, p.55. Findings show that women are more likely to report psychological abuse, neglect and sexual abuse. Men are more likely to report physical abuse. Reports of financial abuse are similar between men and women.
[91] Penhale, 2008.

highlighting gender equality and the drivers for male perpetrators, are therefore not always a 'comfortable fit for addressing elder abuse.[92]

2) Family violence resources are oriented towards supporting women who have experienced abuse. These resources (for example, refuge beds) typically may not be accessed by older men. Study participants working in women's refuges in Perth and the regions noted that they knew of few similar resources that might be used to support male victims of abuse. Any attempt to embed elder abuse in family violence responses needs to consider a) the needs of older men, and b) the appropriateness of FDV perpetrator programs that focus on gendered abuse.

3) Family violence screening tools may not be effective for some types of abuse experienced by older people. Screening and risk assessment tools under the CRARMF[93] are framed with reference to intimate partner violence. While some elements, such as perpetrator risk factors, might be readily adapted to elder abuse, others are less suitable. There are existing resources in Western Australia that could be integrated into service responses to elder abuse.[94] More extensive resources have been developed in other jurisdictions, such as the California Undue Influence Screening Tool (CUIST).[95]

4) Although older people may be abused by intimate partners, the abuse of older people more commonly involves parent-child relationships. The dynamics of these relationships are different to gender-based intimate partner violence and, as noted above, can be a barrier to disclosing abuse and taking action against it.

'When a bed becomes available, we'll open it up and we get a number of referrals and we have this awful job of deciding who's more high risk and who gets the bed. Unfortunately, if there is an older person who needs the bed, as opposed to a single mum who's got a newborn, unfortunately we would go with the mum and I guess that really kind of presents a barrier where there isn't refuge accommodation for specifically older people and if anything, they're probably more vulnerable because they may not know how to access things because it is often online.'

- Refuge Manager

5) Family violence resources, in particular crisis accommodation, may be unsuitable for older people with mobility issues, and/or have allocation protocols that prioritise the needs of younger women with children.

6) Categorising abuse of an older person as a form of family violence implies that it is a form of abuse that occurs only in the context of family and family-like relationships. This detracts from the reality that it also occurs in the context of care and health services and is in part is the result of the society-wide ageism and discrimination faced by older people.[96]

[92] Joosten et al., 2020, p. 6.
[93]https://www.wa.gov.au/government/document-collections/western-australian-family-and-domestic-violence-common-risk-assessment-and-risk-management-framework
[94]An example the WACHS Fact Sheet 2: Guide to assessing risk for the older person.
[95] Quinn et al., 2017.
[96] Joosten et al., 2017; Harbison et al., 2012.

4.6 Issue #4: Lack of awareness about the abuse of older people

Low public awareness was the fourth most commonly selected barrier for survey respondents (42.7%). Focus group and interview participants similarly highlighted the limited understanding of abuse that they perceive exists in the wider community. Study participants frequently shared their views on the importance of a sustained public information campaign targeting audiences of all ages that can, over time, lead to attitudinal change throughout society. Comparisons with family violence were frequently invoked, noting the significant cultural change that has occurred in relation to the abuse of children and intimate partners over the past decade as a result of increased media coverage and political support.

Data from other survey questions similarly supports the finding that study participants perceive there is limited knowledge and awareness about abuse of older people among the general public, older people, family members, carers, and volunteers. Professionals are generally considered by survey respondents to have a higher level of knowledge, understanding and awareness, but this varies by sector.

Figures 4.6.1 – 4.6.5 illustrate how much knowledge and awareness survey respondents perceive various cohorts of people have. The general public are considered the least well informed, with 83.9% having 'a limited amount' of knowledge (71.3%) or 'none at all' (12.6%). However, critical cohorts, including older people, and their informal caregivers are not considered to have significantly higher levels of knowledge and awareness. Survey respondents reported older people and their families or informal caregivers typically have 'a limited amount' of knowledge (54.8% and 57.3% respectively) or 'none at all' (9.9% and 6.3%).

People working with older people are generally considered to be well informed, with 75.8% having 'a great deal' (35.2%) or 'a reasonable amount' (40.6%) of knowledge, while volunteers are understood to have some knowledge but are less well informed than staff (only 58.1% were considered to have a similar amount of knowledge).

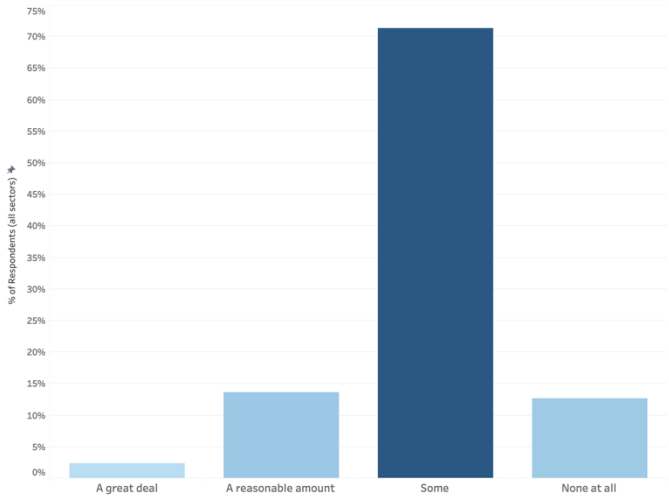
These findings support the need for more and better training, education and awareness raising for all of these cohorts.

In response to the survey question that asked respondents to propose measures that would reduce the abuse of older people, the most common recommendations relate to education and awareness raising. Appendix I contains all of the recommendations proposed by survey respondents, grouped thematically. The main themes relevant to this section are:

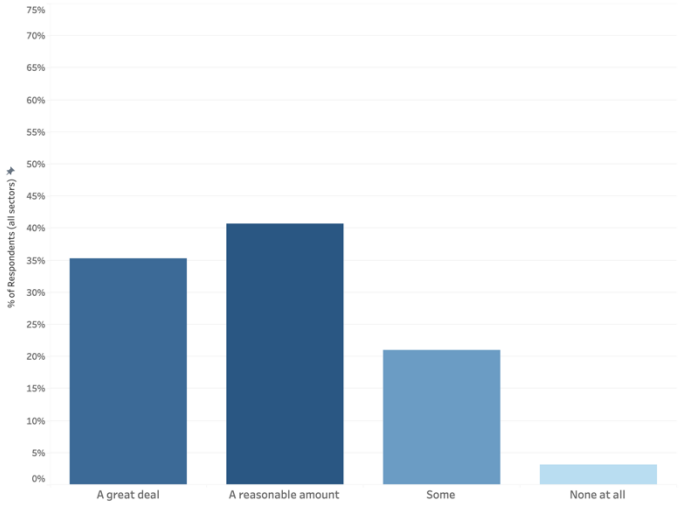
- public awareness and education (recommended by 145 respondents)
- education and awareness for older people (recommended by 48 respondents)
- family and carers education and awareness (recommended by 16 respondents)
- professional education and awareness (recommended by 21 respondents).

Survey responses: In your opinion, how much knowledge and awareness do the following groups have about the abuse of older people?

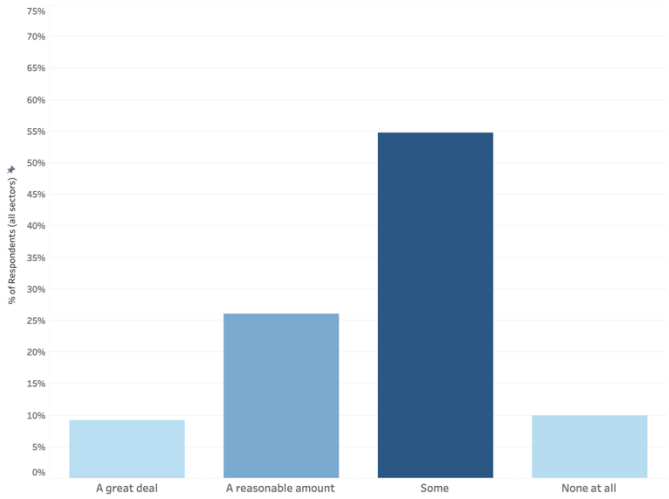
General public, n=579



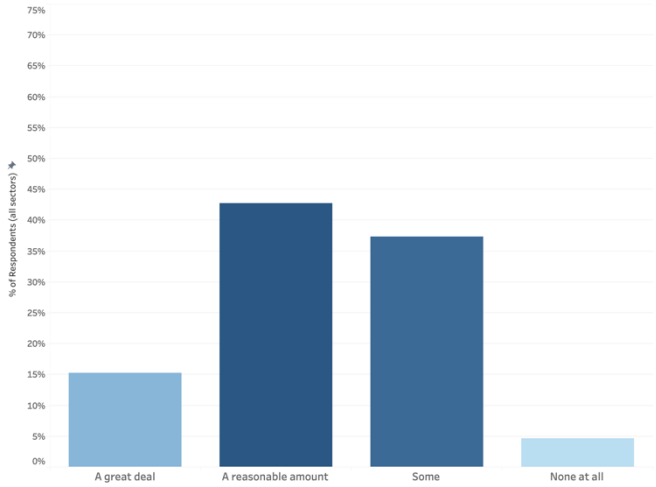
Staff in your sector, n=576



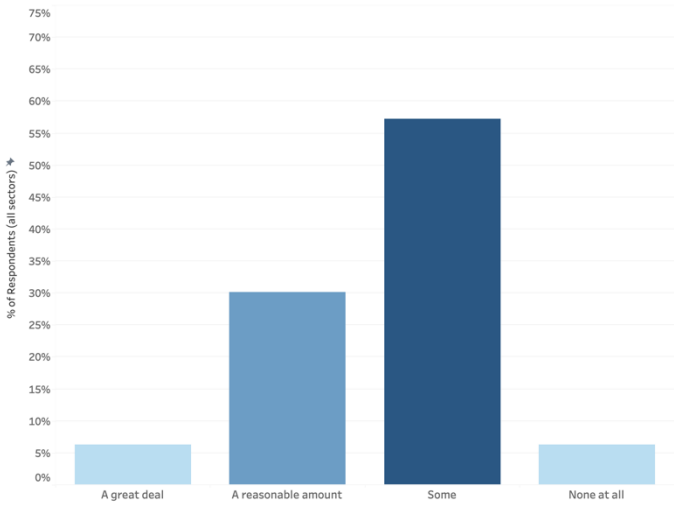
Older people, n=575



Volunteers in your sector, n=563



Family/informal caregivers, n=576



However, while public awareness of abuse is an important first step towards identifying abusive situations and reducing the incidence of abuse, study participants warned that it is insufficient to advise the public or professionals what to look for without also providing clear reporting pathways (as addressed under Issue #5).

An increase in public awareness has been shown to lead to increased identification and increased reporting of abuse. For example, concurrent elder abuse awareness campaigns that were conducted in 2017 by the Queensland Law Society, the Australian Medical Association Queensland and the Queensland Government, resulted in a 62.6% increase in calls to the Queensland Elder Abuse Helpline during the period of these campaigns.[97] Similarly, analysts working for the Elder Abuse Prevention Unit in Queensland reported a clear correlation between public information sessions and professional training sessions delivered by their staff in particular geographic regions. with an uptick in calls to the helpline from those same regions.

Therefore, a public information campaign in planned and relevant agencies should concurrently prepare for an increase in reported cases and in turn an increased case management load resulting from higher levels of public awareness. This may include more calls to the Elder Abuse Helpline, including calls from third parties seeking advice, more calls to WA Police, potentially more cases being referred to the State Administrative Tribunal, and potentially increased demand for public guardianship.

To adequately anticipate the increased demand that will likely result from public awareness campaigns requires the State Government to simultaneously ensure that services are resourced and designed to deliver an integrated and coordinated response with clear processes for anyone wanting information or help, including third parties and professionals.

4.6.2 Training and education for professionals, volunteers and service managers

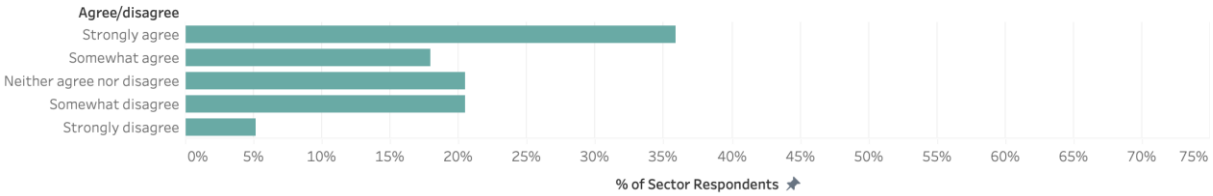
Study participants identified a need for more and better training to support people who encounter older people in the course of their daily work or volunteering to know how to identify and respond to cases of abuse. Figures 4.6.6 – 4.6.14 illustrate relevant survey findings. Fewer than half of survey respondents who are employed with or volunteering for local governments (28.6%), community organisations (37.2%), WA Police Force (45.9%) and financial services (47.1%) agreed that their work provides good education and training relating to the abuse of older people.

Across all sectors, 89% of survey respondents agreed that education and training need to be improved. Figures 4.6.15 – 4.6.23 clearly illustrate the strength of agreement on this point among professionals, service providers and volunteers throughout Western Australia.

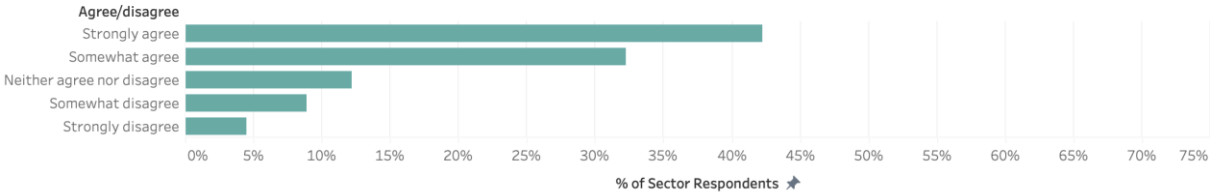
[97] Ross, 2019.

To what extent do you agree with the statement, my work provides good education and training relating to the abuse of older people.

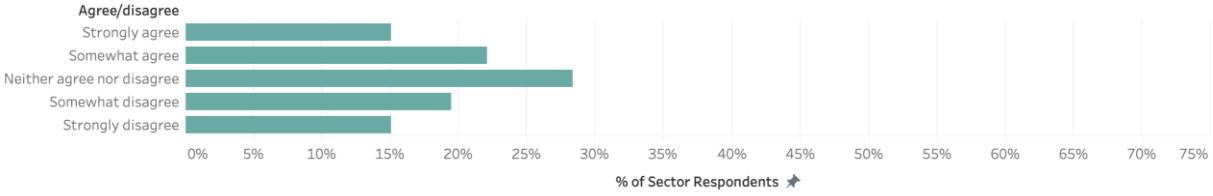
Advocacy, Counselling and Mediation, n=39



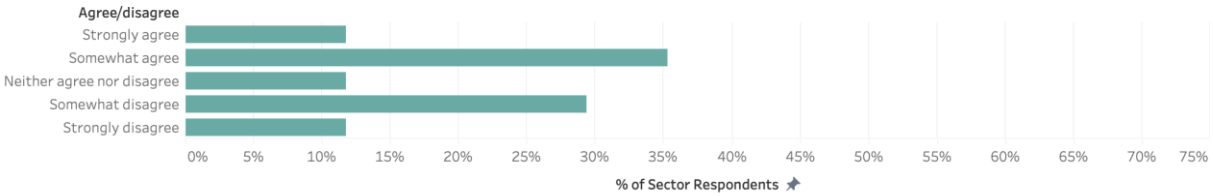
Aged Care, n=90



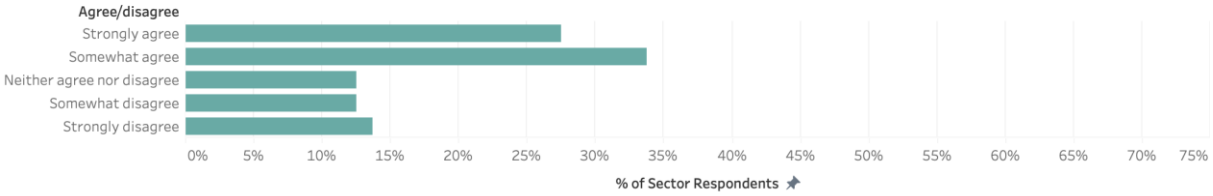
Community Organisations, n=113



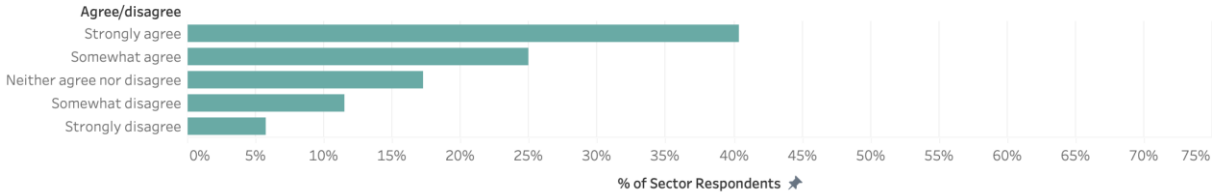
Financial Services, n=17



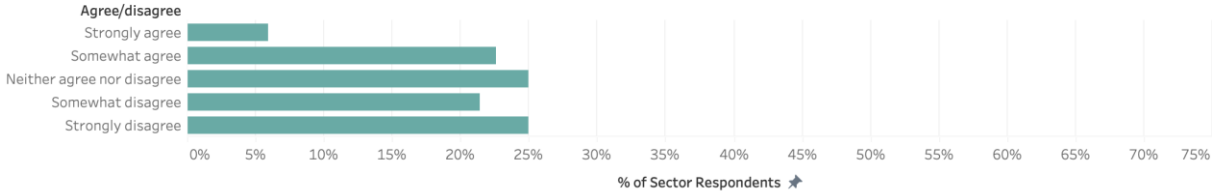
Health Care, n=80



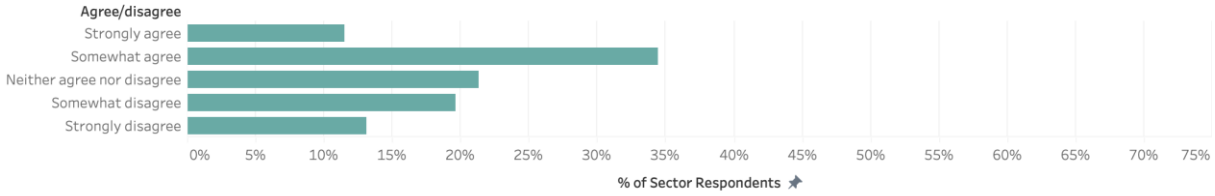
Legal Services, n=52



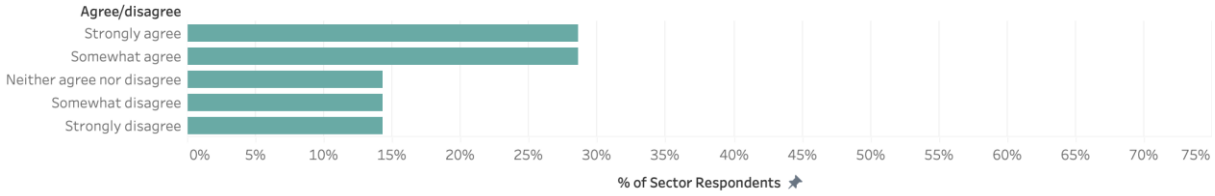
Local Government, n=84



Police, n=61

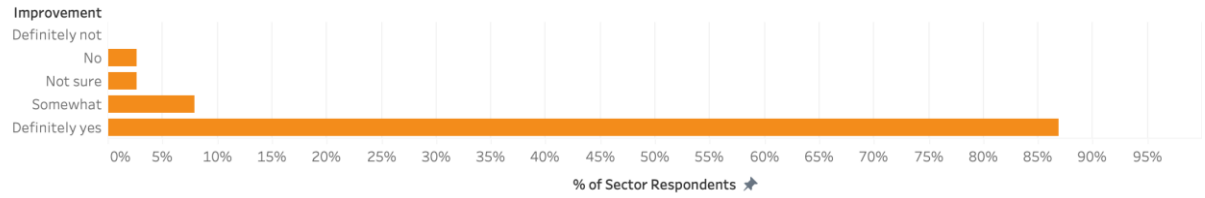


State Government Agency, n=21

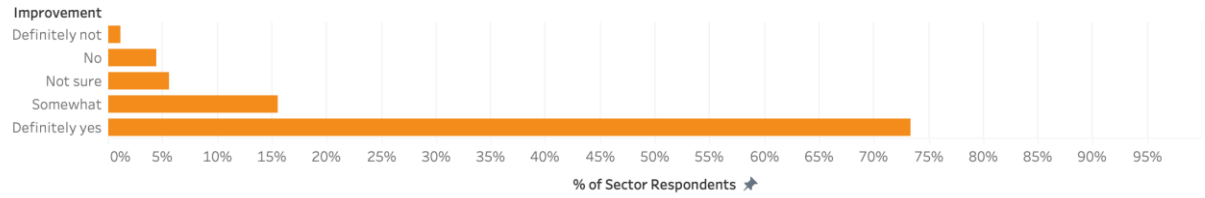


Thinking about the following resources, procedures and services currently available to support responses to abuse, do they need to be improved? (education and training about abuse of older people)

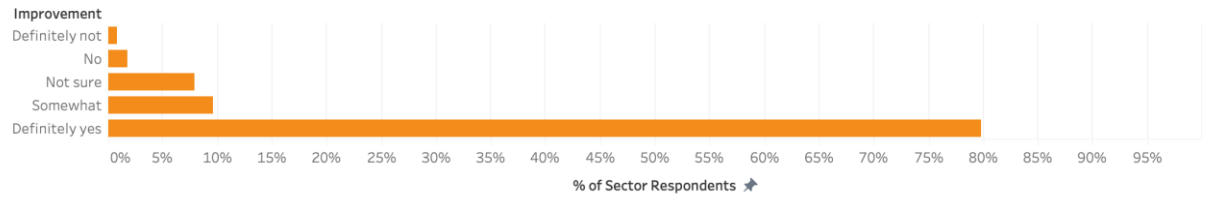
Advocacy, Counselling and Mediation, n=39



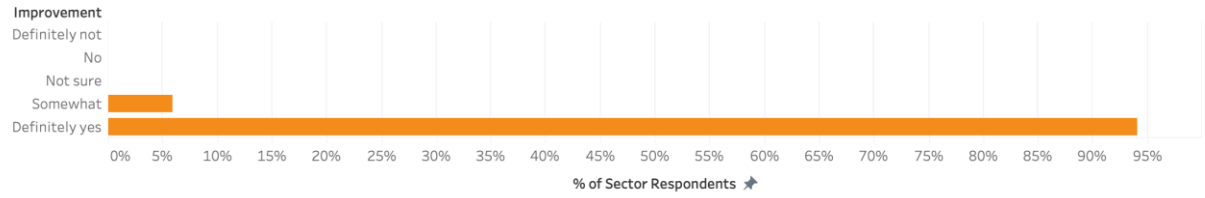
Aged Care, n=86



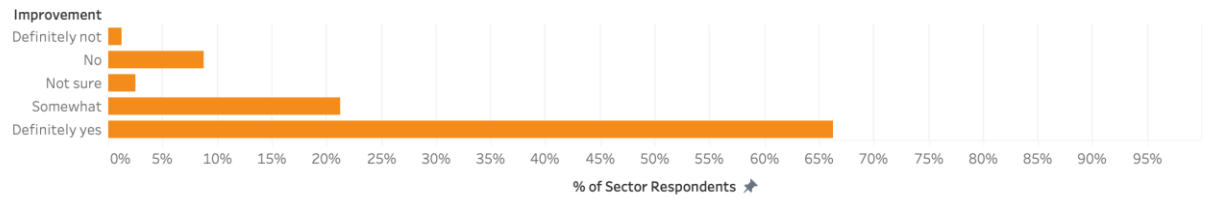
Community Organisation, n=113



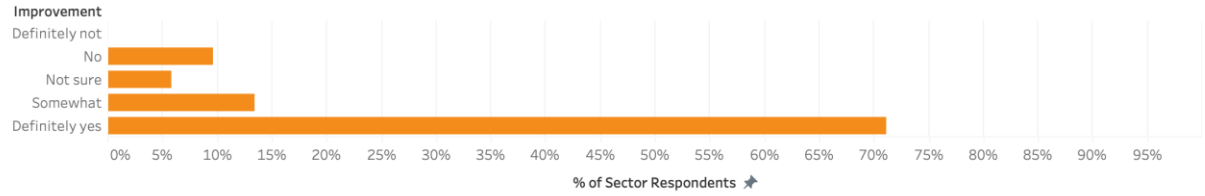
Financial Services, n=17



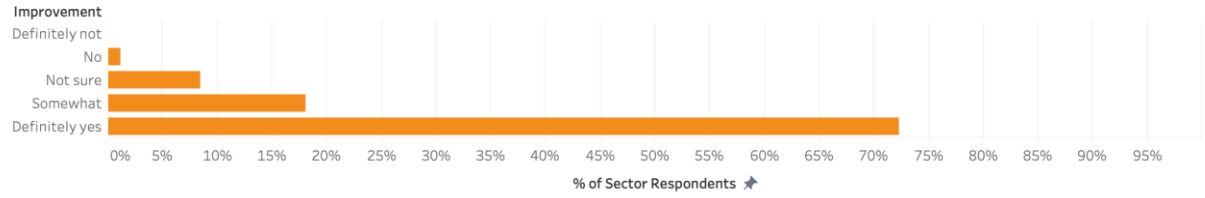
Healthcare, n=80



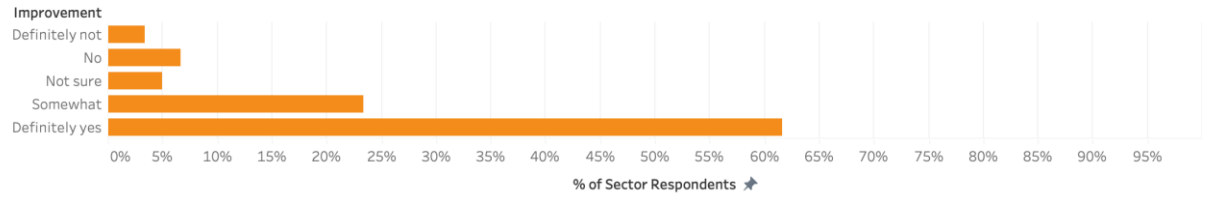
Legal Services, n=52



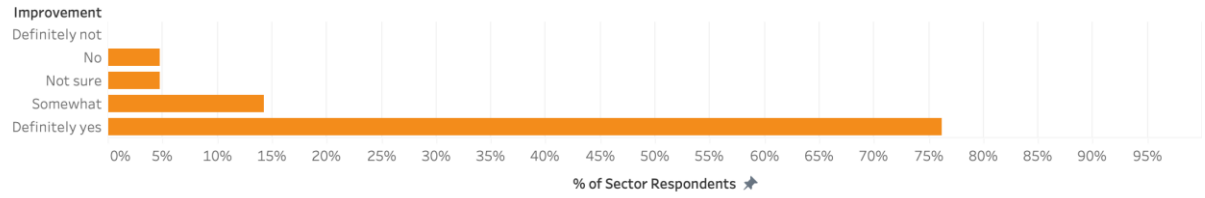
Local Government, n=83



Police, n=61



State Government, n=21



One finding of this study, is that while there are many resources available in Western Australia, some study participants report that they and their organisations do not know that these resources exist or do not know how to access them. Chapter 5 discusses available resources in more detail.

Some study participants, including those from community organisations and from aged care service providers, noted that they would like to educate their staff about the abuse of older people but did not have the financial capacity to develop their own resources or to pay for external trainers. Existing resources[98] could be more widely promoted to leverage existing resources tailored to Western Australian conditions.

However, many participants also observed that providing training to adequately address such a complex topic is not straightforward. This is particularly true for frontline staff and professionals working in fields where they need to have a reasonable level of knowledge across a great many subject areas (for example, GPs, generalist social workers, or frontline police officers).

As already noted, relationships between victims and perpetrators are complicated and frequently co-dependent. Both parties may be afraid or concerned about the consequences of engaging with service providers, while solutions to address the situation or at least improve it, may prove as complicated as the relationships they aim to support. Some study participants also noted that even with more training, frontline professionals and service providers (who have less experience with cases of abuse) may find it difficult to:

- effectively identify cases based on general information about 'warning signs' of abuse
- determine and enact an appropriate response that does not cause more harm and/or undermine the rights of the person experiencing abuse.

Other tools that could support professionals include:

- prescriptive screening tools[99]
- structured safety planning tools to guide conversations[100]
- peer support networks or similar mechanisms to seek advice from more experienced colleagues working in similar and/or related fields.

[98] WA-specific examples include the WACHS online training modules developed with funding from WAPHA https://www.wapha.org.au/health-professionals/older-people-online-learning-modules/ https://www.wapha.org.au/health-professionals/ageism-online-learning-module/

[99] Examples of screening tools currently in use in Western Australia are a) WACHS tool b)NSAF.

[100] For example, WA HealthPathways currently encourages GPs to use the Elder Abuse Help Sheet produced by Seniors Rights Victoria, https://www.eapu.com.au/uploads/EAPU_general_resources/VIC-Plan_for_your_safety_Help-Sheet-SRV.pdf

4.7 Issue #5: Unclear processes for reporting or referring cases

Almost one third (31.6%) of survey respondents identified a lack of clarity around reporting and referring cases of abuse of older people as a key barrier to responding. This was also a recurring theme in focus group discussions where study participants often expressed confusion and frustration at the challenges of trying to support older people within a complex service landscape.

Depending on their sector and role, participants variously identified both internal (within their workplace) and external (in comparison to another organisation) reporting as barriers to developing effective responses to the abuse of older people. Each of these types of reporting are addressed in turn below.

External and/or centralised reporting

As noted in the previous chapter, referral pathways between organisations are not always clear to professionals and service providers who work with older people and may encounter cases of abuse.

The only statutory reporting of abuse of older people occurs within aged care services under the Aged Care Quality and Safety Commission's Serious Incident Response Scheme, an initiative to reduce and prevent abuse or neglect in residential aged care services that is subsidised by the Australian Government.

There is currently no single overarching reporting framework in place in Western Australia where the abuse occurs outside of formal provision of aged care services.

Many participants in this study identified the lack of a single formal reporting structure as a 'major gap' in service that should be addressed to support a more integrated and coordinated service response. Because the service journey is inconsistent, with many different possible pathways through a complex service landscape, there are risks that reporting of abuse may be 'siloed' within a number of government and non-government agencies.

> 'We've had nowhere to report it. We're advised to ring, we're advised to tell the client to ring the Elder Abuse Hotline. But then we don't know what happens after that. So we're effectively on our own. We can talk to the hospital social worker, but they really only do inpatient care.
>
> Our experience with Advocare and the Elder Abuse Helpline is more geared toward the individual; it certainly is not an avenue we can use. We don't know what the process is for Advocare after we refer someone. It doesn't come back to us, so they probably just give advice and then advise them to seek us out again.'
>
> - Homecare Service Manager

Confusion around reporting abuse is also evident in some participants (mis)understanding of the role of the Elder Abuse Helpline operated by Advocare. This helpline is not a reporting service. It is funded by Department of Communities to provide information, advice and referrals to older people experiencing or at risk of abuse. However, these parameters of

service provision are not universally understood among other service providers in Western Australia. Many study participants referred to it as the 'Advocare hotline', while some expressed frustration that they had been unable to make a report of abuse through this number, and some said that they felt unsupported by this service, either because they were unable to discuss the case and possible interventions without their client present, or because they felt there was no ongoing liaison with the referring service provider once the client had been encouraged to call.

This gap between service expectation and service delivery is not a reflection on the quality of the service provided. Rather it indicates, firstly, that there are misunderstandings among service providers about what the Elder Abuse Helpline is intended to do, and secondly, it suggests that study participants working with older clients would like to be able to access a service where they can both report cases of suspected abuse and discuss individual cases with clients who are seeking advice from more experienced peers.

Internal reporting within organisations

Many Western Australian organisations have internal reporting procedures, but many do not. Figures 4.7.1 – 4.7.9 demonstrate that some sectors have clear organisational processes; most survey respondents in health services (71.3%), aged care (80.9%) and the police (81.9%) agreed that their organisations have clear reporting procedures to deal with cases of abuse of older people. Respondents working in other sectors, for example, community organisations (40.7%), financial services (47.1%), state government (52.4%), and local government (55.5%) disagreed that their organisations have clear reporting procedures.

However, even in sectors where survey respondents observed clear reporting procedures, they nonetheless felt that their internal reporting procedures needed to be improved. Figures 4.7.10 – 4.7.18 show that a clear majority of participants from all sectors agreed that internal reporting needed to be improved. This is true for participants working in advocacy, counselling and mediation (89.5%), aged care (75.3%), community organisations (77.9%), financial services (94.1%), healthcare (67.5%), legal services (71.2%), local government (66.3%), state government (66.3%) and the police (71.7%). Some participants in focus groups similarly indicated that they and/or their colleagues were unsure who they should report to, indicating the need for more standardised risk assessment and more clearly delineated responsibilities for service managers.

An example provided by study participants working in regional Western Australia suggests that a clear reporting framework that is oriented to action and outcomes for an older person may result in more cases being reported by professionals. Study participants working for the WA Country Health Service (WACHS) in the Southwest confirmed that the development of new training modules, fact sheets and screening tools, combined with a clear reporting framework and, importantly, staffing resources tasked with responding to reports received has resulted in more cases being referred to the central team.

Chapter 5 describes the development in health services policy that has occurred since the Department of Health introduced the 'Responding to the Abuse of Older People (Elder Abuse)' Policy in September 2019. This document, in conjunction with the 'Guidelines for Responding to Elder Abuse' informs the practices of the four Western Australian Health Service Providers.

'There is brilliant online training, and in the last 18 months people seem to have a lot more confidence in reporting, and knowing they are supported. Reports have come from all sides, we have social workers and nurses coming up to us saying, 'this is wrong'. … It is just amazing what a difference education and confidence can make.

[Researcher: Knowing that there is a system in place?]

Yeah, knowing that their reports are being taken seriously.'

- Specialist Social Worker

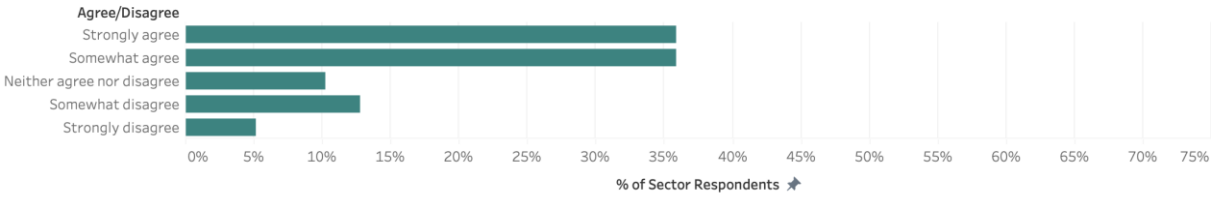
Study participants report that there have been variations in how the Responding to the Abuse of Older People (Elder Abuse) Policy has been implemented both between and within the WA Health Service Providers. WACHS have developed an extensive suite of resources to support staff in identifying and responding to abuse across the state. In the Southwest, there are social workers [101] within the Older Patient Initiative (OPI) team who are tasked with responding to cases of abuse reported to them by other WACHS staff. Participants reported that very few of the cases they deal with are statutory reportable offenses that have occurred within residential aged care. Rather, the majority of their work involves investigating and responding to cases of alleged abuse that occurs within the community and affecting older people living at home. Referrals to the team may come from anyone working in WACHS, but the majority of referrals come through hospital social workers and Aged Care Assessment Teams (ACAT). Some GPs in the Southwest are aware of this specialist response and, while the specialists within the OPI team cannot take direct referrals from GPs, some GPs may bring cases to the attention of this specialist responders through an ACAT referral.

An analysis of WACHS reporting data was not conducted as part of this study. However, qualitative findings from focus groups and interviews indicate that the number of cases reported to the specialist social workers in the OPI team has increased over the last two years, as more WACHS staff become familiar with relevant organisational resources. This suggests that this model may merit further attention to determine how it might be replicated in other settings and/or sectors.

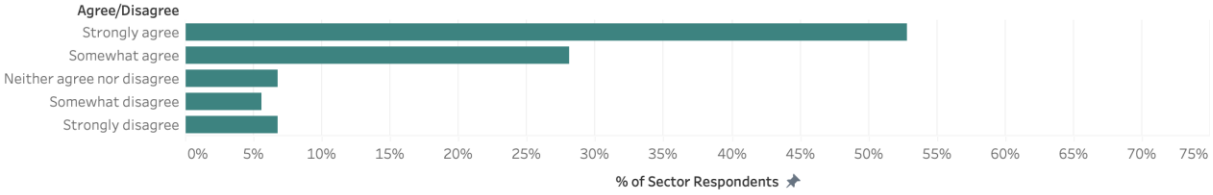
[101] 1.5 FTE at time of interview.

To what extent do you agree with this statement, my organisation has clear reporting procedures to deal with cases of abuse of older people?

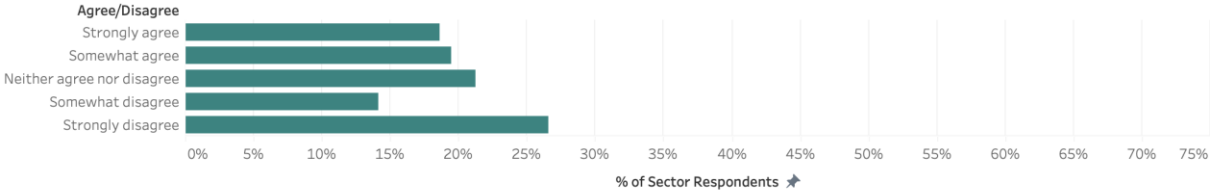
Advocacy, Counselling and Mediation, n=39



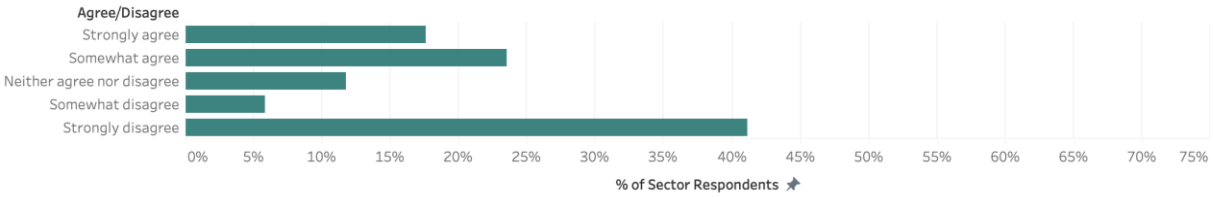
Aged Care, n=89



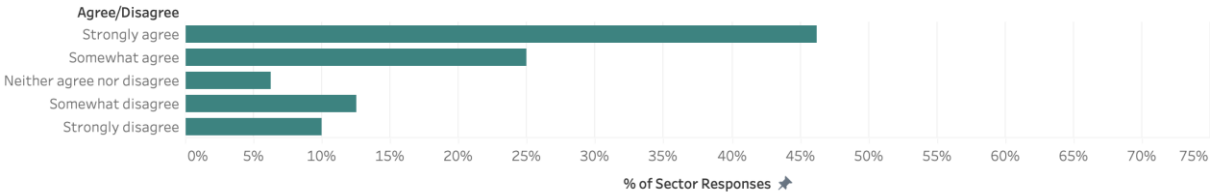
Community Organisations, n=113



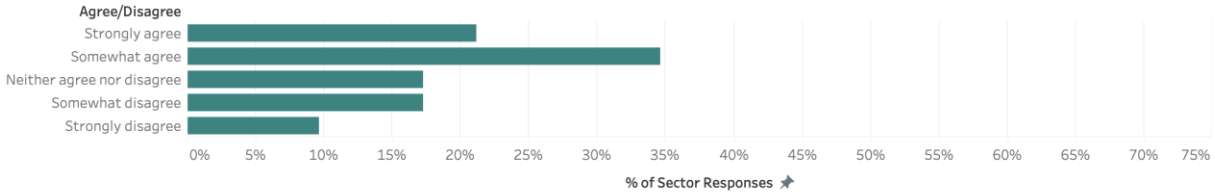
Financial Services, n=17



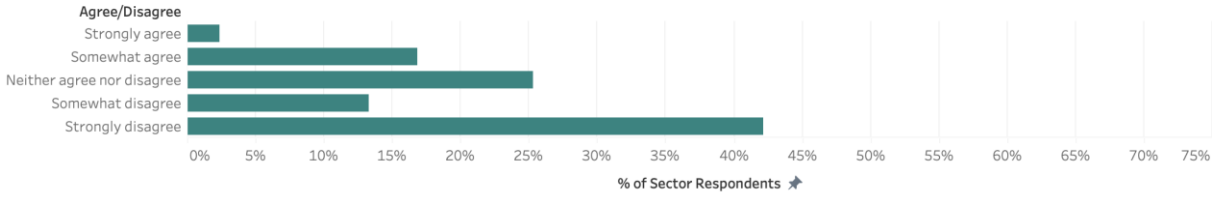
Healthcare, n=80



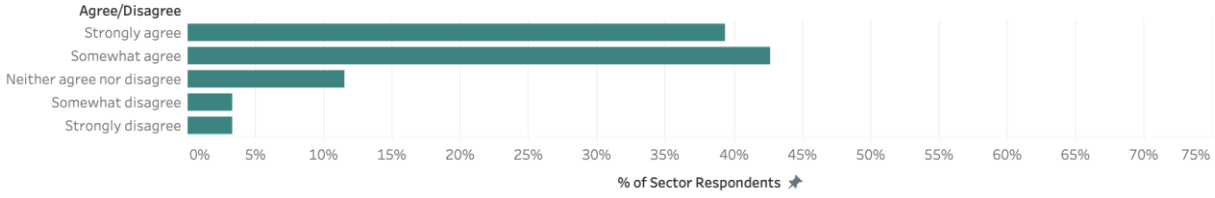
Legal Services, n=52



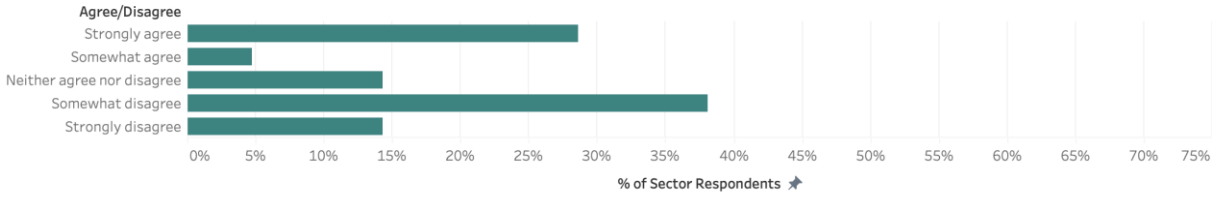
Local Government, n=83



Police, n=61

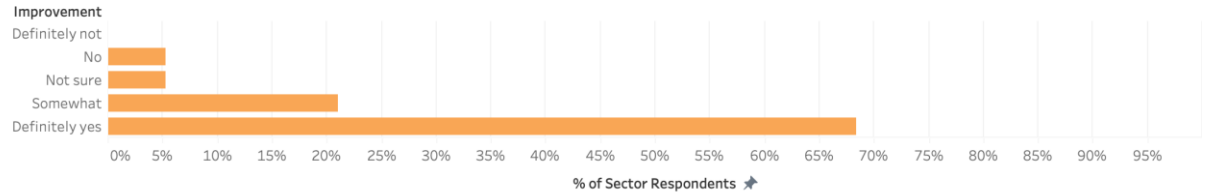


State Government, n=21

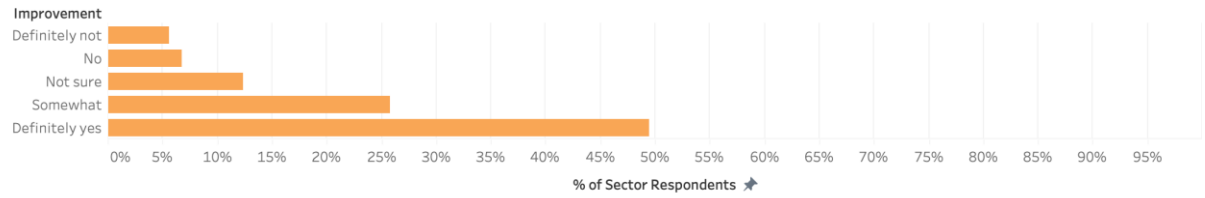


Thinking about the following resources, procedures and services currently available to support responses to abuse, do they need to be improved? – Internal reporting procedures

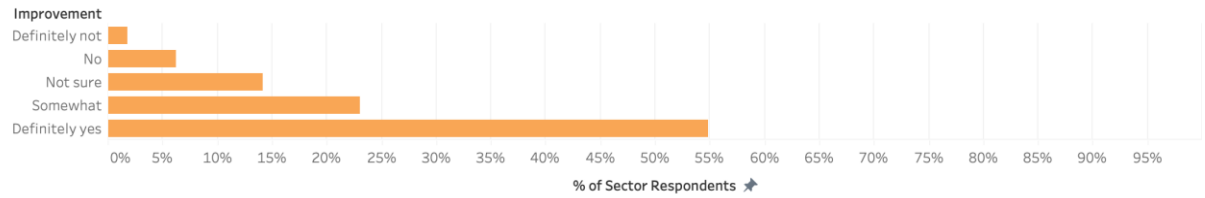
Advocacy, Counselling and Mediation, n=39



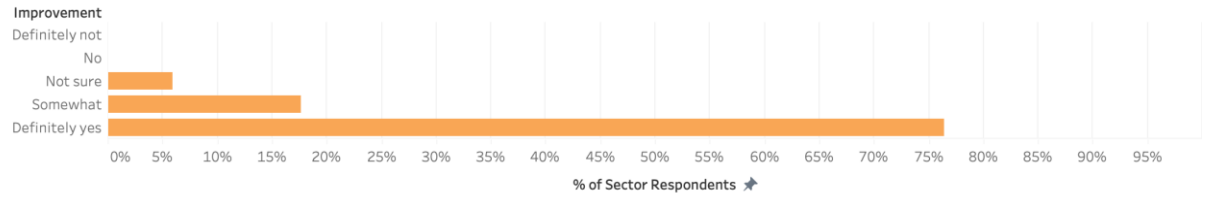
Aged Care, n=86



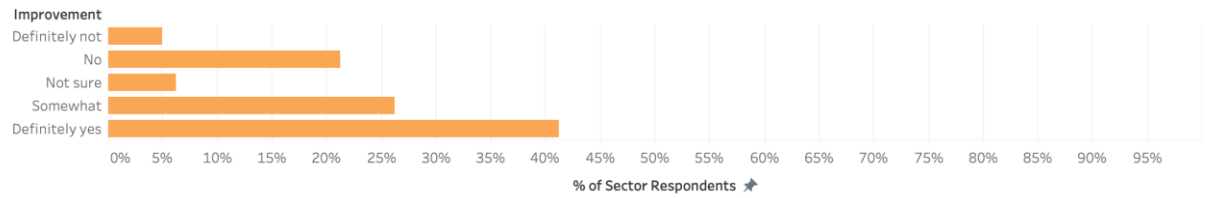
Community Organisation, n=113



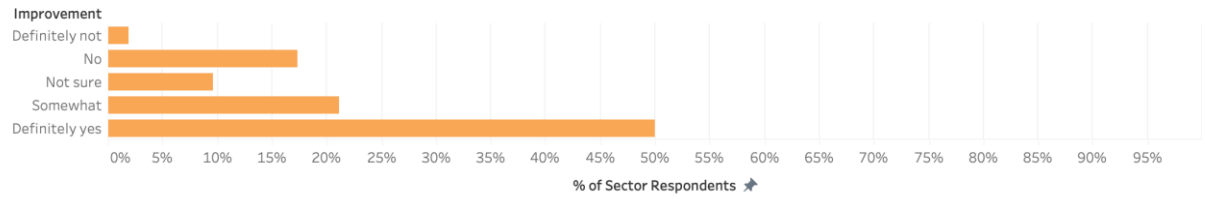
Financial Services, n=17



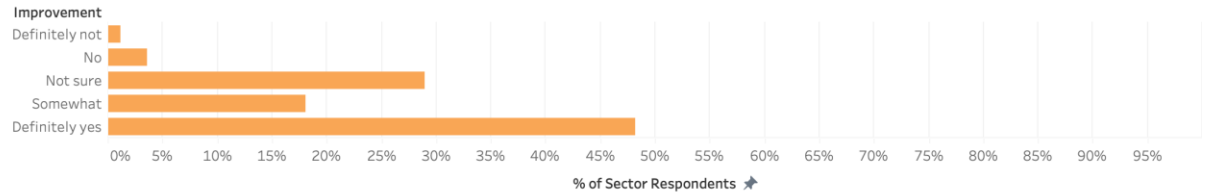
Healthcare, n=80



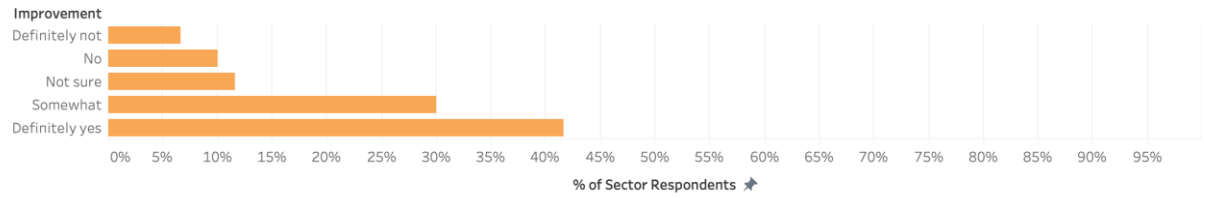
Legal Services, n=52



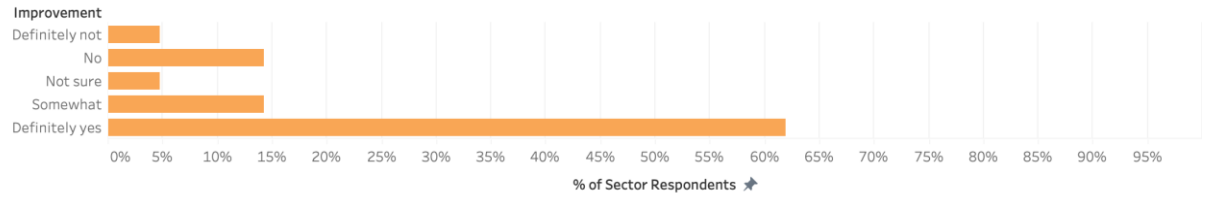
Local Government, n=83



Police, n=61



State Government, n=21



4.8 Issue #6: Ageism and disrespect for older people in society

Over one quarter (28.5%) of survey respondents identified ageism as a significant barrier in responding to the abuse of older people. The WHO defines ageism as 'the stereotypes, prejudice and discrimination directed towards others or oneself based on age.'[102] Ageism is recognised as one of the most prevalent forms of stereotyping, prejudice and discrimination and, as such, is a major public health and human rights issue. Institutional ageism is manifested in the provision of healthcare and social care, in workplace practices, in the media, and in legal systems.[103]

> 'I think, first and foremost, that ageism enables elder abuse, and that's something that we need to look at… ageism is probably the key issue because it's cultural and it's how we see older people and their rights and when their rights stop.'
>
> - Service Manager

While ageism can affect any age group, older people experience ageism more often than younger generations. [104] Recent research commissioned by the Australian Human Rights Commission found that Australians commonly ascribe to age-based stereotypes, perceiving older people to share negative traits and experiences that include rigidity, inflexibility, low attractiveness, unproductiveness, illness, asexuality, dependence, isolation, loneliness and difficulty adapting to new roles.[105]

A substantial body of research now demonstrates the impacts of both self and other-directed ageist attitudes. Such attitudes have been proven to shorten lifespan, increase morbidity and premature death, impair older people's cognitive and functional performance, result in poorer physical and mental health, increase feelings of distress and loneliness, and lead to the marginalisation of older adults and increased social isolation. [106]

Tackling ageism is therefore a new frontier in addressing the social determinants of health and supporting positive ageing outcomes. The costs of ageism are not only borne by individuals, but may also be quantified in economic terms, with significant implications for policy and service delivery. For example, a recent analysis of United States (US) healthcare spending on the eight most expensive health conditions affecting older people found that the cost of ageism was $63 billion annually, the equivalent of one in every seven dollars spent. Not only did ageism increase the costs of healthc are delivery, but it also contributed to increased prevalence of health conditions,[107] which may result in greater demand on other services, including aged care, and increased vulnerability to abuse. Ageist attitudes have impacts at the individual, institutional and societal level. [108] In every focus group, study

[102] WHO, 2021, pp.22-28.
[103] WHO, 2015; WHO, 2021.
[104] Ayalon, 2013.
[105] AHRC, 2021, p.163.
[106] Ayalon & Tesch-Römer, 2017; Allen, 2015; Levy et al., 2002; Lamont et al., 2015; Chang et al., 2020; Wurm & Benyamini 2014; McHugh, 2003; Krekula et al., 2018; Vitman et al., 2014.
[107] Levy et al., 2020.
[108] Ayalon & Tesch-Römer, 2017.

participants discussed ageism as the attitudinal backdrop that frames abuse of the older person.

Examples given by study participants of ageism at the individual level:

- Abusive behaviours were not recognised as such, particularly in cases of so-called 'inheritance impatience' where children assume the right to parents' assets and presume their needs are more pressing because of their life stage.
- Decision-making on behalf of older people that undermines their right to make their own choices was identified by some participants as a benign form of ageism that nonetheless may have harmful outcomes.
- Disempowerment among older people themselves and self-directed ageism as a barrier to enacting protective measures.

Examples given by study participants of ageism at the institutional level:

- Health professionals expecting decline and diminished capacity as a normal dimension of ageing; described by one participant as the 'what-do-you-expect-at-your-age-response'.
- A willingness among some organisations and professionals to assume 'lost capacity' and seek a diagnosis because that is considered 'easier' than supporting an older person to make decisions.
- Assumptions that an older person may be an 'unreliable witness'.

Examples given by study participants of ageism at the societal level:

- Juries being unwilling to convict because they do not perceive financial abuse of parents as a crime.
- Low awareness and limited interest in abuse, that may underpin limited support for more public investment in responding to abuse.
- Abuse of older people particularly financial abuse being considered 'insufficiently sensational' in capturing public imagination, despite the serious outcomes for health and wellbeing that can result.

Study participants noted attitudinal change in recent years and a far more developed sense of the dangers of ageism among professionals as a result of awareness raising activities that have occurred at the local, state, national and international levels.[109] However, attitudinal change is slow, leading study participants recommend long and sustained campaigns over many years, in line with that already demonstrated to impact other forms of discrimination, such as racism and sexism.

[109] Examples include WHO's 'Ageism through the Ages' campaign [https://www.decadeofhealthyageing.org/topics-initiatives/decade-action-areas/combatting-ageism], the Australia-wide 'Every Age Counts' campaign [https://www.everyagecounts.org.au/], the 'Life in Pictures' competition run by the WA government [https://www.mediastatements.wa.gov.au/Pages/McGowan/2017/07/Life-in-Pictures-winners-fight-ageism-with-film.aspx] and the local WA Wheatbelt Anti-Ageism Campaign 'Living the Life in Pingelly and Giving Ageism the Boot' [Baldassar et al., 2021].

4.9 Issue #7: Appropriate responses for perpetrators

This section reports on two of the barriers identified by survey respondents. 'Perpetrator concealment' was the seventh most commonly reported barrier as selected by 143 survey respondents. A further 70 respondents selected 'lack of resources to work with perpetrators' as a barrier to responding. There exists a broad spectrum of types of abusive behaviours and, while the more extreme cases are undoubtedly criminal acts[110], the mistreatment of older people most commonly involves complex relationships between victims and perpetrators, particularly when the latter involves close family members. Ideas proposed by survey respondents to support responses to the abuse of older people reflect this continuum of forms of abuse and continuum of perpetrator-victim relationships.

42 survey responses proposed harsher penalties and more effective public prosecution of perpetrators. 19 survey responses proposed solutions that can help perpetrators to recognise and resolve the circumstances leading to abuse or neglect. The broad range of different attitudes held towards perpetrators of abuse may not be surprising given the range of sectors from which study respondents are drawn and the different types of abuse and perpetrator-victim relationships they have likely encountered.

There is significant variety in the kinds of relationships and constellations of people that may initiate or experience abuse, resulting in a range of perpetrator-victim-dynamics. The abuse of older people tends to occur within families, with over half of the reported cases analysed in recent Australian studies being initiated by adult children.[111] Despite this, perpetrators may be highly heterogenous. For example, care givers who perpetrate physical abuse versus neglect typically exhibit different mental health factors and therefore require different family conflict resolution strategies.[112]

The characteristics of both perpetrators and victims contribute to the circumstances and types of abuse that occur,[113] with perpetrator factors including work, health, and relationship problems, as well as previous experiences of abuse. Carer stress and carer mental health issues can also contribute to potentially harmful behaviours towards older care recipients[114].

Given the sensitive relationships and difficult dynamics involved, the literature tends to support therapeutic, restorative and holistic solutions to address this complexity, and not a reliance on prosecution.[115] This combines with a greater emphasis on supporting the agency and self-determination of the older person,[116] including by reducing isolation and expanding social support networks.[117] For example, research conducted in England into social workers and other service providers' experiences of third parties obstructing access to older people living at home and considered at risk of abuse or neglect, found that management of these

[110] Moir et al., 2017, p.182.
[111] Kaspiew et al., 2019, p.6-7; Joosten et al., 2020, p.25.
[112] Reay & Browne, 2001.
[113] Moir et al., 2017.
[114] Teresi et al., 2016; Ostaszkiewicz, 2018; MacNeil et al., 2010.
[115] Burnes et al., 2019; Jackson, 2016.
[116] Garnham & Bryant, 2017; Estebasari et al., 2018.
[117] Dean, 2019; Olasupo et al., 2020; Dong et al., 2007; Chokkanathan, 2018.

cases could be helped by good multi-agency management and service coordination, and by offering the obstructor the services of an independent advocate.[118]

The case study of 'Bob and Jane' detailed below offers insights into how relationships can break down during times of stress and emotional upheaval, and in this case in the context of grief following the sudden death of a beloved husband and son-in-law. Although Bob and Jane's daughter is perpetrating abuse by denying her ageing parents access to their home and their grandchildren, her behaviour is considered out of character. With the help of counselling and mediation services they are able to restore their relationship and material assets.

A range of different approaches are required for different circumstances of abuse. However, study participants suggested the following protective factors to support perpetrators, thereby reducing incidence of abuse or neglect:

- Increasing access to formal care services. This measure is supported in the WA Sustainable Health Review that emphasised the importance of health services in supporting carers as a mechanism to reduce the risk of abuse of older people.[119]
- Providing more assistance to address the 'root causes' for perpetrators, (for example drug and alcohol counselling, or reducing circumstances of poverty).
- Developing perpetrator programs that are tailored to the kinds of relationships of trust that are common to abuse of older people (beyond intimate partner approaches).

However, there are limits to the effectiveness of these approaches. Focus group participants highlighted the following examples:

- Aged care providers noted the challenges they face in engaging with family members who are very often the 'de-facto-decision-makers' for an older relative's care package. Consumer Directed Care was designed to create an environment of choice for an older person, however, in practice family members are often the decision-makers. Family members may also decide to use home care packages to pay for services that are not in an older person's best interests, for example paying for maintenance or renovation work instead of necessary personal care services. Applying for an assessment for a different care package without understanding the underlying dynamics will not always address the issue.
- Participants report that services to support carers, in particular access to respite care in residential facilities, have in fact become harder to access in recent years. Carer Gateway[120] is an initiative from the Commonwealth Department of Social Services designed to simplify access to carer services, including respite. However, reports from social workers in regional settings have suggested access to respite beds is increasingly difficult as residential aged care facilities are not funded to reserve beds for respite care.

[118] Norrie et al., 2018.
[119] Sustainable Health Review, 2019, p.55.
[120] https://www.carergateway.gov.au/

CASE STUDY: BOB AND JANE'S STORY

This case study illustrates the complexity of a 'perpetrator' relationship and the family dynamics that need to be considered. While Bob and Jane are experiencing financial and emotional abuse, forced to leave the granny-flat-arrangement in which they have invested their savings and denied access to their grandchildren. They recognise that their widowed daughter is acting this way out of grief, and a holistic approach that seeks to restore valued relationships delivers the best solution for this family.

Bob and Jane are a married couple who immigrated to Australia from Canada to be with their daughter, son in law and 3 grandchildren. They are fit and healthy, aged 73 and 69 respectively, and are both active people and involved in community organisations.

Bob and Jane are experiencing some financial difficulties after entering into a granny flat arrangement with their daughter, Sadie, and son in law, Robert, three years ago. They don't like to discuss their family issues with strangers, preferring to resolve things themselves. However, after speaking with Centrelink they are concerned that they have no option other than to speak with a legal service provider about their situation.

Sadie had always wanted Bob and Jane to live in Australia with her and Robert and talked about getting a big house together by the beach. Bob and Jane didn't want to leave Canada for the heat of Australia, as they would miss the snow and mountains. However, the 'pull of grandchildren' was too great, and Bob and Jane made the decision to move to Australia 4 years ago when they realised how fast their grandchildren were growing up.

The decision to all live together happened after Sadie and Robert inherited an old property with a large building on the land that could be converted into a moderate sized cottage for Bob and Jane. Sadie and Robert had enough money to renovate the main house, but Bob and Jane would need to pay for the repairs on the building conversion, around $200,000.

Living together had worked well until Robert died suddenly from a brain aneurysm, leaving everyone devastated. At the time, Bob and Jane had no concerns about their living arrangements, as they had always had a very good relationship with their daughter and grandchildren. Life carried on and they all supported each other until Robert's friend Jaden started paying attention to their daughter Sadie and seemed to be influencing her decisions. Jaden works in finance and was advising Sadie on her finances and investments.

CASE STUDY: BOB AND JANE'S STORY

Bob and Jane did not trust Jaden, he was always jealous of Robert. Nor did they begrudge their daughter having a new life, she is only 42, but they were concerned about what would happen to them. Jaden is dismissive when he talks to Bob and Jane, and often makes fun of their accent making them feel uncomfortable. Sadie laughs it off telling them to not take things too seriously.

Bob and Jane worry as Sadie has been talking about investing the money Robert has left her, along with equity from the house, to buy another property and rent it out as an Airbnb. Bob and Jane are insecure about their future, worried that Jaden will take advantage of their daughter and that they will lose their home. They raise their concerns with Sadie, who does not take it well. She speaks with Jaden and this leads to a huge argument between them all. Unforgiveable things are said, and Sadie tells Bob and Jane to leave the property.

Bob and Jane are very distressed as things had escalated so quickly. Sadie is not responding to their texts and they are unsure of what to do next. Jane and Bob do not want to antagonise their daughter by raising the issue of negotiating repayment of the money they invested into their granny flat. They can't bear to be distanced from their grandchildren, and it would be devastating if they lost their home and became estranged from Sadie and their grandchildren.

Bob and Jane need help the kind that supports a holistic and wellbeing-focused approach for them as well as their family. They are all going through a period of intense change, experiencing bereavement, altered relationships, and learning to live with new family dynamics throughout their grief. Bob and Jane don't trust Jaden and feel that Sadie is extremely vulnerable. They are unable to discuss any of this with her as their conversations quickly become hostile. It is a difficult situation for them both.

Jane and Bob are overwhelmed by their family and financial problems, as it is placing immense pressure on their relationship. They have not spoken in detail about their grief or loss to their GP and have not considered the benefits of seeking counselling for themselves as well as their family.

4.10 Issue #8: Communication between services - a challenge for ensuring an integrated and coordinated response

The eighth most commonly identified barrier to responding to abuse, as selected by one fifth of survey respondents, was poor communication between services to manage and follow up cases. A strategic outcome under Priority Area 3 of the Elder Abuse Strategy, is that 'the service and response system is integrated'.

Study participants noted that there are no simple fixes to this issue, precisely because responding to the abuse of older people is not simple, and rather typically involves a range of professionals working across the complex service landscape described in Chapter 5. Seeking consent for information sharing between agencies was identified as a major barrier to integrated responses, particularly for lawyers, for whom confidentiality obligations must be taken into account when discussing or referring cases.

> 'My expertise is in law. I do law. I don't know about health. I don't know about social things, and I certainly don't know about financing. So, it's that kind of, well, it takes a coordinated response, and a coordinated response needs a coordinator.'
>
> - Lawyer

However, study participants noted that existing models from Child Protection and Family Safety illustrate that Western Australian agencies can engage in information sharing and service coordination. This can serve as a starting point for developing more integrated responses for older people at risk of harm or abuse. This aligns with Strategy 3.8 in the Elder Abuse Strategy that recognises the need for a common framework for information sharing and risk assessment.

Participants also noted that sometimes overlaps between services can result in barriers to cooperation, particularly in a competitive funding environment. Some participants observed that the Department of Communities together with other funding agencies, have an important leadership role to play in creating a service landscape and widespread operational culture that encourages cooperation and information sharing in pursuit of common goals.

One model used in Queensland that was reported by study participants to help support collaboration between organisations is a complex case management group. An interagency group established on the Gold Coast comprises representatives from key organisations and agencies (i.e Health, Communities, Elder Abuse Prevention Unit (EAPU),[121] Justice and Guardianship, advocacy, Police, key relevant service providers, etc). This multidisciplinary team discusses real ongoing cases, and pseudonyms are used but there is a high level of information sharing, with consent where appropriate. This supports the development of

[121] The Elder Abuse Helpline in Queensland is operated by Uniting Care under the banner of the EAPU. The EAPU should not be confused with safeguarding units like those in NSW and SA as it does not have investigative powers.

holistic approaches for each unique situation, drawing on members' experience and specialisations.

Members of the EAPU team report that this complex case management is a good learning opportunity for the professionals involved, not only at an individual level, but also for their organisations more broadly as they can take learnings to integrate back into their daily practice.

By using real cases, the exercise is an authentic learning experience, and cases are reviewed periodically, so team members can see development over time.

The program has not yet been evaluated for impact as it was established as a grassroots exercise without clearly defined parameters and objectives. The team plan to address this shortfall by creating more formal outcomes and evaluation metrics around their work. In the absence of formal evaluation, it is hard to determine definitively whether or not the complex-case-manager-approach is delivering positive outcomes for the individuals discussed. However, study participants reported in interview that by discussing these complex cases, and the range of behaviours involved in elder abuse, this collaborative practice has led professionals and their organisations to engage with many really difficult questions, for example around capacity, ingrained ageism, etc. Similar case management teams are being planned in other parts of Queensland, building on the experience of the Gold Coast.

'We've had nowhere to report it. We're advised to ring, we're advised to tell the client to ring the Elder Abuse Helpline. But then we don't know what happens after that. So, we're effectively on our own. We can talk to the hospital social worker, but they really only do inpatient care.'

- Home care Service Manager

This model could be considered as one possible 'steppingstone' towards a more collaborative approach within specific regions and/or state-wide.

As will be discussed in Chapter 5, an integrated service response not only requires effective information sharing but also consistent definitions, tools and/or frameworks that can simplify referrals processes for professionals and their clients, and further limit replication, wasted effort and poorly aligned data collection between agencies.

4.11 Issue #9: Legal and financial safeguards for older people

The final barrier that will be discussed in this chapter is legal and financial safeguards for older people. 16.9% of survey respondents perceive a lack of legal and financial safeguards for older people experiencing abuse in Western Australia.

'Safeguarding' was a term frequently used throughout all of the focus groups. Most participants indicate their support for a new approach that entails an agency response that can investigate and act in cases where an older person is being abused, even when that person has decision-making capacity. Yet 'adult safeguarding', an emerging field of practice that aims to support adults to protect themselves from harm and abuse, is complex and involves a continuum of interventions and procedures. These can range from support with daily living through to substituted decision making or compulsory provision treatment and/or care.[122] Analysis of focus group transcripts indicates participants do not have a single clear vision for what this term means and how a Western Australian system response might better safeguard the interests of older adults at risk who have decision making abilities.

> 'What we don't have is a public advocate for the capable but vulnerable older person… There is a ground swell around the issue of safeguarding adults. There are arguments for and arguments against… A safeguarding unit would actually have the power to investigate the family and how it's functioning or dysfunctioning, and then from there be able to keep and share knowledge about that family and the appropriate avenues of redress, whether it be legal, whether it be social, whether it be health or whatever…
>
> But we do need an overseer, very much like the public advocate, who will … encourage, support those clients that don't have, they're not quite without capacity but they still don't have that ability, we'll call it ability, to stand for their own interests, stand on their own two feet.'
>
> - Lawyer

Adult safeguarding in the general community is at a point of transition in Australia. While there have been federal government moves to address safety in social care provision, including through the Aged Care Quality and Safety Commission and the NDIS Quality and Safeguards Commission, a majority of abusive scenarios continue to be subject to state and territory laws.[123]

It should be emphasised that adult safeguarding legislation is not only targeted towards older adults. It can potentially extend to any adult experiencing circumstances or forms of vulnerability, that may bring them within the purview of the legislation. Indeed, most older people would not need to avail themselves of the safeguarding legislation however, in appropriate instances, such legislation could be a mechanism to address abuse of older people where existing processes and laws seem ineffective.

[122] Stewart et al., 2018.
[123] Chesterman, 2019.

The issues outlined in this chapter and in the 'service journey' described in Chapter 5 illustrate that older people experiencing or at risk of abuse can be assisted through an assortment of government agencies, community organisations, healthcare providers and advocates (including family and friends). The risk of people 'falling through the cracks' or 'pinballing' between services in these circumstances is obvious. Indeed, this problem was identified by the ALRC's 2017 Final Report: Elder Abuse - A National Response noting that:

> **No government agency in Australia has the clear statutory role of safeguarding and supporting adults who, despite having full decision-making ability, are nevertheless at risk of abuse. In the ALRC's view, this protection and support should be provided by state adult safeguarding agencies (ALRC 2017, 384)**

Recommendation 14.1 of the ALRC report concluded that adult safeguarding laws should be enacted across Australia. Such laws would be implemented by adult safeguarding agencies.[124]

'That is, I think, one of the biggest issues with safeguarding the, you know, deciding autonomy and action for abuse and elder abuse. I think this is [true for] any abuse but in elder abuse, particularly, the reluctance to act is just so strong. It's so strong and you have to respect it and you have to consider yourself, if you're a parent, whether you would be, you know, willing to call the police on your children no matter what they're doing, because you know the consequences, particularly if, you know, there's parole and there's all these kinds of issues. It makes it so difficult for the staff when they put plans in place and then people don't run with the plan because of what's involved, well, they can't enforce it.'

- Social worker

There are many examples of adult safeguarding models from international settings, including the UK and US, with arguments for and against the various approaches.[125] Rights-based approaches emphasise the autonomy and dignity of older adults, challenging traditional and ageist assumptions about older people needing protection.[126] Adult safeguarding therefore must seek to balance wellbeing, choice, and autonomy with the safety of older people experiencing abuse. This may include, for example, encouraging supported rather than substituted decision making wherever possible.[127]

Within Australia, to date, South Australia and New South Wales have introduced adult safeguarding legislation and agencies that have carriage of the legislation. Such laws are also under consideration in Tasmania and Queensland. Chapter 8 compares the approaches taken and illustrates how different approaches lead to different outcomes, and that designing a safeguarding response should be undertaken with an awareness of existing service resources and organisational cultures that already exist in a given jurisdiction.

[124] Australian Law Reform Commission, 2017.
[125] Montgomery, 2016; Lacey et al., 2011; Williams, 2017; Graham et al., 2017.
[126] Clare et al., 2014; Dow & Joosten, 2012.
[127] Johnson & Boland, 2019; Chesterman, 2019.

5. The service journey: Mapping service responses to the abuse of older people in Western Australia

5.1 Introduction

This chapter presents findings relevant to Research Objective 2: Map agency and service provider responses and referral pathways to understand the 'service journey' of older people experiencing or at risk of abuse.

In order to address this research objective, the core methods throughout this study aimed to identify the various reporting, referring and responding frameworks currently in use in Western Australia. This includes the responses and interventions available for older people, for their families and friends, and for people who abuse (perpetrators) who may need support to recognise their behaviour as abuse and/or may need help to address 'root causes' of the abuse that they perpetrate.

Key findings of this chapter are that:

- Abuse of older people is a complex social issue that may require responses from many different professionals at different points in time and over an extended period.
- The service landscape reflects this complexity. Appropriate responses may involve various health professionals, social workers, legal and financial professionals, policing, guardianship, advocacy, mediation and/or care services.
- The 'service journey' for older people in Western Australia experiencing or at risk of abuse is fragmented and inconsistent.
- Reported inconsistencies in service responses occur as a result of differences of geography, language, culture, forms of abuse experienced, and the knowledge and prior experience of the individual professional with whom an older person first discusses their experience of abuse.
- Professionals report that their older clients find this service landscape confusing and sometimes do not know how to access the most appropriate support to address each dimension of a complex situation.
- There is an 'overreliance' on the older person themself to navigate complex systems without understanding the context in which services work and funding limitations.

This leads to questions that may help to explore how services could be adapted to reduce inconsistencies and improve outcomes. The questions to be asked; are shortfalls and gaps in service provision the result of local issues, with service providers adhering too rigidly to their parameters of service? Can these challenges be resolved within and between the relevant sectors, or are there broader, deeper problems that require systemic adaptation and innovation?

The service landscape is necessarily complex to respond to the many forms and scenarios of abuse that occur across Western Australia's diverse population and geographies. But, how

might that complexity contribute to inconsistent responses and outcomes? Mapping the service journey permits an analysis of what is happening and may help in understanding why older clients do not always receive the help that they need.

This study occurs at an exciting and dynamic period in the development of service responses to the abuse of older people in Western Australia. Since the commencement of the Elder Abuse Strategy in 2019, and even during the period of research for this study (July 2020 - December 2021), there have been many new initiatives designed to improve the experiences of older people at risk of abuse. These include new service models, new awareness campaigns, new organisation policies, new resources, guidelines and tools for responders who may encounter older people who are experiencing abuse in the course of their daily work.

Any service mapping exercise of this nature has a use by date. It captures a moment in time, a set of circumstances that are expected to change as government and non-government actors adapt, respond and, hopefully, improve. Nonetheless, this mapping exercise is important because it updates our knowledge, as this is the first time in a decade that such an overview has been documented in Western Australia.[128]

The diagrammatic 'snapshot' developed as part of this study serves four purposes:

1. As a baseline to readily identify the State government agencies, non-government service providers, local governments and community-based organisations that may receive information, deal with or respond to instances of abuse and neglect.
2. To illustrate the referring pathways that exist between these organisations and the interactions between them.
3. To explore the 'service journey' of older people experiencing or at risk of abuse.
4. To document existing resources available to support professionals, older people and their families, and thereby encourage both the wider use of existing resources and targeted development of new resources.

This chapter of the report presents the following:

- an overview of the complexity characterising the service landscape
- a typology and description of responses currently available in Western Australia.
- a discussion of resources currently used to inform and support service responses.

[128] Clare et al. 2011.

5.2 A complex service landscape: existing strengths, opportunities and challenges

Abuse of an older person is a complex social issue that requires interventions from a range of professionals and services from different sectors in combinations that will vary depending on:

- the circumstances and history of abuse
- the broad types of abuse experienced (e.g. psychological, social, financial, sexual, physical and neglect etc)
- the specific behaviours experienced (i.e. moving beyond high-level and generic terms like 'financial abuse'[129]; and
- the characteristics and relationship dynamics of the individuals involved.[130]

Appropriate responses may involve various health professionals and social workers, legal and financial professionals, policing and guardianship, mediation, counselling and advocacy, and/or care services. An older person experiencing or at risk of abuse may need support from multiple services to resolve or improve their situation and may need support from different services at different points in time over an extended period.

Findings from the survey and focus groups indicate that this complex assemblage of government and non-government agencies can be confusing for both older clients and the professionals working with them. Study participants report that 'service journeys' that entail repeated on-referrals may result in older people experiencing fatigue from recounting their circumstances to multiple agencies and 'giving up' on seeking the help that they need.

> 'These cases are extremely complex and delicate, but with some matters that arise it would be helpful to have clearer, smoother pathways, because it's very complex when people are already going through difficult negotiations in dispute with [their] family and then having to navigate all the systems. It can be very complex and overwhelming. So [a priority issue is] streamlining the State through our agencies.'
>
> - Service Manager

Importantly, a key finding of this study is that the 'service journey' experienced by older Western Australians is inconsistent. The support an older person may receive can vary on the basis of geography, language and culture, forms of abuse experienced, and the knowledge and prior experience of the individual professional with whom they first discuss their problem.

Although, some organisations and sectors have clear guidelines and prescriptive referring and reporting processes, many do not. Even within sectors that do have clearly documented referring pathways, study participants reported that these are not always effective in

[129] Blundell et al., 2018, p.87.
[130] Moir et al., 2017.

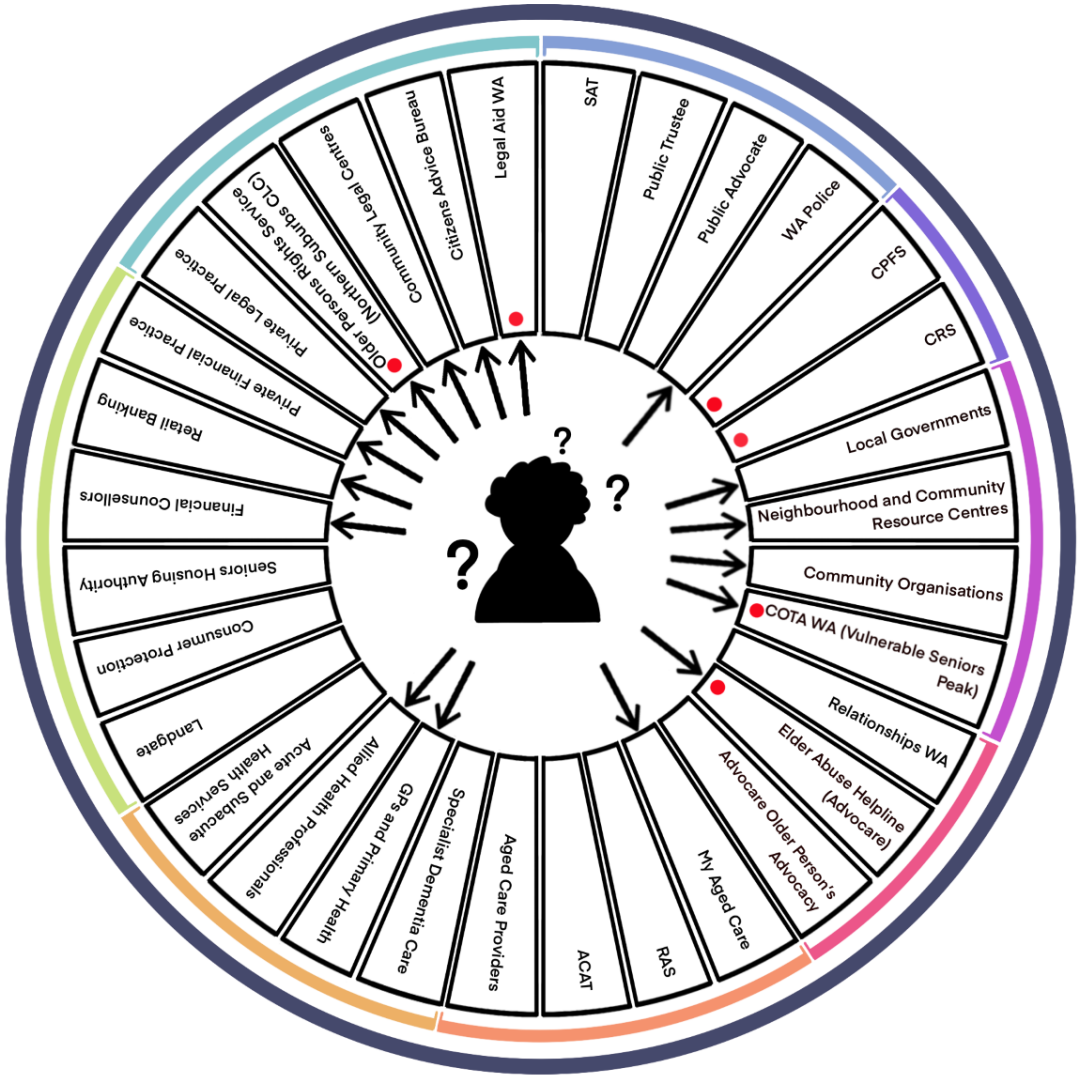
ensuring an older person will progress through a 'service journey' that results in them securing appropriate support.

This is in large part because the older person is assumed to be the coordinator and the navigator, seeking and acting upon advice they are given. This may be correct and an appropriate assumption for many older people with the necessary abilities to assume this role However, as noted in Chapter 3, some older people will find this more challenging as a result of their own health-related, system-induced, educational or emotional/relationships vulnerabilities.

The complexity of the Western Australian service landscape that an older person, their friends, family, and/or other formal and informal advocates must navigate is illustrated in this section through a range of formats, including: a diagrammatic illustration of relevant organisations and sectors; a case study that illustrates one older woman's experience of 'pinballing' between services, and eventually securing help from a combination of health, legal, financial, social and mediation specialists; and survey findings relating to referral pathways and advocacy support.

Figure 5.2.1 illustrates the many sectors and services that may be involved in responding to a case of abuse or suspected abuse, as well as the many common points of initial self-referral and/or professional identification of abuse.

This diagrammatic illustration of the service landscape is followed by the composite case study of 'Aziza' who found herself 'pinballing' between services as she tried to determine who might be able to help her to improve her complicated situation.



- Common point of self-referral/ first identification
- Response funded by Department of Communities
- Statutory responses (policing and guardianship)
- Family violence responses
- Systemic advocacy, public awareness and information
- Advocacy, counselling and mediation
- Care services
- Health services
- Financial services and responses
- Legal services and responses

CASE STUDY: AZIZA'S STORY

This case study illustrates the difficult family dynamics an older person may need to navigate. Importantly, it shows how older people may 'pinball' between different professionals, sectors, and agencies as they seek to address the financial, legal, and health-related dimensions of their situation.

Aziza is 85 years of age and has lived alone for the past 20 years. She has multiple health issues, including painful arthritis, anxiety, and depression. Aziza has experienced abuse throughout her life, during her childhood and as an adult. Aziza's abusive husband eventually left her to care for their four children on her own, though the house remained in his name.

When Aziza's ex-husband died 15 years ago, she was relieved to learn the house had been left to her and the children and that they had all been provided with an equal share. Aziza enjoyed feeling secure in her home and decided she could afford to retire. Unfortunately, she found it more of a struggle than she anticipated to pay her small mortgage, rates and insurance from her pension.

Aziza finally plucked up the courage to ask her adult children to contribute towards the property expenses. They were divided on the matter. Her eldest daughter thought it fair that they all contribute, but both her sons disagreed, refusing to contribute financially towards the property Aziza was living in by herself.

Aziza's eldest son, Akio, decided to store his gym equipment in her home. When Aziza objected, Akio behaved aggressively, standing over her and shouting that it was his house and that he could do as he wished. Aziza was very unsettled by this and felt increasingly intimidated by her son. Akio always seemed to find reasons to be at the property, and Aziza did not feel safe at home when he visited since he always spoke to her harshly. She started avoiding him whenever he visited and after a while, he stopped contacting her altogether.

Afterwards, Aziza's youngest son, Mo, came to her asking for help with a financial matter. Mo wanted her to agree to sell the house so that he could use his share of the money to purchase a larger home to accommodate his growing family and his wife's disability. Aziza was shocked by Mo's request and explained that she was unwilling to agree to his proposal. It was her home and she had nowhere else to live. Mo's siblings also disagreed with selling the property. This angered Mo and he left Aziza's home abruptly, slamming the door behind him.

Aziza was distressed as her relationship with Mo deteriorated after this incident and she no longer saw her grandchildren. Although Mo made excuses for his children being unavailable, Aziza did not think it a coincidence that she was prevented from seeing Mo's children and felt she was being punished.

A few months after her problems with Mo, Aziza learned her eldest son Akio had been diagnosed with terminal cancer. At her son's memorial Aziza learned that Akio had died with significant debt and had been involved with criminals. Akio's debtors then pursued his share of the property, a situation that further destabilised Aziza's family. They were all angry about Akio's actions and the position he had left them in.

Aziza did not know who to turn to for help. Her daughter suggested that she seek advice. Aziza contacted health professionals, social services, local Members of Parliament, community legal services, and pro bono legal services. She found herself 'pinballing' between these services, repeating the story again and again in her quest for assistance with her complex matter and fragile family relationships. She simply didn't know what to deal with first, and she was frightened that she would lose her home and that family relationships would be irretrievably broken, leaving her isolated from her children and grandchildren. Aziza's anxiety escalated at the thought of being homeless, and when she was admitted to hospital with low blood pressure, dehydration, and exhaustion, Aziza had barely slept, eaten, or taken fluids for over a week. The worry had taken over her life.

Aziza was unable to address her circumstances without support from multiple professionals experienced in different areas of legal, financial, health and social matters. Discussing this matter has created conflict within her family, and heightened mistrust between parent and children, and between siblings. Aziza decided she would no longer be a pawn used by her adult children in their arguments with each other and recently started attending counselling to help her grapple with her family dynamics and improve family communication and relationships.

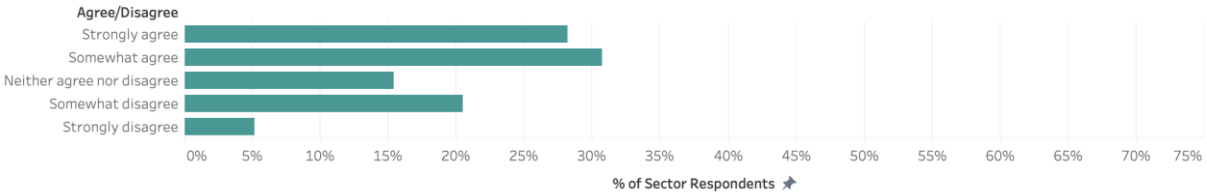
The professionals and service providers consulted in this study are aware of the complexity of the service landscape. Many focus group participants expressed confusion and frustration at what they perceived as insufficient information to help them effectively guide clients to appropriate professionals and service responses.

Study participants further noted, that although organisations may have clearly documented reporting and/or referring policies, these may not necessarily result in the outcomes that their clients expect. For example, referring pathways lead to the Elder Abuse Helpline when a person is deemed to have capacity and to the State Administrative Tribunal and the Office of the Public Advocate when they do not, or alternatively, lodging an internal report. However, for many people working on the frontline of service delivery, developing an appropriate response typically rests with the identifying professional. This may involve developing a safety plan or referring to other local services. Responses may vary depending on services available and the knowledge base of the individual who develops the plan for their client.

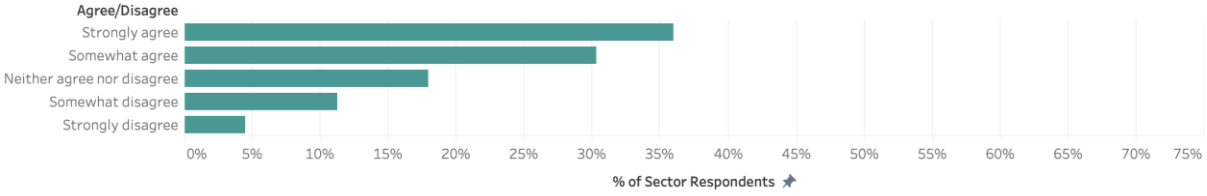
These different outcomes are not errors in the processes followed; rather, they are an accurate representation of the services and referral pathways currently available in Western Australia. The following pages present survey findings relating to referral process and client advocacy.

To what extent do you agree with the statement, there are clear referral pathways to organisations that can help respond to cases of abuse of older people?

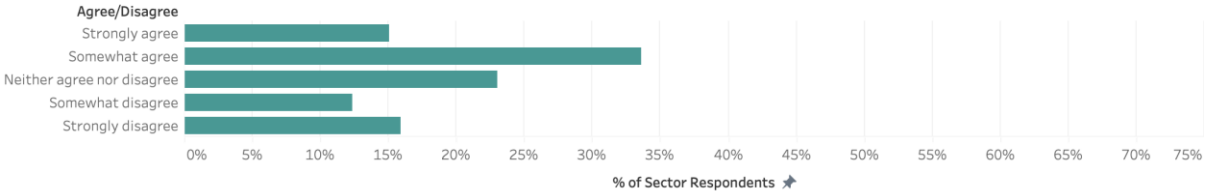
Advocacy, Counselling and Mediation, n=39



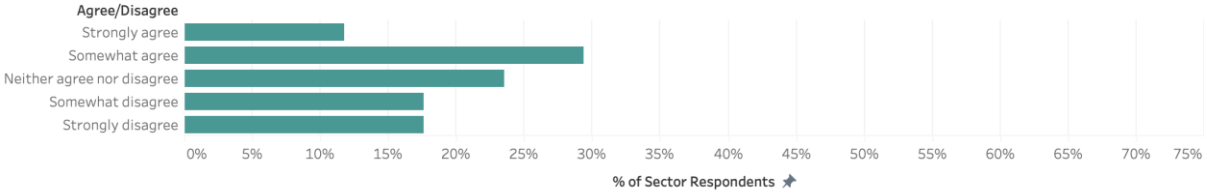
Aged Care, n=89



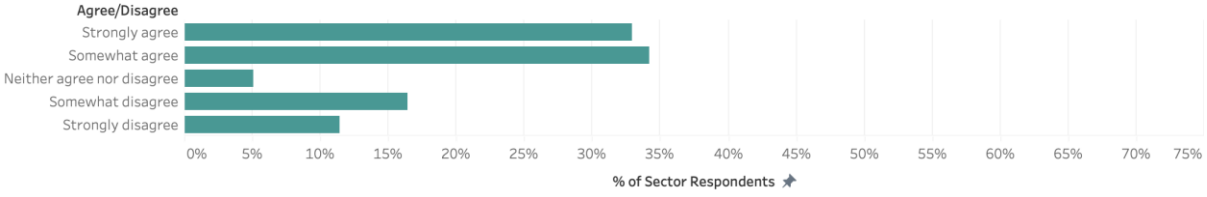
Community Organisations, n=113



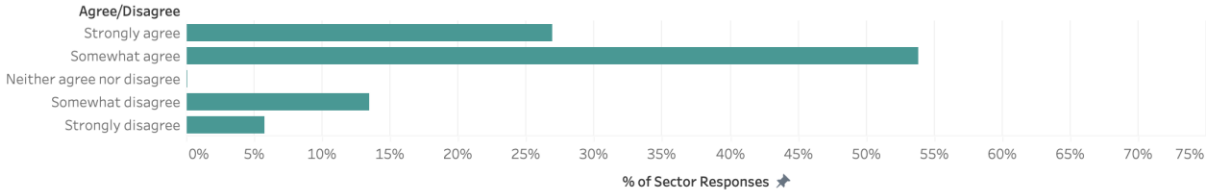
Financial Services, n=17



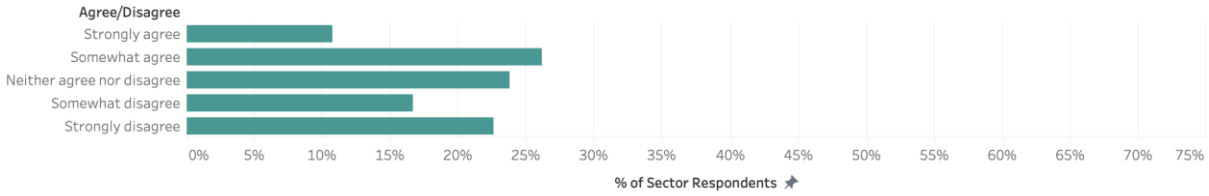
Health Care, n=79



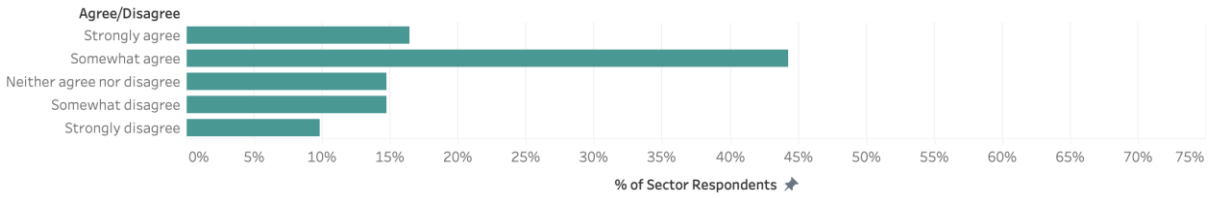
Legal Services, n=52



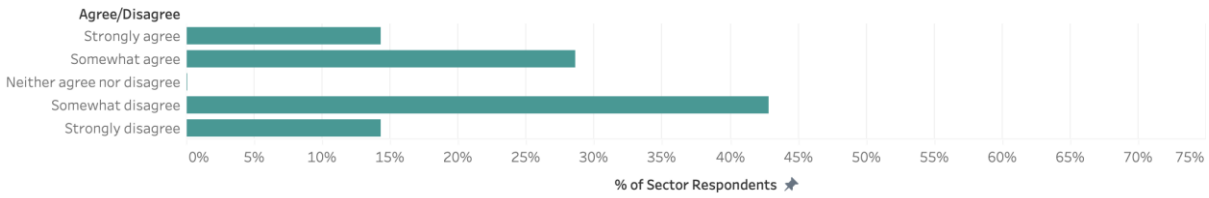
Local Government, n=84



Police, n=61



State Government, n=21

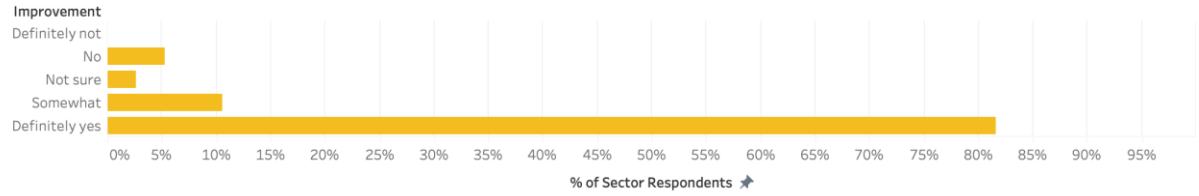


There is variance between sectors as to whether or not survey respondents agree that there are clear referral pathways to organisations that can help respond to cases of abuse.

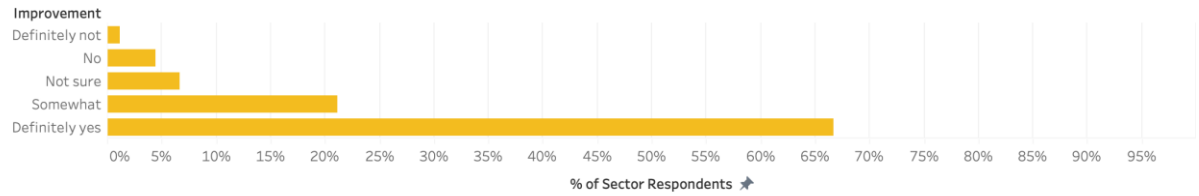
While a majority of respondents working in advocacy, counselling and mediation, aged care, health care, legal services, and the police think referral pathways are clear, fewer than half of the respondents in community organisations (48.7%), financial services (41.2%), local government (36.9%) and state government agencies (42.9%) agree with this statement.

Thinking about the following: resources, procedures and services currently available to support responses to abuse, do they need to be improved? – Referral Pathways

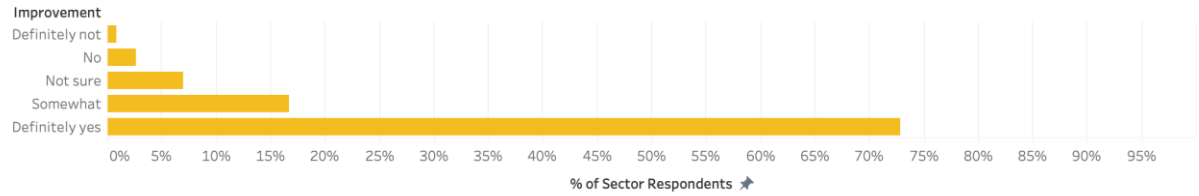
Advocacy, Counselling and Mediation, n=39



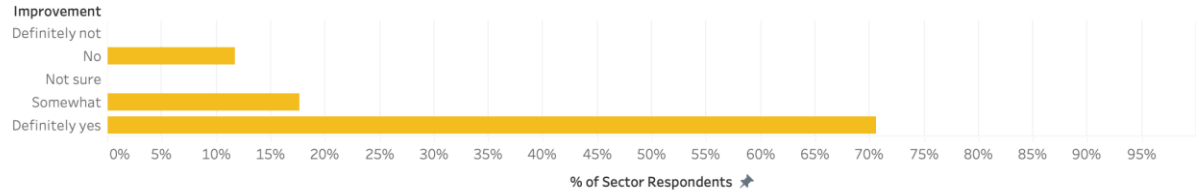
Aged Care, n=86



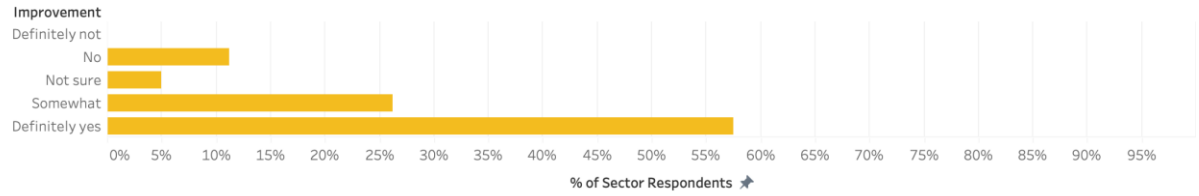
Community Organisations, n=113



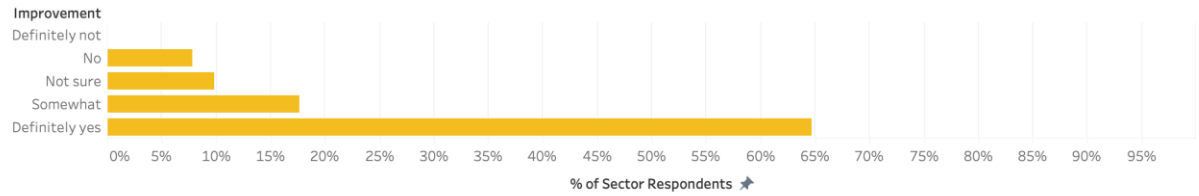
Financial Services, n=17



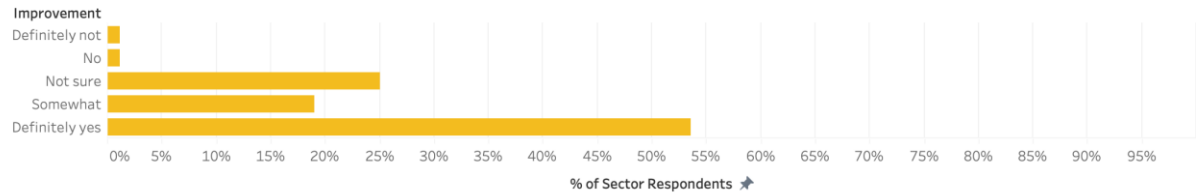
Healthcare, n=80



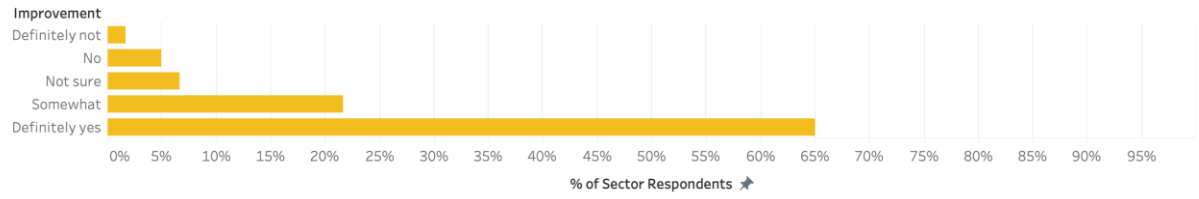
Legal Services, n=52



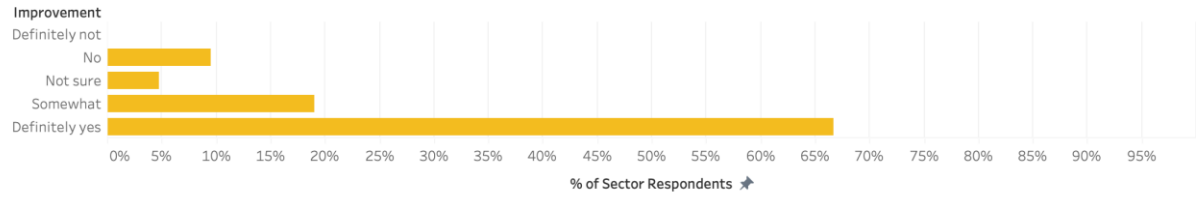
Local Government, n=83



Police, n=61



State Government Agency, n=21

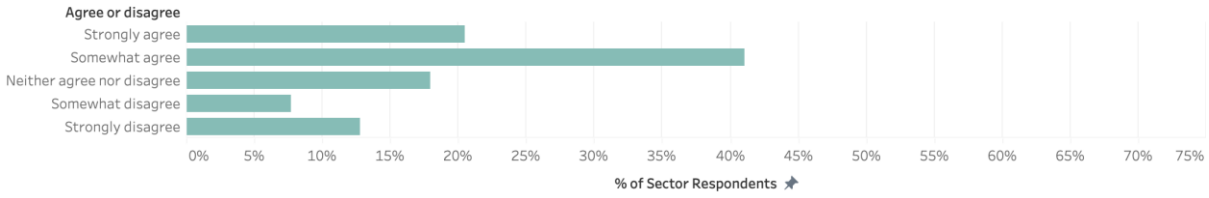


Despite the findings of the previous question, that show referral pathways exist, survey respondents overwhelmingly report that referral pathways need to be improved.

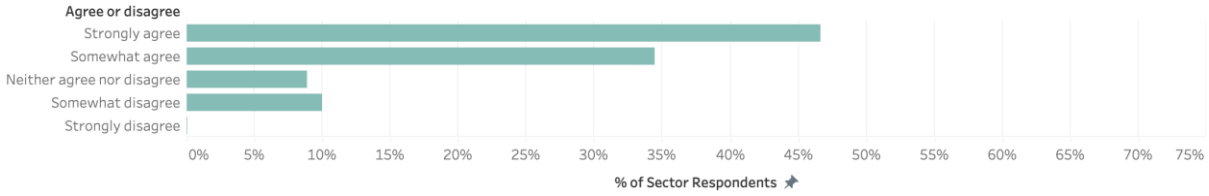
This is true for all sectors advocacy, counselling and mediation (92.1%), aged care (87.8%), community organisations (89.5%), financial services (88.2%), health care (83.8%), legal services (82.4%), local government (72.6%), police (86.7%) and state government agencies (85.7%).

To what extent do you agree with the statement, older people in WA can access advocates that can help them navigate services?

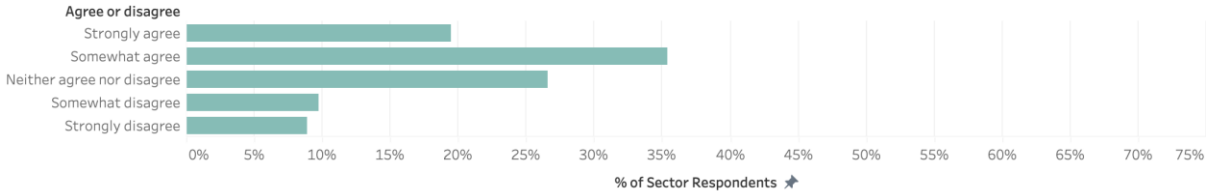
Advocacy, Counselling and Mediation, n=39



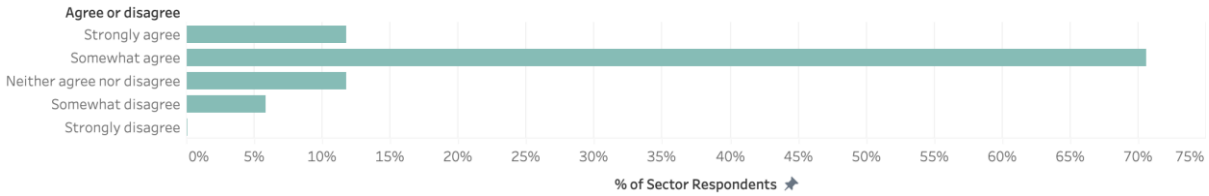
Aged Care, n=90



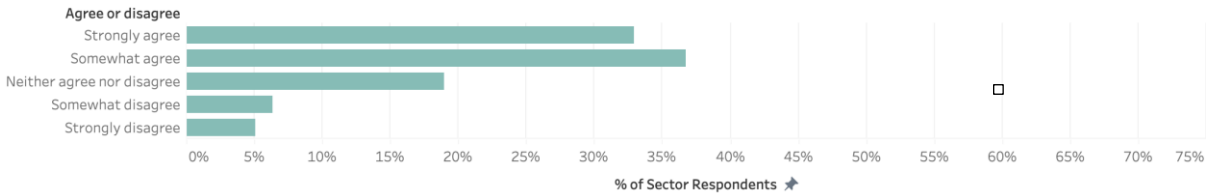
Community Organisations, n=113



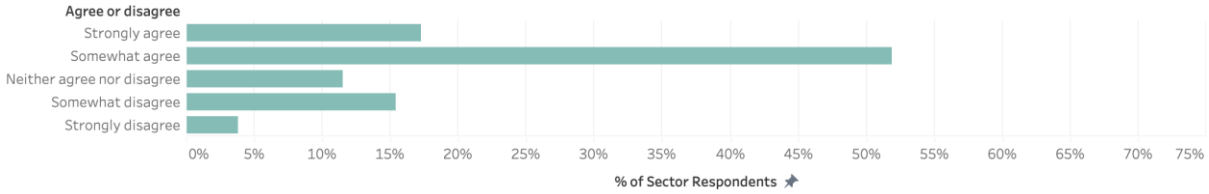
Financial Services, n=17



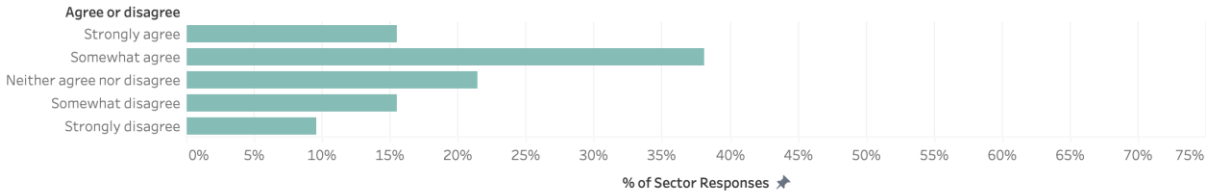
Healthcare, n=79



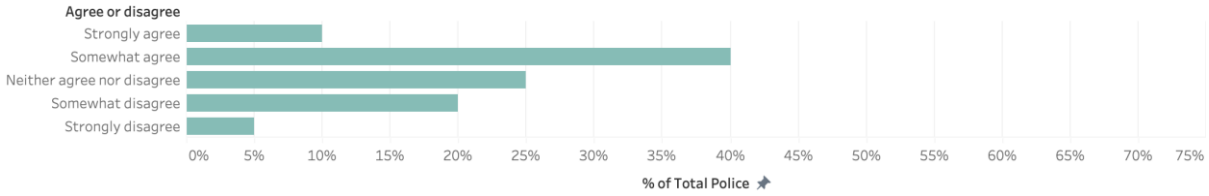
Legal Services, n=52



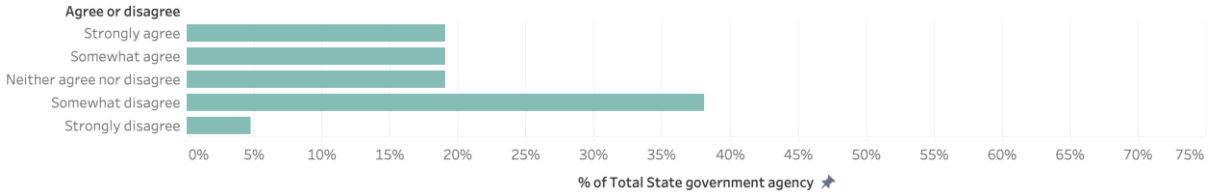
Local Government, n=84



Police, n=60



State Government agency, n=21



Overall, survey respondents do think that older people can access advocates who help them navigate services; 62.3% of respondents across all sectors agree strongly or agree somewhat with this statement.

Though, this varies by sector with fewer than or barely half of respondents from state government agencies (38.1%), WA Police (50%), and community organisations (54.9%) agreeing with this statement. Moreover, this should be read in conjunction with the finding reported in Chapter 4 that 82% of respondents think advocacy to help older people navigate complex matters needs to be improved.

5.3 Service responses in Western Australia

As Figure 5.2.1 shows, responding to the abuse of older people in Western Australia involves contributions from multiple sectors and professionals working across a wide range of disciplines. The need for multi-disciplinary responses tailored to (often) complex cases involving multiple forms of abuse means that many government, non-government, and private sector organisations are involved in various forms of prevention, detection, case management, and systemic advocacy work that in combination aims to reduce and prevent the abuse of older people in Western Australia.

The types of multi-disciplinary responses undertaken by these organisations can be categorised into nine broad sectors or types of service response:

- Policy and strategy.
- Statutory responses (policing and guardianship).
- Family violence responses.
- Systemic advocacy, public awareness and information.
- Advocacy, counselling and mediation.
- Care services.
- Health services.
- Financial services and responses.
- Legal services and responses.

This subsection of the report presents a summary of each of these broad sectors or types of response, with a description of some of the relevant organisations within each category. However, this section should be read with an awareness that this list of organisations is not exhaustive and the service landscape in turn changes rapidly. The description below provides a 'snap-shot' of a moment in time and a service landscape that is expected to shift as government and non-government actors adapt and respond to changing conditions.

Some organisations simultaneously engage in activities and/or deliver services that fall under two or more of these categories. Individual organisations included below have been grouped under their primary response type in relation to the abuse of older people. Organisation descriptions aim to clearly indicate where this is the case rather than a description of each organisations core business and/or whether each organisation engages in activities under multiple response types.

This descriptive overview of the service landscape is a timely update of the work that has gone before. It further aims to expand earlier descriptions of Western Australian responses to the abuse of older people, by presenting a more holistic view of the service landscape encountered by older people experiencing or at risk of harm or abuse.[131]

[131] Clare et al. 2011. The review of Western Australian service responses detailed in this report (based on the earlier work of Black 2008) focussed on the roles of statutory agencies (Public Advocate and WA Police) and organisations specifically designated to respond to elder abuse (Advocare and the Older Persons Rights Service).

5.3.1 Policy and strategy

This subsection details organisations that play a key role in determining Western Australian whole of government responses and strategies to prevent the abuse of older people and to support older people and their families when abuse has occurred. There are some agencies that are important to this process (for example, Office of the Public Advocate, WA Health), that are listed under other types of responses that better fit their core activities.

Both State and Commonwealth Government policies affect responses to the abuse of older people in Western Australia. For example, aged care policy falls under the Commonwealth. The National Plan similarly impacts knowledge and practice in Western Australia, including directly affecting service provision in the regions (for example, Peel and Kimberley) where organisations were funded to trial specialist responses.

Despite recognising the role the Commonwealth Government plays in shaping the service landscape that provides support to older people experiencing or at risk of abuse, this section of the report will focus on Western Australian agencies and organisations.

Department of Communities

The Department of Communities is the lead agency tasked with overseeing the development of policy and strategy relating to the abuse of older people.

The Department of Communities has carriage of the WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019-2029, (Elder Abuse Strategy), a 10-year strategy to address and reduce incidence of abuse and encourage whole of community involvement.

The Elder Abuse portfolio sits within Seniors and Ageing and provides funding for initiatives to prevent the abuse of older people, including:

- the WA Elder Abuse Helpline (Advocare)
- the Vulnerable Seniors Peak Body (COTA WA)
- the Older People's Rights Service and the Elder Abuse Peer Education Scheme (Northern Suburbs Community Legal Centre); and
- Elder Rights WA (Legal Aid WA).

The Department of Communities undertakes a range of activities in support of the four priority areas of the Elder Abuse Strategy:

- Priority 1 – Raising awareness and early identification
- Priority 2 – Prevention and early intervention
- Priority 3 – Integrated and coordinated response
- Priority 4 – Data and evidence.

This includes printing and distributing a range of resources (for example posters, postcards, bookmarks, flyers) to raise awareness about the abuse of older people and direct members of the public to the Elder Abuse Helpline, supporting awareness raising events and activities for World Elder Abuse Awareness Day (WEEAD) on June 15), and promoting Seniors Week

and the WA Seniors Awards (early November). The Department has hosted events for professionals working in the community services sector, including, shopping centre events to promote WEAAD, roundtable discussions and, most recently, an intersectoral symposium titled 'Elder Abuse is Everyone's Business' coordinated by COTA WA and Northern Suburbs Community Legal Centre.

Alliance for the Prevention of Elder Abuse in Western Australia

The Alliance for the Prevention of Elder Abuse, Western Australia (APEA:WA) has been established to promote a whole of government policy framework that values and supports the rights of older people.

APEA:WA brings together representatives from a number of organisations to share information and coordinate activities that work to raise awareness about, reduce incidence of and respond to the abuse of older people. These include: Advocare, Department of Health, Legal Aid Western Australia, Department of Justice, Council on the Ageing Western Australia, Department of Communities, WA Police Force, Older People's Rights Service, Office of Multicultural Interests, Department of Local Government, Sport and Cultural Interests, GLBT Rights in Ageing, Financial Counsellors' Association of WA, and the Western Australian Local Government Association.

5.3.2 Statutory responses (policing and guardianship)

This subsection details statutory agencies that have powers under Western Australian legislation to protect older people who have experienced or are at risk of abuse.

The Western Australian Police Force

WA Police consider elder abuse to be a subset of family violence. Elder abuse is therefore understood with reference to family relationships, using the broad definition of family-like relationships included in the *Restraining Orders Act 1997 (WA)*, and to age, with elder abuse considered to occur where a victim is over 60 years (for example, circumstance of aggravation for some offences), while recognising that Aboriginal people and some CaLD people may experience morbidities at a younger age.

WA Police have a responsibility to investigate cases of family violence and to ensure the immediate safety of the people involved through short term interventions, such as restraining orders, while other safety measures are enacted through referrals to other agencies and services. These referrals may, under limited circumstances, include family violence services (see below). More commonly, WA Police report referring cases involving older people to the Public Advocate, the Elder Abuse Helpline, and/or health services.

The Family Violence Unit (FVU) based in Perth has responsibility for policy and procedures in relation to family violence matters, including elder abuse and providing guidance on current legislation and policy to front line officers and family violence officers. Family violence officers are based in all of the sixteen police districts throughout Western Australia.

The Office of the Public Guardian

The Public Advocate is the statutory officer appointed under the *Guardianship and Administration Act (1990),* to promote and protect the human rights of adults with decision-making disabilities and suspected decision-making disabilities, including older adults living with dementia who are at greater risk of abuse.

The Office of the Public Advocate provides information and advice on guardianship, administration, Enduring Powers of Attorney (EPA), Enduring Powers of Guardianship (EPG), advocates for adults with decision-making disabilities, and investigates possible cases of abuse, neglect or exploitation that are reported by professionals or members of the public. Further providing public guardianship services when instructed to do so by the State Administration Tribunal (SAT).

The State Administrative Tribunal

The SAT is an independent statutory body that is responsible for appointing a guardian or administrator in the best interests of a person with a decision-making disability.

The SAT receives advice from investigator advocates in the Office of the Public Advocate on the need for a guardian or administrator. Where a need for guardianship or administration is determined, the SAT makes orders for their appointment, including for public guardianship and public administration as a last resort where no other suitable person can be identified.

The Office of the Public Trustee

The Public Trustee may be appointed by the SAT to take on the role of administrator for a person with a decision-making disability who has been deemed incapable of managing their own financial and legal affairs. Public administration is ordered only in situations where there is no-one in a person's own network who is willing, suitable and available to take on the role of administrator.

5.3.3 Family and domestic violence responses

This subsection presents Western Australian service responses to family and domestic violence (FDV) that may be involved in cases where an older person is at risk of harm or abuse. WA Police refers all family violence matters to these services. The Family and Domestic Violence Response Team (FDVRT)[132] has responsibility for risk assessment and coordinating social support. The policing responses detailed above may work in parallel to investigate offences or promote immediate safety. However, these police actions are in addition to broader responses to family violence driven by provision of reports via the FDVRT.

Many cases of abuse of older people do not fall within the service parameters of the organisations detailed below. Chapter 4 considers in more detail the intersections between responses to the abuse of older people and responses to family violence.

[132] https://www.wa.gov.au/organisation/department-of-communities/family-and-domestic-violence-response-teams

Child Protection and Family Services

Child Protection and Family Services (CPFS) are Department of Communities staff that are based throughout Western Australia. CPFS provide child safety and support services, including assessment and investigation of child abuse and neglect.

CPFS may be involved in elder abuse cases where there a child is present and at risk of harm, for example when a grandparent carer is experiencing abuse.

Family and Domestic Violence Coordinated Response Services

Family and Domestic Violence Coordinated Response Services (FDV CRS) are non-government service providers funded by Department of Communities. FDV CRS partner with CPFS and the WA Police as the FDVRT to improve the safety of child and adult victims of FDV.

Various organisations deliver the FDV CRS in different parts of Western Australia. Study participants report that FDV CRS may be involved in a narrow subset of abuse of older people, most typically intimate partner violence.

5.3.4 Systemic advocacy, public awareness and information

This subsection details some of the organisations and sectors that play a role in raising public awareness about the abuse of older people, sharing of information and distributing resources. It also details the policy and systemic advocacy work of COTA WA. Other organisations with systemic advocacy roles are detailed under other sections to better reflect their core business.

COTA WA, Vulnerable Seniors Peak

Council on the Ageing WA (COTA WA)[133] is the Vulnerable Seniors Peak body in Western Australia. COTA WA conducts research and provides guidance to organisations working with and for older people, as well as providing information to support older people in general. COTA WA conducts community and leisure activities for older people in locations throughout the State. COTA WA works to build intersectoral collaboration through groups like the Seniors Sector Partnership and the Positive Ageing Alliance.

Since 2020, COTA WA has received funding from Department of Communities to operate the Vulnerable Seniors Peak Body. In this role COTA WA functions as a support service in providing advice and referrals to older people at risk of harm or abuse, developing information resources, campaigning to build public awareness, and conducting research to inform policy advice and systemic advocacy for change.

Local governments

Local governments do not typically provide direct services in the context of abuse of older people.[134] However, they potentially play a key role in addressing some of the underlying root causes of abuse, in particular social isolation, and in raising public awareness about this issue. Local governments are well connected to community groups that operate in a given area.

[133] https://www.cotawa.org.au/

[134] Exceptions include local governments who continue to manage home and community care services that, like all aged care providers, are subject to Aged Care Quality and Safety Serious Incident Response Scheme.

These are excellent conduits to ensuring older people and their caregivers have access to information that they need.

Many local governments in Western Australia have demonstrated exceptional engagement with the WHO age-friendly framework or similar positive ageing models. Existing networks, such as those championed by WALGA and through the Local Government Professionals Age-friendly network, are an existing resources within Western Australia that could be harnessed to support greater community awareness and early identification of abusive situations.

Neighbourhood and Community Resource Centres

Neighbourhood and Community Resource Centres may be the first point of identification in cases of abuse, particularly when older people or their informal advocates are seeking assistance to address symptoms of abuse, such as when facing financial hardship. In rural and regional Western Australia, Community Resource Centres (CRCs) are a key point of information and referral to services that operate in the regions. The role of CRCs is explained in more detail in the regional, rural and remote subsection of Chapter 6.

Community organisations

Community organisations vary in size, reach, and the kinds of activities, facilities and/or services provided. Despite this variation, they can be an important source of trusted information for their members and may be able to support early identification and intervention. Community organisations play a particularly important role for culturally and linguistically diverse cohorts, for instance, where older people and their caregivers may face barriers in accessing information, resources and other services.

5.3.5 Advocacy, counselling, and mediation

This subsection details some organisations that provide advice, advocacy, mediation and counselling services to older people experiencing or at risk of abuse.

WA Elder Abuse Helpline and Information Service

The Elder Abuse Helpline in Western Australia is operated by Advocare (see below) with funding from the Department of Communities. The WA Elder Abuse Helpline and Information Service is a resource that is widely known among service providers and professionals throughout Western Australia.

The Elder Abuse Helpline is an advice line that is not funded to act as an extended advocacy nor case management service. The Elder Abuse Helpline does not function as a reporting line, and helpline staff do not have investigative powers or responsibilities.

Rather the Helpline is a client-directed service that can be contacted during normal working hours. The Helpline can also be accessed by advocates and family and friends of older people experiencing abuse for information. However, it is primarily a helpline for older people who are experiencing abuse. Helpline workers can discuss caller's circumstances and the forms of abuse they may be experiencing, inform individuals about their rights, make referrals to other service providers (for example, legal advice, and family mediation) and Advocare (aged care advocates), where appropriate.

Advocare

Advocare[135] is the Western Australian member of the Older Person's Advocacy Network (OPAN)[136], a national network that aims to ensure aged care advocacy is both consistent and available to older people throughout Australia. Advocare's aged care advocates work with older people who are eligible for or are receiving home or residential care services. They provide advice (sometimes assuming a case management role for up to three months), to support older people in understanding their rights, to navigate the system and access appropriate care, and to resolve issues with aged care service provision.

Advocare receives further funding via OPAN funding streams to run information and educational programs throughout Western Australia and received funding under the 2019-2021 Aged Care System Navigator trial to deploy navigators in regional Western Australia. Advocare is also active in raising awareness about abuse and in developing community education in more hard-to-reach parts of rural and remote Western Australia.

Advocare was one of the first organisations in Western Australia to develop specialist responses for older people experiencing abuse and has operated the Elder Abuse Helpline since its establishment. Advocare chairs APEA:WA and continues to play an important role in building intersectoral collaboration and advocating for systemic change.

Relationships Australia WA Peel Senior Relationship Service

Relationships Australia WA provides relationship support services in locations throughout Western Australia for people of all ages, including older people facing challenging family dynamics. Peel Senior Relationship Service (Peel SRS)[137] is part of Relationships WA based in Mandurah and servicing the whole of the Peel region. Peel SRS received funding under the Commonwealth Government's National Plan.

Peel SRS provides two core services for older people and their families case management and mediation. Case management involves advocacy and coordinating other support services on behalf of the older person, based on their individual circumstances and needs. The mediation service addresses family conflict by facilitating conversations, resolving disputes and maintaining valued family relationships. These services aim to help older people find solutions to their age-related problems, and in so doing decrease opportunities for abuse to take place. Peel SRS is active in building networks within the Peel region and beyond to educate and support other professionals in responding to abuse of older people.

5.3.6 Care services

This subsection presents aged care assessment and aged care provision as service responses that can play an important role in the prevention, identification and referral of abuse of older people.

This particular study focusses on older people living within the community, and not those living in residential care facilities. This distinction however is not always clear cut. For

[135] https://www.advocare.org.au/
[136] https://opan.org.au/
[137] https://www.relationshipswa.org.au/Services/Specialist-support/Peel-Senior-Relationship-Service

example, people living in the community may spend time in respite care, while people living in residential facilities may visit relatives outside of residential aged care or attend hospital for treatment alongside other people who are living in community. Furthermore, fear of entering residential care is one reason why people may be unwilling to disclose abuse. Despite the evident overlap, this section focusses on care assessment and aged care services for people who are living at home within the community.

My Aged Care, RAS and ACAT

My Aged Care[138] is the service interface (website and telephone) through which older people, their families and carers can access aged care services funded by the Commonwealth Government. Eligibility for aged care services must be determined by a screening and assessment process with a Regional Assessment Service (RAS); non-clinicians who assess for entry level services funded under the Commonwealth Home Support Service (CHSP), and/or an Aged Care Assessment Team (ACAT); clinicians who comprehensively assess physical capability, medical condition, psychosocial, cognitive, behavioural and physical environmental factors and restorative needs.

All assessors are guided by the National Screening and Assessment Form (NSAF) that includes mandatory screening for personal safety, including abuse. As such, they may be well positioned to identify abuse, however, they may face limitations in responding to abuse, since they attend the home just for the assessment, and may be entering a home where an older person is resistant to receiving care services and/or other interventions.

Aged care providers

Aged care services can function as a protective factor for people living in the community who are at risk of abuse. Accessing a care package, increasing the level of care package received, and/or adjusting the services included in a care package may reduce reliance on potential perpetrators, increase social network density, and support caregivers experiencing carer stress. As regular visitors to the home, care workers are well positioned to observe changes in their client's circumstances or behaviours that may be of concern. Specialist dementia care providers may also be able to develop responses that support people with declining and/or fluctuating capacity to continue to make lifestyle and financial decisions that are in their best interests.

However, study participants also report that aged care service providers may face limitations in responding to cases of abuse. In particular, when providing services under Consumer Directed Care models if the decision-maker is also the person suspected of perpetrating abuse. In these circumstances care providers may walk a fine line between maintaining access to a client in need of care and supporting that client to address their abusive circumstances and/or intervening on their behalf with the suspected abuser. Study participants reported cases where home care packages were allocated to services not in the clients' best interests, such as diverting funds to home modifications that added value to client property instead of much-needed personal care or therapies. Participants also noted that long waiting periods for

[138] https://www.myagedcare.gov.au/

care plans also reduced the effectiveness of introducing aged care services as a protective factor.

This study focusses on abuse experienced by older people living in the community, not abuse perpetrated within residential aged care. Incidents of abuse or neglect in residential aged care are addressed under the Australian Government Aged Care Quality and Safety Commission's Serious Incident Response Scheme (SIRS).[139]

5.3.7 Health responses

Health services are a critical interface for both the identification of abuse and for implementing effective preventative and protective measures. Older people experiencing abuse are likely to present to health professionals at many different levels of acuity, from small changes during the early stages of abuse through to extremely severe cases of prolonged abuse and/or neglect. However, abuse of an older person is not always well understood and may be overlooked, even among experienced emergency physicians working in acute gerontology.[140]

This section provides an overview of how health responses are currently organised within Western Australia, including primary health and general practice, Health Service Providers managing acute and sub-acute health services in public hospitals, and allied health professionals.

General Practice and Primary Health

General Practitioners (GPs) and other primary health practitioners, such as community nurses, are well positioned to identify changes that could indicate whether an older person is experiencing various forms of abuse. The Australian Medical Association (AMA) has stated that GPs play a 'pivotal role in the recognition, assessment, understanding and management of elder abuse and neglect'.[141] Despite the important role of GPs, it was difficult to engage primary health practitioners I as part of this study. Those that did contribute noted the high workloads of colleagues and limited capacity to engage with research of this nature.

GPs are required to have knowledge of a very broad range of medical, psychological, environmental and social factors that can affect the health and wellbeing of their patients, along with appropriate and locally available clinical pathways and service responses. One resource to guide their practice is the Health Pathways WA website. This resource, administered by WA Primary Health Alliance (WAPHA), provides guidance in assessing, managing and referring patients to support clinical decisions. Pathways are then developed in consultation with health practitioners and are reviewed every two to three years. The Older

[139] https://www.agedcarequality.gov.au/sirs

[140] Hullick et al., 2017.

[141] The Royal Australian College of Practitioners (RACGP), 2014. https://www.racgp.org.au/getattachment/4e803844-24c6-4c89-8f81-0f20c454bb31/Abuse-and-violence-Working-with-our-patients-in-general-practice-br-White-Book.aspx

Adult Abuse and Neglect pathway was reviewed in 2020-21 and updated on the Health Pathways WA website in 2021 (see Subsection 5.4 below).

Health Service Providers

WA Health introduced the *Responding to the Abuse of Older People (Elder Abuse) Policy* in September 2019. This document, in conjunction with the *Guidelines for Responding to Elder Abuse,* provides best practice guidance on how Health Service Providers identify, respond, support and refer a client who they suspect is experiencing elder abuse. This Policy is a mandatory requirement under the *Clinical Services Planning and Programs Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016.*

Under this overarching policy framework, there is variation in implementation between the four Health Service Providers in Western Australia. WA Country Health Service (WACHS) have the most extensive set of policies, protocols and supporting documents to assist health staff in identifying reporting and responding to cases of abuse that they encounter. These policies, released in late-2019, include abuse identified in residential aged care, in acute care settings, and in community health services, including home care services within WACHS. How these resources are used and implemented vary throughout Western Australia. See Regional, rural and remote subsection for a discussion on these differences.

In collaboration with WAPHA, WACHS have also developed online training modules for frontline health professionals and managers. Modules cover different forms of abuse of older people and different manifestations of ageism. These modules are available, but not mandatory, for all WACHS staff on the internal LMS, and are publicly available through the WAPHA website.[142]

Allied Health professionals

Study participants identified allied health professionals as playing an important role in identifying older people who are experiencing or at risk of harm or abuse. As with general practice and other primary health, routine allied health services provide opportunities to note changes in a patient's physical or mental health and talk about concerns. Ensuring allied health professionals have access to appropriate training, information resources and clear referral pathways may assist early identification and intervention for people at risk of abuse.

Social workers, both in hospital and community outreach settings, are the allied health professionals most commonly involved in responding to the abuse of older people. This involves investigating the relationships and circumstances leading to abuse, working alongside the victim to develop safety plans and protective measures, and/or referring to other agencies and service responses.

5.3.8 Financial and related responses

This subsection details financial services and finance professionals who may be involved in preventing and responding to cases of abuse of older people, in particular financial abuse. It

[142] https://www.wapha.org.au/health-professionals/older-people-online-learning-modules/

also details some services that may be involved in supporting an older person to address housing insecurity and other forms of economic precarity that may increase the risk of abuse.

There is some overlap with the responses detailed below under Subsection 4.3.9 legal responses as protective measures to prevent, stop and/or seek redress in cases of financial abuse; will often require advice from legal and financial professionals.

Retail banking

The banking sector plays a role in identifying and responding to the financial abuse of older people. Forms of financial abuse most commonly encountered by banking staff include: asset stripping, coerced investments, and failed assets-for-care arrangements. Many banks have developed resources to support both customers and staff, and retail banking staff typically receive mandatory training on how to identify signs of financial abuse. However, there are limits to both the ability of staff to identify abuse and coercive control, and in their ability to put measures in place to prevent abuse. Since older customers are autonomous adults who make their own choices, and since many adult children assist with their parents' banking in 'good faith.'

> 'The purpose of the Uniting caring programs specifically, was to triage the customer, identify all the support that they needed… And then link them in as necessary. So almost like it's aiming to be a One-Stop-Shop.'
>
> - Banking sector professional

Banking responses to social challenges and conditions of hardship are coordinated by the Australian Bankers' Association to help ensure banks are not competing under circumstances of customer hardship or vulnerability. In addition, that banking customers can receive the same response, regardless of which institution they bank with. The 'big banks,' including ANZ, CBA, NAB and Westpac, have a nationwide referral service in place with Uniting for customers identified as vulnerable, including older customers experiencing financial abuse.

Financial counsellors

Financial Counsellors are qualified professionals trained to help people who are in financial difficulty by providing information, support and advocacy at no cost. Clients are typically referred to Financial Counsellors through social service providers, community legal centres and some government agencies. Banks and utility providers will also refer clients who are experiencing difficulty for example, in meeting mortgage or bill repayments. Financial Counsellors may through their work identify people experiencing financial and other forms of abuse, leading to appropriate intervention and referrals.

The Financial Counselling Association of Western Australia (FCAWA) [143] is a professional association and peak body whose core purpose is to provide information, training, access to legal support and other resources for practicing financial counsellors and their clients. FCAWA

[143] https://financialcounsellors.org/

also advocates changes in policy and practice to protect vulnerable people facing financial hardship.

Private financial practitioners

The private financial sector includes professional designations such as Certified Financial Planners (CFPs) or Chartered Professional Accountants (CPAs). Professionals working in this field assist people with managing their money and meeting their financial goals; and may use generic titles such as wealth advisor, investment advisor, portfolio manager, or retirement specialists. This may include identifying long and short-term objectives, developing estate and investment plans and taxation and insurance strategies. Study participants reported that supporting older people in their financial planning is an increasingly popular area of practice. However, within the industry there is insufficient knowledge about financial abuse and in balancing the benefits and risks of future planning documents. More education and resources are required to raise awareness and train professionals on the risks for older people.

State Government agencies relevant to financial responses

Landgate

Landgate is Western Australia's statutory land information authority with legislated responsibilities and community obligations that include advocating for and administering legislative reform to address community and industry needs, government priorities and technological progress. The agency data, products and services underpin Western Australian land titles and property information. As financial abuse may involve the transfer or sale of an older person's property, Landgate plays a role in preventing this type of abuse. Landgate maintain a register of Enduring Powers of Attorney that have been lodged with the agency. Where there is a risk of improper dealings a Caveat may also be lodged with Landgate. TitleWatch is a fee-based online monitoring service that can prevent fraud through automatic email notifications sent when an action is detected on a Certificate of Title that a subscriber has linked to the service.

Consumer Protection

Consumer Protection is a division within the Department of Mines, Industry Regulation and Safety (DMIRS). It promotes fair trading and consumer protection in Western Australia and provides advice and information for consumers, businesses, landlords and tenants. This includes information helping consumers resolve disputes with shops and businesses, investigating complaints about unfair trading practices, and developing legislation, codes of practice and guidelines that protect consumers. Although, Consumer Protection cannot issue legally binding orders, their work can facilitate an agreement between parties. Study participants reported that Consumer Protection can be an important resource for older people and their families in relation to housing, for example when considering living in a retirement village or residential aged care, and providing advice when disputes arise.

Seniors Housing Advisory Centre

The Seniors Housing Advisory Centre (SHAC), also part of the Department of Mines, Industry Regulation and Safety, is a free, independent information and advice service covering a range of housing options for older people in Western Australia. The SHAC does not directly offer housing, or provide financial and legal advice, but can be a valuable source of information for

older people and their families. Information is provided on a range of housing issues such as strata titles, retirement villages, renting and aged care.

5.3.9 Legal responses

This subsection details some of the legal services and legal professionals that may be involved in preventing and responding to cases of abuse of older people. Chapter 7 presents a commentary on current law and legislation in Western Australia.

Older People's Rights Service – Northern Suburbs Community Legal Centre

The Older People's Rights Service (OPRS) is funded by the Department of Communities to provide a specialist response to the abuse of older people throughout metropolitan WA. Based within the Northern Suburbs Community Legal Centre (NSCLC), OPRS is a multi-disciplinary team comprising of solicitors, advocates, and mediators, bringing their particular skill set to support the needs of each client. OPRS has three offices located in Mirrabooka, Wanneroo and Joondalup. Face-to-face services, including at-home appointments, are available to people based in Perth metropolitan area and through regular outreach to various community services. OPRS has been in operation for 13 years and was widely recognised among study participants as being an innovator in developing multidisciplinary service responses for older people experiencing abuse.

In addition to their core service activities in providing legal advice, case management, and advocacy, OPRS further deliver community education and community support programs. A volunteer program, the Seniors Register, provides companionship to older people at risk of social isolation. Peer Educators[144] are formally trained volunteers who advocate for the protection of older people's rights by providing information to their peers about suspected cases of abuse of older people, as well as positive ageing strategies, and promoting OPRS community engagement resources, such as newsletters, an annual calendar and community art project, the Purple Road.

Elder Rights WA – Legal Aid WA

Elder Rights WA was officially launched on 15 June 2022. The service, funded by the Department of Communities, sits within the Civil Law Division of Legal Aid WA. Prior to the launch of Elder Rights WA, Legal Aid WA operated the "Seniors Rights & Advocacy Service", which now been amalgamated into Elder Rights WA.

The Elder Rights WA team is comprised of specialist lawyers, social workers, a coordinator and a legal secretary who work collaboratively to provide a holistic legal service to seniors and the aged. Where a lawyer identifies that a client has a need for social work services, they will be referred to the social work team who can provide clients with referrals to services, counselling, safety planning and social work case management. This service model provides a 'wrap-around' multidisciplinary service. Elder Rights WA is also able to draw upon the expertise of other specialist units within Legal Aid WA, such as the Domestic Violence Legal Unit (Family Law Division) and the Mortgage Hardship Service (Civil Law Division).

[144] This intervention has subject to independent evaluation and found to be effective. See Kalico Consulting, 2018.

Using a holistic approach, Elder Rights WA aims to:

- Provide equitable access to justice to older Western Australians who are affected by elder abuse, and to advocate for the rights of older Western Australians.
- Promote and facilitate the autonomy and decision-making rights of older Western Australians.
- Raise awareness of and prevent elder abuse, and in particular financial elder abuse, by providing community legal education and resources directly to older Western Australians and to relevant stakeholders such as health and community service providers.

Elder Rights WA provides a state-wide service, utilising Legal Aid WA's 9 regional offices and 21 virtual offices to make the service more accessible to clients living in regional areas. Legal Aid WA has also entered into a grant agreement with Peel Community Legal Services to provide Elder Rights WA services in the Peel region as Peel has one of the highest proportion of seniors in the state. Elder Rights WA assists clients who are 65 years and older, and First Nations and Culturally and Linguistically Diverse clients who are 55 years and older.

Community Legal Centres

Community Legal Centres[145] (CLCs) are independent, community-based organisations that provide free or low-cost legal help. There are 26 community legal centres throughout Western Australia, some of which are generalist centres, some specialist centres, and others offering specialist services within a generalist setting. Study participants reported that CLCs may be able to provide support to older people at risk of abuse, particularly in relation to future planning documents like Enduring Powers of Attorney (EPAs) and Enduring Powers of Guardianship (EPGs). However, some CLC service models are not well suited to supporting older people with complicated issues that require a significant amount of time to resolve.

Some community legal centres have specialist knowledge of the issues faced by older people experiencing or at risk of abuse. OPRS at NSCLC has been providing legal advice and support to older people experiencing abuse for over a decade and have adapted their service to provide a slow and sustained response to address social and legal issues over time.

> 'We are a generalist service that works on the basis of a thirty minute to an hour appointment, and it is not always feasible to sort of get the nitty-gritties of what is actually going on in the timeframe you are allotted. So that can be a challenge from a practical perspective, it just takes that bit longer to get instructions [from some older clients].'
>
> - Solicitor, Community Legal Centre

Other CLCs have more recently developed specialist responses for older clients. For example, Kimberley Community Legal Service[146] (KCLS) operates a specialist elder abuse service that has received pilot funding under the National Plan. KCLS provides legal advice, financial counselling and tenancy services from its main office in Kununurra with

[145] https://www.communitylegalwa.org.au/
[146] Kimberley Community Legal Services (KCLS). https://www.kcls.org.au/

outreach to four towns and up to a dozen remote communities across the region. The National Plan funding has been used to build capacity and experience within a multidisciplinary team that comprises of solicitors, social workers, client advocates and financial counselling services. This multidisciplinary approach builds on the experiences of the FDV program operated by this community legal centre.

Private legal practitioners

Private legal practitioners in this context, refers to someone who provides legal services in a private capacity who is not employed by a government agency, Aboriginal Legal Service, (a community legal centre), or Legal Aid WA. Private legal practitioners can work pro bono as organised through their own practices and/or firms.

Litigation is an option for older people seeking to resolve matters in dispute that can be instigated for the protection or recovery of assets, misuse of administration or guardian powers, fraud and overall health and care. However, litigation can be prohibitively expensive when litigants cannot access the support of a pro bono lawyer, particularly in cases of financial abuse where assets may be unrecoverable. Litigation can increase stress in already sensitive scenarios, where often the other party involved is a family member such as adult children.[147]

Older people experience distinctive legal problems with adverse impacts on their life and wellbeing. An important component of working with older people is determining their capacity and ability to understand their unique situations. This includes being able to provide clear instructions regarding older people's situations. While there have been improvements in the recognition of older people's rights across Australia, ongoing work remains in relation to accessibility of the legal system, tensions between criminal justice and welfare systems, and what may be perceived as ageist interventions and training for lawyers in relation to communication with older people, capacity assessment, and identification of possible abuse or harm.

Given Elder Law is a growth area of practice, study participants identified a pressing need for more education for practitioners. The Law Society of Western Australia is the peak professional association for lawyers in the State, providing information, resources and professional development relevant to such issues.

5.3.10 Sharing knowledge and experience between service responses

These service examples comprise a range of different responses to different types of abuse within different scenarios. Each are funded and resourced through a variety of channels with diversity in responses, since various agencies and relevant organisations adopt different approaches to address the complexities of abuse.

Organisations for which responding to abuse of older people is a core dimension of their service model therefore become repositories of specialist knowledge and experience. Effective and integrated responses to various types of abuse may therefore require enhanced knowledge sharing to improve broader service responses.

[147] See Chapter 7 for a fuller discussion of barriers to civil action.

5.4 Resources currently used in service responses to the abuse of older people

Many resources exist to guide and support the work of service responses to the abuse of older people in Western Australia. This subsection of the report aims to document and discuss these resources (including policies, protocols, screening tools, training resources, information booklets and brochures, etc), to encourage both the wider use of existing resources and targeted development of new resources. Appendix G comprises an inventory of protocols, factsheets, tools, policies and training and information resources identified during this study.

New resources continue to be developed by government and non-government agencies, particularly since the launch of the Elder Abuse Strategy in 2019. This activity reflects the dynamism that currently characterise responses to the issue throughout Australia.

However, some of this work is 'siloed', and there is a risk that inconsistent approaches and/or definitions may become embedded in the tools used in service delivery. This could become an intransigent issue with long tail consequences if different approaches become embedded in Western Australian service responses. These inconsistencies may become a potential future barrier to an integrated service response.

5.4.1 Elder Abuse Protocol: Guideline for Action

APEA:WA first published the *Elder Abuse Protocol: Guideline for Action* (the APEA Protocol)[148] in 2013. This document was updated in 2017 to include information about the Elder Abuse Helpline. Funded by the Department of Communities, the APEA Protocol was developed through a collaboration between Advocare and Dr Barbara Blundell of Curtin University.

The APEA Protocol has impacted how services respond to the abuse of older people in Western Australia. Not only is it accessed in its original format by professionals from a range of sectors, it has also been a guiding document for some relevant sectors and organisations in the development of their own internal protocols. For example, the Health Pathways information that may be accessed by GPs in the course of their daily work closely resembled (prior to a 2021 update), the 'Five-Step Approach' as recommended in the Protocol.

An earlier evaluation of the APEA Protocol[149] found that of the 63 professionals working in the elder abuse sector and allied organisations, 70 per cent were familiar with the APEA Protocol and found it useful. However, the evaluation also recommended that in order to be most effective, the APEA Protocol should be embedded in formal training, localised for relevance in different Western Australian regions, and regularly updated to reflect changes in policy, evidence and service delivery.

Participants in this study similarly expressed a high degree of familiarity with the APEA Protocol; and most professionals from relevant sectors who attended the focus groups and interviews recognised the document and many said they had used it in their practice. However, some participants also noted that:

- information in the APEA Protocol is too generalised.

[148] APEA:WA, 2017 https://www.wa.gov.au/system/files/2022-03/Elder-Abuse-Protocols.pdf
[149] Blundell et al., 2020.

- a preference for more prescriptive tools to support identification and/or
- the Protocol does not provide clear guidelines for responding, particularly where an older person has decision-making capacity.

In relation to this last point above, it should be noted that such comments were typically linked to participants' frustrations around reporting and referring pathways in general, and so may be understood as criticism of these wider issues, and not the document itself.

5.4.2 Other resources in use in Western Australia

The period 2019-2021 saw a rapid expansion in the resources developed by relevant organisations to educate and guide professionals and service providers in responding to the abuse of older people. Across government and non-government organisations, the introduction and increased availability of new policies, training, guidelines, and resources to inform early intervention and responses for older people at risk, has improved awareness and activated more in-depth discussion.

An important example of this work is the 2019 introduction of the WA Health *Policy and Guideline: Responding to the Abuse of Older People (Elder Abuse)*.[150] The purpose of this policy and associated guideline is to ensure consistent standards for relevant Health Service Providers in regard to identifying and responding to elder abuse; supporting early detection of elder abuse; and reducing incidences of elder abuse. WACHS has implemented a further organisational policy[151] and supporting resources to assist all staff in their responsibility to recognise warning signs and respond appropriately, including through intra-organisational reporting and escalation. Online training modules developed in partnership with WA Primary Health Alliance (WAPHA) include modules for both direct care workers and managers.[152]

Other examples of recently developed and revised resources include:

- The Department of Communities updating of elder abuse posters and postcards (as updated in 2020), that have been translated into four different languages (Arabic, simplified Chinese, Italian, and Vietnamese).
- In 2021, WAPHA conducted a review of the Health Pathways[153] 'Older Adult Abuse and Neglect' pathway that is accessed by GPs and other primary health workers.
- St John's Ambulance staff handbook was revised to include information on the abuse of older people.
- Development of training packages and modules for financial counsellors as a result of a partnership between Advocare and Financial Counsellors Association WA.
- Bankwest's release of a self-help video for its vulnerable customers to protect their finances online. This is aligned to the bank's earlier guide *Safe & Savvy - A guide to help older people avoid abuse, scams and fraud,* published in 2018.

[150] https://ww2.health.wa.gov.au/~/media/Files/Corporate/Policy-Frameworks/Clinical-Services-Planning-and-Programs/Policy/Responding-to-the-Abuse-of-Older-People-Policy/Responding-to-the-Abuse-of-Older-People-Policy.pdf
[151] https://www.wacountry.health.wa.gov.au/~/media/WACHS/Documents/About-us/Policies/Identifying-Preventing-and-Responding-to-Abuse-of-Older-People-Policy.pdf?thn=0
[152] https://www.wapha.org.au/health-professionals/older-people-online-learning-modules/
[153] https://www.wapha.org.au/health-professionals/general-practice-support/healthpathways/

- COTA WA-produced digital and hard copy guides for older people. The *At Home Guide* supports older Western Australians to live well and includes information that can support enacting protective measures. The *Interruptions to Daily Living Guide* provides advice for older people self-isolating following the re-opening of Western Australian borders. The *Guide to Understanding the Mistreatment of Older People* was launched in June 2022 for World Elder Abuse Awareness Day.

5.4.3 Towards consistent resources to support consistent responses

As legislative contexts and service responses differ between states and territories across Australia, resources used by professionals and service providers similarly need to be different and tailored specifically to the relevant service landscape and context. Western Australia is no exception with the added complexity of geographic challenges and tyranny of distance that shapes social, legal and health service infrastructure across the state.

There are current efforts to develop nationally consistent responses and resources, such as developing more consistent guardianship and administration legislation following the recommendations of the ALRC,[154] developing consistent screening instruments,[155] and providing a single point to access relevant resources.[156]

In Western Australia, there is a further need in regional, rural and remote areas for pathways and information that can draw on existing local resources. These localised responses address the unique landscape of the state and build on existing trust and engagement between service providers and within communities. The APEA Protocol has been a precursor to what is now needed and has served a long-term purpose to assist Western Australian professionals and service providers in identifying and responding to the abuse of older people. The APEA Protocol was the first of its kind in Western Australia and played an important role in early-stage awareness raising and development of service responses across multiple sectors.

Study participants resoundingly reported a need for additional resources and information, underpinned by a coordinated, consistent response and dedicated pathway to protection, safety and promotion of rights for older people. The recent development of new resources by relevant agencies and organisations is to be applauded. However, participants articulated a clear and urgent need to establish a framework or similar guiding approach that can deliver consistent responses for older people in Western Australia across the relevant agencies and sectors. This might encapsulate information, identify clear referral pathways for appropriate authorities, strengthen case management practise standards and prevention strategies. In addition, existing Western Australian systems that address family and domestic violence may provide a possible blueprint for future action.[157]

[154] ALRC, 2017.
[155] The Australian Elder Abuse Screening Instrument (AUSI) has developed by the National Ageing Research Institute (NARI) to improve identification of abuse by professionals from a range of sectors. https://www.nari.net.au/ausi
[156] Elder Abuse Action Australia (EAAA) compile resources through the online database Compass, https://www.compass.info/
[157] See Section 4.5 for a more detailed discussion of the intersections between family violence and abuse of the older person.

6. Diverse populations of older people

6.1 Introduction

This chapter presents findings relevant to Research Objective 4: Develop a clearer understanding of the distinctive experiences and needs of older people. This includes people living in regional, rural and remote Western Australia, as well as diverse or marginalised older population, including CaLD and LGBTIQ+.

Two of the core principles underpinning the Elder Abuse Strategy are:

- Older Western Australians are entitled to be equally valued and respected, regardless of race, ethnicity, gender, sexuality, religion or impairment.
- Responses to elder abuse should prioritise the safety, wellbeing, dignity and autonomy of all older Western Australians, regardless of where they reside.

Priority Area 4 of the Elder Abuse Strategy[158] highlights the importance of conducting research and data collection on the experiences of more marginalised, vulnerable, and diverse cohorts of older people. This focus is important because there is strong evidence that some older adults are at greater risk of abuse because of intersecting personal characteristics, including age, race, ethnicity, socio-economic status, disability, sexual orientation, and gender.[159]

Key cohorts identified as diverse, marginalised, vulnerable or underserved that were considered in this study include: people who identify as CaLD, Aboriginal or LGBTIQ+; people who lived in institutional care as children (sometimes termed 'care leavers' or 'Forgotten Australians'); people living in residential aged care; people living with a disability, cognitive impairment or chronic mental health issues; people experiencing or at risk of homelessness; people experiencing socio-economic disadvantage; and people living in regional, rural, and remote Western Australia.

However, for reasons of scope, the stakeholder consultation was conducted only in relation to:

1. Older people living in regional, rural and remote Western Australia
2. LGBTIQ+ older people; and
3. Culturally and linguistically diverse older people.

It is important to note that there is great diversity within each of these groups. While this chapter presents the key issues for each of these three cohorts, more focussed work is needed to fully understand the range of experiences among such broad categories of people.

A separate study has also been commissioned by the Department of Communities to explore the mistreatment of older Aboriginal people. Given this separate focussed research has been

[158] WA Department of Communities, 2019, p.20.
[159] Walsh et al., 2010.

conducted, this report includes a short discussion of the experiences and particular service requirements of Aboriginal people, but this cohort is not a primary focus of the research conducted in this report.

6.2 Frequency of abuse experienced by diverse or vulnerable cohorts

Survey respondents perceived significant differences in how often older people who belong to these diverse cohorts experience abuse. These findings are illustrated in Figure 6.2.1.The three cohorts that were addressed (as above) in more detail in the qualitative research of this study. CaLD and LGBTIQ+ older people, as well as older people living in regional, rural and remote areas, are generally considered to experience abuse more frequently than in the general population. This will be discussed in the relevant subsections below.

These three groups also include those for which survey participants expressed the least knowledge about incidence of abuse. The top three groups where survey respondents were [un]sure how often these older people experience abuse were LGBTIQ+ people (30.5%), care leavers[160] (25.6%) and CaLD people (20.8%).

Survey respondents considered those most frequently experiencing abuse as those with vulnerabilities arising from insecure housing, social and economic disadvantage, and poor health, including chronic mental health, cognitive impairment, chronic illness and disability. Survey respondents consider older people experiencing or at risk of homelessness to experience abuse ‘very often’ at six times the rate of the general population (28.4% compared to 4.4%).

Socially isolated people were also considered to experience abuse more frequently than the general population. 19.9% of survey respondents consider socially isolated people to experience abuse ‘very often’, compared to 4.4% for the general public.

These findings indicate that targeted responses addressing the root causes of these vulnerabilities, whether reducing social isolation or tackling housing insecurity among older people, are necessary to reduce the incidence of abuse. They further illustrate the need for better education to ensure higher levels of awareness of the signs of abuse and appropriate responses among professionals and service providers working with the most vulnerable and at-risk cohorts.

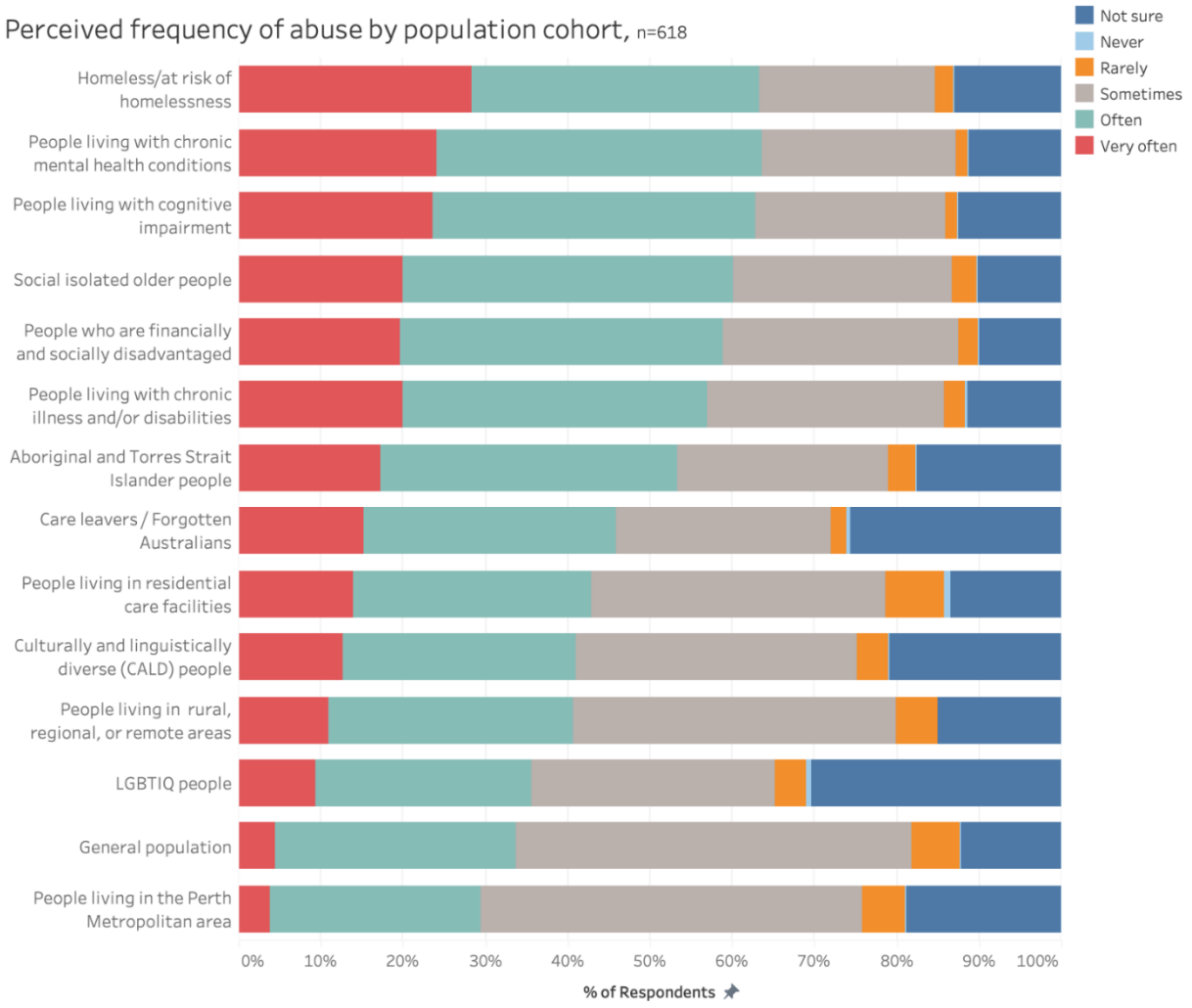
[160] People who lived in institutional care as children, also termed ‘Forgotten Australians’. See: https://forgottenaustralians.org.au/

Figure 6.2.1 indicates the groups of older people that survey respondents consider to be most at risk of abuse are those with vulnerabilities arising from:

- insecure housing
- social and economic disadvantage; and
- poor health, including chronic mental health, cognitive impairment, chronic illness and disability.

Socially isolated people are also considered to experience abuse more frequently than the general population.

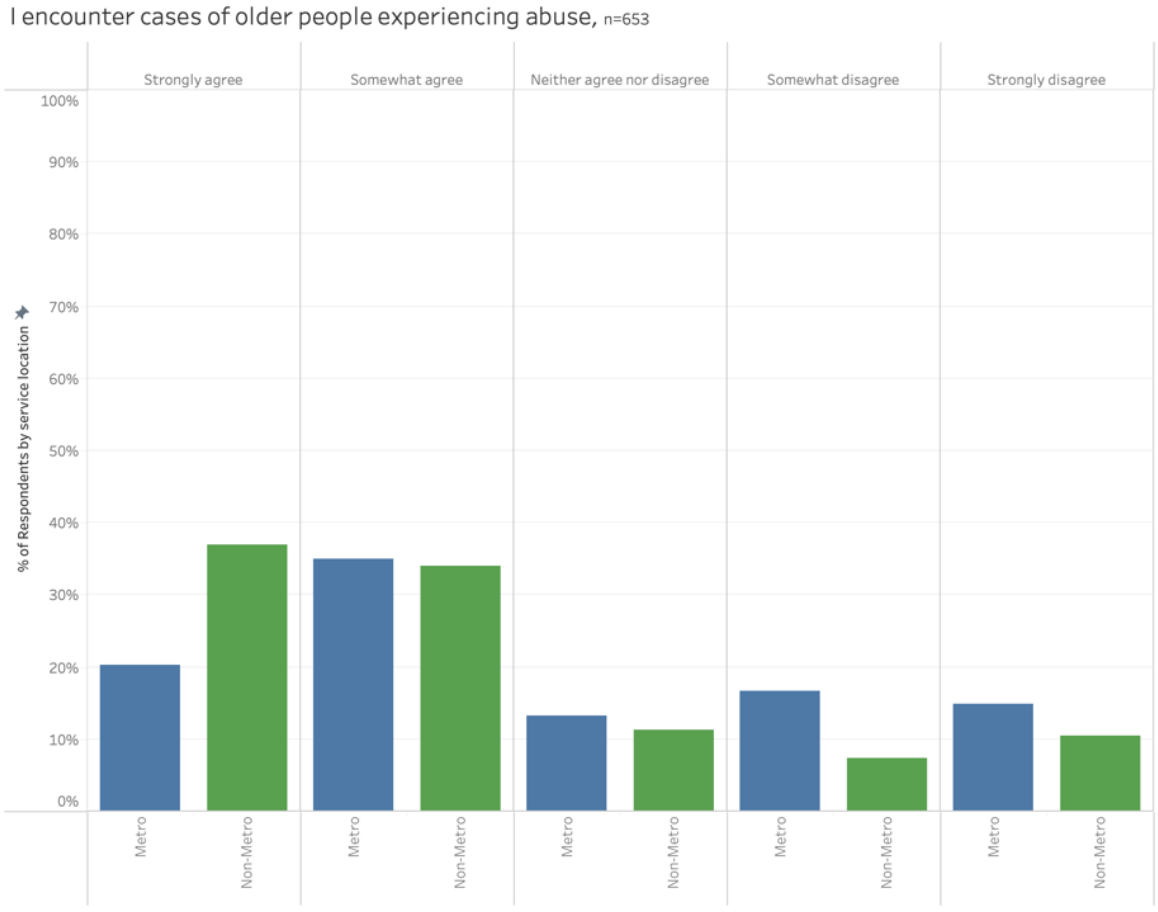
The three groups that are addressed in more detail in the empirical research conducted for this study (CaLD and LGBTIQ+ older people, and older people living in regional, rural and remote areas) are considered to experience abuse more frequently than the general population.



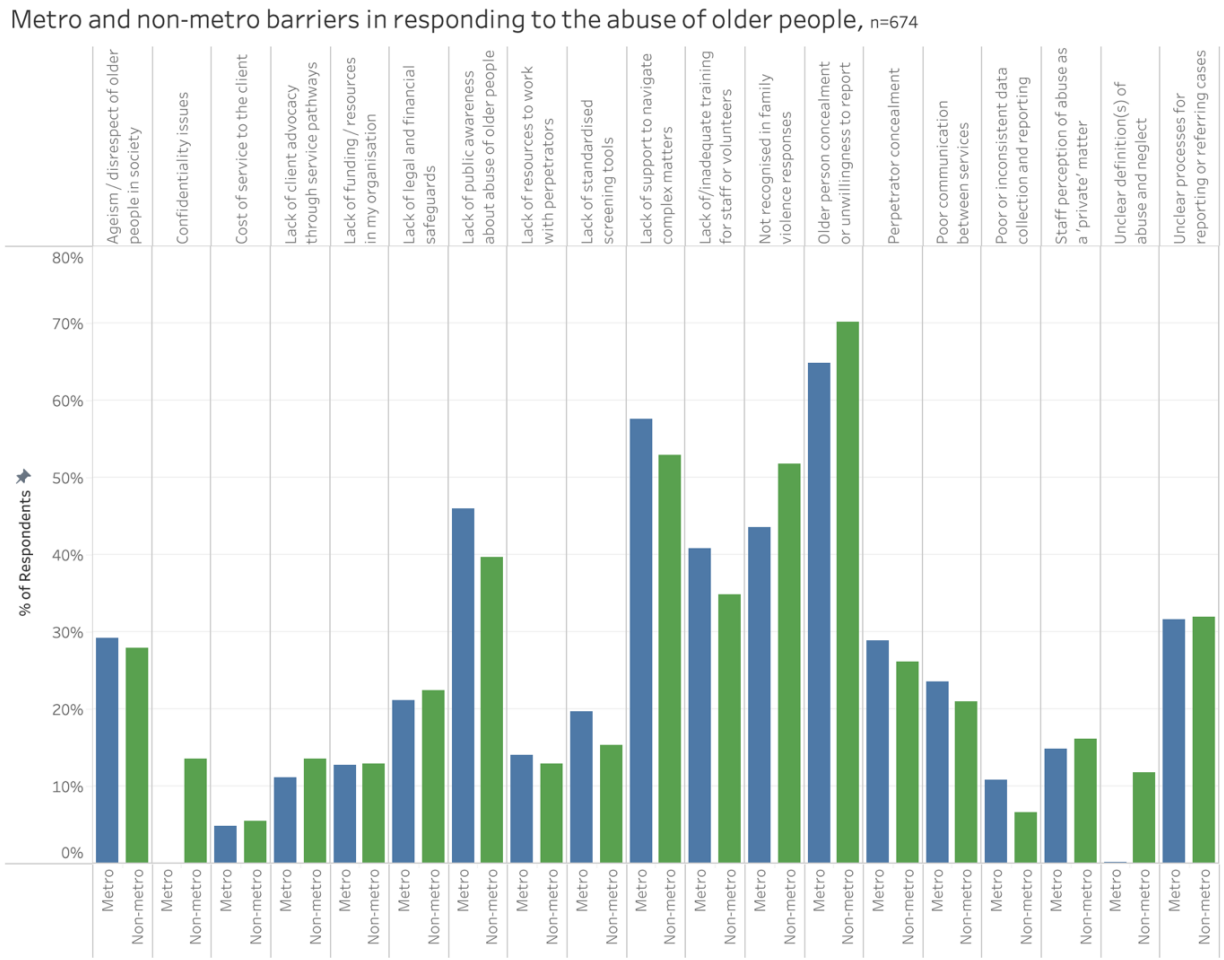
6.3 Older people living in regional, rural and remote Western Australia

This study included targeted online consultations with people, living and working in seven out of the nine Western Australian regions, who have a role to play in preventing and responding to abuse. This is the first time that research of this kind has been conducted across Western Australia and constitutes an important step towards understanding the abuse of older people and appropriate community and service responses in diverse parts of regional, rural, and remote Western Australia.

Despite the size and great regional variation of Australia, little is known about the abuse of older people in dispersed population settings. The prevalence of abuse in regional, rural, and remote areas is believed to be similar to urban areas.[161] However, as illustrated in Figure 6.3.1, survey respondents working in regional Western Australian reported encountering the abuse of older people more frequently than those working in metropolitan Perth. Findings from focus groups and interviews suggest that this may be due to the greater familiarity with clients' personal affairs and relationships that professionals are likely to have in tightly networked small communities, in contrast with the comparative anonymity in metropolitan Perth.



[161] Cuppit, 1997; Warren & Blundell, 2018



Research in global contexts shows that the different conditions encountered in regional areas form barriers to effective service responses and result in different levels of reporting abuse.[162] These different conditions can include thin and uneven distribution of services and resources, and cultural dimensions, such as privacy and reputational concerns in small towns, or wanting to be viewed as 'strong' and 'capable' and therefore unwilling to seek help.[163] Collectively, these conditions form a significant impediment to realising the Elder Abuse Strategy principle that responses are there to support older Western Australians regardless of where they reside.

These barriers were also reflected in survey responses, and are illustrated in Figure 6.3.2, comparing the responses of participants working with clients in metropolitan and non-metropolitan settings to the question, "what are the most significant barriers in reporting abuse?"

[162] Warren and Blundell, 2018.
[163] Warren & Blundell, 2018; Clare, Black & Clare, 2011.

While the barriers to responding are largely similar in metro and non-metro areas, four barriers were identified more frequently by respondents working in non-metro areas:

1. **Confidentiality issues**: it may be more difficult to respond effectively in small communities where people tend to be more aware of each other's personal and family affairs.
2. **Unclear definitions of abuse and neglect:** professionals and service providers working in regional Western Australia may not be accessing information resources, training and specialist professional networks that are available in metropolitan Perth.
3. **Not recognised in family violence responses:** under conditions of thin service provision, it may be beneficial to consider extending existing family violence service responses to include the abuse of older people.
4. **Older person's unwillingness to report:** shame and fear of reporting abuse may be heightened for older people living in regional Western Australia, likely due to confidentiality issues in smaller communities.

The focused approach taken in this study responds to the pressing need for more knowledge about the abuse of older people in rural and remote Australia to inform policy and develop appropriate responses. There is a significant gap in this area. A 2018 scoping review of Australian policy documents across all states and territories found while many Australian policy documents include the observation that living in rural and remote areas heighten vulnerability, no policy documents considered in this review contained specific strategies to address the different circumstances of rurality [versus]and remoteness.[164]

The State Government recognises the importance of supporting older people throughout Western Australia. In commissioning this study, the Department of Communities emphasised the importance of consulting with regional stakeholders to inform recommendations to support people living and working in regional, rural and remote Western Australia.

Key findings from focus groups and interviews include:

- Service provision across all sectors is stretched, with fewer, and more generalised professionals servicing extremely large areas.
- Distance and the resultant costs and time required for travel means some places experience delays and inconsistent or irregular service delivery. Noting, that referrals and coordination of appointments is more complicated than in urban areas.
- Limited or no transport increases social isolation y leading to increased risk of abuse or neglect.
- Virtual service delivery may help some, but feasibility of these options rely on a number of factors including good internet connectivity, digital literacy, and private access to devices when abuse occurs within the household.
- Limited affordable housing stock increases the risk of abuse and is a barrier to effective responses when victims and perpetrators cohabitate.
- Privacy, confidentiality and reputational concerns in small towns can contribute to older people and their families being unwilling to report abuse.

[164] Warren & Blundell, 2018.

6.3.1 Research methods and challenges to consulting with professionals in regional Western Australia

This study aimed to consult directly with service providers and professionals based in all nine regions of Western Australia. Due to limitations of budget and scope, it was not possible to conduct face to face research throughout regional WA. Instead, the study design included online consultation through Zoom and Microsoft Teams platforms. There were 17 participants from seven regions and 10 sectors who were consulted during the research activities focused on regional Western Australia. The Gascoyne and Pilbara were the only regions not represented among these participants, while professionals from the Peel region participated in focus groups held in Perth. Figure 6.3.3 shows the location of focus group and interview participants working in regional Western Australia.

Recruitment of participants in the regions was challenging. The original study design involved holding nine online focus groups, one for each of the regions. Invitations to register for these nine pre-planned regional focus groups were sent by email and distributed through the networks of the Project Reference Group (PRG), APEA:WA members, peak body email lists, and through the contacts of participants who attended the focus groups in Perth. Potential participants were advised to register to attend on an alternative day if they were unable to attend the focus group designated for their region.

Despite these recruitment efforts, only nine participants attended four focus groups, compared with 65 participants attending five focus groups in Perth. In order to include the regions that were not consulted through this process, the research team followed up with targeted invitations to participate in one-on-one telephone interviews. Five participants based in regional Western Australia were interviewed by telephone.

Stakeholders in the regions who did participate in regional focus groups and interviews were asked why they thought it was so difficult to recruit participants to discuss the abuse of older people in the regions. The following reasons were given:

- Service providers in the regions are under resourced and stretched thin, and few have time to participate in this kind of study.
- Professionals in the regions may be suspicious of or unwilling to engage with short-term studies and initiatives. Many have prior experience of consultations, pilot schemes and/or short-term initiatives managed by 'blow ins' that have not resulted in sustainable change or improvement and disappear once the funding runs out.

- Many professionals working in the regions are generalists, meaning they address health, social or legal issues for a wide range of cohorts, without a specific focus on older people, so they may not feel the invitation was relevant to them.
- A lack of specialist services and specialist focus could mean many consider themselves unqualified to contribute to this research despite being front-line professionals in their area who are in fact the most informed about abuse that may occur.

An example of this final point was seen in one participant's observation that despite working directly with older people in a regional town and having seen first-hand challenging issues arising from difficult family relationships, from misuse of enduring powers of attorney and guardianship, and thin service provision, they almost did not attend the focus group because they felt insufficiently expert to participate in this research. Suffice to say, their insights were valuable and made an important contribution to the findings presented here.

Almost all regional focus group participants said that they had chosen to attend because they wanted to learn more about this issue and who else was working in this space in their region. Those who came to focus groups that were poorly attended were disappointed at the missed opportunity to connect with other regional professionals from different sectors. The experiences encountered recruiting for this study are in themselves a finding that indicates the need for more intersectoral networks or communities of practice to support professionals who encounter and respond to the abuse of older people in regional Western Australia.

6.3.2 Thin service provision in regional Western Australia

The diverse geographies and dispersed populations of Western Australia create barriers in identifying and responding to the abuse of older people that are unlike those of most other Australian and/or international contexts. Even in geographically smaller Western Australian regions with more concentrated populations, study participants still reported challenges that arose because of distance, time, cost of travel, and thin service provision.

The main issues reported by participants include:

- Most places in regional Western Australia with dispersed populations experience thin service provision. Typically, small populations are considered insufficient to maintain regular local services.
- Limited access to visiting GPs and community nurses.
- Long waiting lists for referrals to medical specialists, (for example, geriatric referrals for capacity assessments).
- Long distances to attend appointments especially, with specialists in hospitals is a problem exacerbated by limited or no public transport, resulting in a reliance on family, friends, informal support and community transport.
- Limited or no community health support following discharge from hospital care.
- Limited home care service provision, including situations where packages provided out of regional centres must include travel time therefore reducing time for provision of care.

- Limited or no residential aged care, resulting in people losing their social networks and emotional support when they move into care homes.
- Limited or no respite care places, including nowhere to house older people who are at risk while their circumstances at home can be addressed.
- Limited or no access to legal and financial advice, typically accessible only by telephone or video conference when no visiting outreach service is available.
- Closure of banking branches, meaning banking services are only accessible either through online banking, by telephone, or the post office in the nearest town.

Service responses therefore vary significantly both within and between regions of Western Australia for older people experiencing or at risk of abuse. There are examples of experienced professionals with well-developed responses to abuse working in regional Western Australia, including in some more remote settings. However, these responses are currently restricted to particular geographical areas and appear to be reliant on individual expertise available, as well as individual interest in the issue. More commonly, service provision in rural and remote settings is extremely limited.

'This is the biggest nightmare we have in the South West to be honest. To get a medical assessment of capacity is hard, GPs don't like to do it, they tend to prefer to refer them on to a geriatrician, who often have six-month wait lists. It just becomes very, very hard.'

- Social worker

Participants report the challenges of navigating a complex service landscape are amplified in regional Western Australia. Coordinating referrals, transport to regional hubs, and/or appointments with visiting specialists is often a time consuming and confusing process. Such complexities, combined with long waiting times for referrals, can result in significant delays in enacting much-needed protective measures.

These challenges are even more difficult for people who are living in places between the main regional centres. A person living in this kind of location may have conducted their business in one large town for their whole life, but then must receive services based in another, much less familiar, and larger town. One such location is Walpole, where some residents may be required to travel to Bunbury (250 kms away) for services despite being more comfortable with travelling to Albany which is closer (120 kms away). Some service providers have the flexibility to accommodate individual preferences, however many must operate within more rigid parameters of service delivery and/or are constrained by funding arrangements.

'It's just bonkers. If you're clearly identified with a region then you might find it easier to know where to go. But if you're on the borders between regions then it's very difficult indeed.
When you're on the outskirts of a region, the closest major town that you go to for shopping or business may be in another region, but services don't always have flexibility in their funding.'

- Community Resource Centre staff

Participants also noted that State Government agencies do not always refer to consistent regional

boundaries when designing and delineating service provision. For example, one participant reported that residents from their small rural town might variously need to go to Collie, Bunbury, Narrogin or even distant Northam, depending on what kind of service they needed to access, while they would not be able to access outreach services in nearby Katanning that were resourced out of Albany. A person living on the borders between 'overlapping' services where different responses (e.g. health, community legal, policing, family violence responses) are located in different regional centres may face a bewildering process. of not only having to identify which services are needed (a challenge shared by many older people at risk of abuse, see Chapter 5), but also where each of those services are located and how they are going to get there. Under these circumstances, the need for advocacy to navigate the service landscape becomes even more apparent.

Participants in the regions further noted that regular turnover in government staff can be a barrier to building effective relationships to support better service responses. Particularly, in complex and important areas of service provision, such as housing, where it was noted that frequent changes in leadership can limit the development of effective solutions tailored to local conditions.

6.3.3 Regional service landscape – generalists requiring specialist advice and support

In the context of a thin or less well-populated service landscape, some of the organisations and professionals provide a broader range of service responses, rather than specialising in specific fields as is common practice in metropolitan areas. For instance, professionals and service providers in regional Western Australia tend to be generalists who require knowledge across a wide range of issues and population groups. Participants have observed that low population density combined with barriers to reporting (as discussed above), means these professionals may only intermittently encounter cases of abuse. Addressing intermittent cases of abuse is very time-consuming as it requires professionals to dedicate more time to researching the issues, locating relevant documents, and determining appropriate responses. Under these conditions, clear pathways to seeking advice and support from peers with more specialised experience are needed.

Legal responses to the abuse of older people falls under many different provisions of law, the breadth of which are reviewed in Chapter 7. Small regional Community Legal Centres have that breadth of experience, and instead choose to refer more complex cases to services based in Perth, such as the Older Person's Rights Service.

Conversely, fewer generalist service providers may result in some professionals encountering abuse more frequently, particularly, if they develop a reputation for being 'trustworthy.' Those regions found to have the most developed pathways for support and responses to the abuse of older people featured individual professionals who had taken special interest in this issue, suggesting that with more support and resources, regional areas can develop the necessary service response pathways.

Community Resource Centres (CRCs) play an important role in advising residents on how to access services and coordinating that access. People living in rural areas can seek advice from CRC staff and volunteers when they are trying to access services to address abuse or symptoms of abuse. CRCs may also assume coordination roles for people who struggle to navigate complicated service landscapes independently.

> 'There are no clear guidelines for what to do as a CRC. We had a Bendigo Bank and they had clear guidelines for financial abuse, but they closed. I can think of what to do from my own professional experience. But not all CRCs have the same resources and experience [as our centre], and there are no clear guidelines for what to do.'
>
> - Community Resource Centre Manager

CRCs can therefore play an important role in preventing abuse by raising awareness about protective behaviours, available services and the importance of future planning documents like EPAs and EPGs. Although supported by the Department of Primary Industries and Regional Development, CRCs are independently owned and operate within each local community, and therefore vary in size and funding. The availability, skills and expertise of their staff and volunteers can vary significantly.

There are limits to the level of support that CRC staff and volunteers can provide. For example, they can provide information about the implications and risks of future planning documents, but they may not provide advice and instead facilitate referrals to out of town professionals, who may only provide intermittent visiting services or remote appointments by either telephone or video conference.

> 'All our services [in the regions] are under-resourced and under-staffed. I think agencies all underestimate the cost of travel and providing services in the regions.'
>
> - Solicitor, Community Legal Centre

Participants also noted that the cyclical nature of short-term grant funding makes it difficult to innovate and provide sustainable services in regional areas. While these challenges are not restricted to regional Western Australia, participants suggested that the negative impacts are more difficult to overcome in rural and remote settings. Two interrelated reasons were provided:

- Firstly, people living in rural and remote settings are often 'slow adopters' of new services as they have grown accustomed to being self-sufficient and can be suspicious of new services from 'outside' that may only be provided for a limited period of time.
- Secondly, once a client base for a new program or service has been successfully established, it may be prohibitively expensive to continue with the service once the original grant funding expires, creating a gap between community expectations and realistic service provision.

6.3.4 Limited transport and social isolation

Poor transport and communication infrastructure make it more difficult for people living in rural and remote Western Australia to access vital services. Study participants observed that these can form significant barriers to identifying and responding to abuse. This subsection and the next address each of these issues in turn.

Areas outside of regional cities typically have no public transport. Local governments and community organisations may support community transport initiatives, such as buses with rostered volunteer drivers or coordinated rideshares, but these are necessarily limited by available resources and time. For those who rely on these initiatives, finding transport solutions that align with appointment times, or coordinating appointments around the limited availability of transport, constitutes a significant barrier to accessing services.

The ability to drive and possession of a roadworthy vehicle are therefore key elements in maintaining independence when living in regional Western Australia, particularly outside of the larger regional towns. The loss of a driving licence likely has a more significant impact for older people in rural and remote Western Australia than in metropolitan Perth. Reliance on others for transport increases social isolation as it becomes more difficult to participate in clubs, local events, and community life. It also increases vulnerability to abuse and neglect, as people require support from friends or family to perform simple tasks like food shopping or collecting prescription medications.

6.3.5 Communication infrastructure and digital literacy

Mobile phone reception in rural and remote areas is often minimal or entirely lacking, which leaves people in the community at risk of isolation and exploitation as services and care are not easily accessible. Where internet service is available, access to internet data may still be a constraining factor, because there are no underground cables, data needs to be paid for regularly, and it can be expensive for people with low or no income. When money needs to be prioritised for other necessities people may be left without internet, thereby losing this important method of communication.

Digital access and inclusion are ongoing issues for many older people regardless of their location, however the implications of digital exclusion are particularly significant for those who are already geographically isolated. While the increasing availability of telehealth consultations and virtual service delivery may help to alleviate the challenges of geography, the feasibility and success of these options relies on a number of factors including good connectivity and digital literacy. Accessing services in this way also requires privacy away from a perpetrator, which may not be possible if living in the same household.

Additionally, study participants report that many older people struggle with these technologies, which can be challenging, if not impossible for older people, particularly those with declining cognitive and/or physical capacity. Although facilitated access to the internet supported through care professionals or CRCs may be available, this can be inappropriate for an older person who is seeking advice with confidential financial or legal matters.

6.3.6 Issues with housing and housing affordability

All focus group and interview participants working in regional areas highlighted housing affordability and in turn availability as key problems in regional communities that leaves older people at greater risk of abuse. Examples provided by participants include the following:

- extreme shortages of public housing, with long waiting times, even for those on priority waitlist
- chronic overcrowding, particularly in multi-generational households
- rising private rental costs leading to more adult children moving back into their ageing parents home or living in other types of accommodation (for example tents or caravans) on their parents property; and
- people without other housing options having to rent substandard housing, (for example a dilapidated farmhouse outside of town without a formal rental agreement). Under these circumstances amenities may be cut off or properties become very unsafe, however tenants may feel they have no formal avenue through which to complain.

> 'This [kind of substandard housing] means that people are moved, no, they are pushed, to the very margins of society.'
>
> - Solicitor

Housing was also identified as a trigger point for abuse particularly, in farming families with significant assets. Despite being comparatively wealthy, older members of farming families may find that legal arrangements put in place to protect assets and income, such as family trusts, can sometimes result in a declining standard of living and an inadequately safe home as they age. For example, renovations or modifications to support living with a disability might be urgently required in the main dwelling but funds cannot be released from the family trust to pay for the work without the consent of adult children.

Participants identified a further emerging risk in regional Western Australia that is linked to housing affordability in metropolitan areas. So-called 'tree-changers' and 'sea-changers', (for example, people leaving Perth or other urban centres in older age), may be at particular risk as they age. Participants reported cases of people deciding upon retirement to live in regional towns with cheaper housing and a slower pace of life. While new members of the community were welcomed, participants expressed concerns that these people, typically in younger old age and often single, leave their lifelong social networks and adult children behind and may not adequately anticipate the challenges they will face in the future should their health and care needs increase.

6.3.7 The strengths and challenges of small communities

In small communities, residents tend to know each other, and this can give rise to confidentiality issues. In particular, research participants report older people often struggle with feelings of shame and not wanting others in the community to know about their family circumstances and experience of abuse. Instances of abuse of older people within families are often a continuation of longstanding family dynamics which people have been reluctant

to address for years. While this is not a rural or regional-specific issue, the options for addressing these issues may be fewer and more difficult to access. Furthermore, the reputational impact may also seem greater for those living in smaller communities. Focus group and interview participants working in rural areas agreed that they have a responsibility to 'call out' and respond to abuse, though acknowledged the challenges of working in a smaller community where everyone's lives are so closely intertwined.

Some respondents observed that the level of intimacy in a smaller community can also offer advantages, such as the ability to discreetly approach other people who could be involved in developing and enacting a safety plan, such as other family members, community nurses, or home care service providers, to assist in coordinating a social network response that might be more difficult or even impossible to organise in larger urban settings. However, this can also mean that individuals like CRC staff and community volunteers must operate in a more liminal and 'riskier' environment, relying on the coordination of informal networks to an extent that would likely not be tolerated by organisations operating in metropolitan or larger urban settings.

Participants further noted that cultures of self-reliance, sometimes manifesting as suspicion of outsiders, that exists at the levels of community, family and individuals could also be a barrier to responding to abuse or providing the services and support needed to address circumstances that could give rise to abuse, neglect or self-neglect.

Some participants also observed that people living in rural and remote settings often have different cultural values to those of the service providers they encounter, leading to questions around how to balance risk and professional responsibility with the need to support individual choice and autonomy. Personal hygiene, for example, is a value-driven issue when determining if conditions may be considered abuse or neglect. A person or a family may choose to maintain different hygiene standards, often throughout the life course, compared to what a professional might consider as 'normal' or appropriate. While these issues are of course not restricted to regional settings, participants suggested that some older people living in rural and remote areas may be more resistant to 'outside' interference than their urban peers.

6.3.8 Towards new responses in regional settings: diverse regions need tailored solutions

The diverse geographies and dispersed populations of Western Australia present additional barriers to identifying and responding to abuse than those found in other Australian-based and international contexts. Even in geographically smaller Western Australian regions with more concentrated populations, study participants reported challenges that arise because of distance, time and cost of travel, 'patchy' digital communication infrastructure, and thin service provision.

Service responses therefore vary significantly both within and between regions of Western Australia for older people experiencing or at risk of abuse. There are examples of experienced professionals with well-developed responses to abuse working in regional Western Australia, including in more remote settings. However, these responses are currently limited, available only in some geographical areas, and are reliant on the availability of individuals with expertise, and on individual professionals having an interest in this issue.

Despite the challenges faced when working in regional Western Australian, study participants identified several strengths that can support more effective responses to abuse in regional, rural and remote settings. These include strong communities and tight networks, more opportunities for informal discussion of cases between professionals familiar with each other's work, and willingness to find creative solutions to support clients.

Despite these potential strengths, far more work is needed to ensure interventions to both prevent and respond to abuse are more effective and, importantly, more consistent throughout the diverse regions of Western Australia. Duplicating resources, responses and referral pathways that are designed for urban populations with little or no modification for rural or remote conditions is inappropriate, while one-size-fits-all regional response models similarly do not meet the different needs found among the diverse geographies and populations of Western Australia.[165]

Furthermore, different service models and responses are required for Aboriginal and non-Aboriginal areas in regional [Western Australia], recognising that there are differing experiences of rurality and culturally-specific understandings of mistreatment.[166] This is discussed in more detail in subsection 6.6 below.

Some of the measures required to reduce the risk of abuse for older people living in regional Western Australia involve structural changes and investment of resources. These include improving access to affordable housing stock, transport and communication infrastructures, and improved access to and better coordination of services.

There is also a pressing need to build greater awareness about the abuse of older people and supporting professionals to identify and implement responses that leverage on existing resources within their regions. Effective measures may include leveraging regional professional networks and/or building communities of practice to address abuse of older people. These measures need to be combined with incentives and support to participate and share knowledge, thereby working towards more consistent responses for older people at risk of experiencing abuse in regional Western Australia.

[165] Warren & Blundell, 2018.
[166] Warren & Blundell, 2018.

6.4 LGBTIQ+ older people

Sexual orientation and gender identity constitute a fundamental element of a person's background and influence many aspects of their life, including choices related to raising families, employment, and engagement with services. Australia's LGBTIQ+ population continues to experience stigma-related harm and faces numerous social and health-related burdens including institutional blindness, physical and mental health challenges, discrimination and victimisation, hate crime, poverty, disability, homelessness and barriers to accessing inclusive and non-discriminative services.[167] However, little is known about the unique experiences of LGBTIQ+ older adults and the abuse they experience in Australia, especially in contexts beyond residential aged care.[168]

The abuse of older LGBTIQ+ people is rooted in the past and current traumatic experiences of systemic, structural and institutional homophobia, transphobia and ageism. These forms of discrimination are deeply embedded in systems and institutions that are often assumed to mirror the 'natural' order of society. Mainstream, heteronormative norms are reflected in laws, policies, and ingrained practices. Examples include the historical criminalisation of homosexuality in Australia, ongoing, failures to recognise the importance of families of choice in preventing and protecting abuse, and false beliefs (e.g. 'we are all the same') that have produced and sustained mistreatment, widespread societal prejudices, rejection and harassment, and discrimination in social, work, and community-life. These forms of mistreatment can continue even after death.

> 'The final indignity and act of betrayal that some older LGBTI people experience is the posthumous erasure of their sexual orientation and gender identity at their funeral.'
>
> - Executive Officer, LGBTIQ+ organisation

In its submission to the 2018 Select Committee, GLBTI Rights in Ageing Inc (GRAI) raised concerns regarding the significant – and discrete – manifestations of abuse affecting LGBTIQ+ older people.[169] For example, the WHO definition of elder abuse does not extend to the systemic abuse so often experienced by older LGBTIQ+ people. The existing definitions emphasise an individual abuser, rather than recognising the impact of systemic abuse (for example, exclusionary or discriminatory policies, procedures, organisational structures and cultures) and conduct that is of particular significance to the older LGBTIQ+ community. While LGBTIQ+ older people experience similar risk factors for abuse as the general population and other marginal groups, they also have additional risk factors due to their sexual orientation, gender identity and/or intersex status. Such additional risk factors include:

- **Systemic discrimination:** LGBTIQ+ older people have often endured stigma and discrimination throughout their lives, including experiences of trauma, abuse, lifespan disparities in financial situation, housing, education, social participation, job

[167] Hill et al., 2020; Barrett et al., 2013.
[168] GRAI (GLBTI Retirement Association Inc) & Curtin Health Innovation Research Institute, Curtin University, 2010.
[169] Parliament of Western Australia, 2017.

opportunities, and access to services, including gender affirming services for transgender, gender diverse and non-binary people.[170]

- **Institutional avoidance:** systemic discrimination from law enforcement, healthcare providers and wider society contributes to institutional avoidance and reluctance to seek assistance from service providers, or report abuse when it does occur.[171]
- **Unrecognised family of choice:** LGBTIQ+ people are more likely to rely on a 'family of choice' comprising friends, partners, and broader community support networks as they age. However, these relationships are not always recognised by service providers.[172]
- **Social isolation:** compared to the general population, LGBTIQ+ people are more likely to live alone, be unmarried not in formal relationships and not be well connected to their local community.[173]
- **Health disparities:** health disparities can have a significant impact on older LGBTIQ+ people, reducing their quality of life and life expectancy. For example, being HIV positive can place individuals at higher risk of abuse in later life as their health declines and the complications of HIV, including, HIV-related dementia, increases.[174]

These risk factors for abuse interplay, overlap and accumulate over the life course. Systemic discrimination, stigma and trauma that older LGBTIQ+ people have experienced in the past can add to or amplify the ways in which they can be threatened or manipulated by others.

This study represents an important first step towards understanding the particular forms of abuse faced by LGBTIQ+ older people to support new service responses tailored to the needs of Western Australia's gender diverse and sexually diverse populations.

6.4.1 Researching the abuse of LGBTIQ+ older people in Western Australia

This section of the report is based on findings from a review of relevant literature. These findings from the literature were further explored and discussed through six interviews conducted with members of relevant community organisations, social groups, and community champions in Western Australia advocating for changes in service provision and promoting social justice in old age. The original research plan for this study included a focus group to bring together professionals and service providers to discuss these issues. However, the research team found that in practice this was not possible, largely because the delivery of dedicated and appropriate services for LGBTIQ+ older people is still undeveloped in Western Australia. One-on-one interviews proved the most effective way of consulting with those few individuals who have specialist professional and personal insight into abuse experienced by older LGBTIQ+ people in Western Australia. This is the first research on this topic that has been conducted in Western Australia and the findings indicate that the experiences reported in the literature are reflective of the lives of LGBTIQ+ people living in this State.

[170] Bloemen et al., 2019.
[171] Grossman et al., 2014; Cook-Daniels, 2017.
[172] Brotman et al., 2003; Grossman et al., 2014.
[173] Fredriksen-Goldsen et al., 2011.
[174] Saxby et al. 2020; Westwood, 2019.

6.4.2 Life course discrimination and systemic abuse

LGBTIQ+ people of all ages have been and continue to be impacted by structural stigma and systemic abuse.[175] Although significant social change has occurred over the last decades,[176] older LGBTIQ+ people continue to deal with legacies of discrimination throughout their life course. This includes the lasting impacts of growing up and coming of age in an era of criminalisation and stigmatisation, being classified as mentally ill, and systematically being discriminated against by family members, education and schoolmates, work colleagues, service providers, sport and religious associations, and society in general.

Decriminalisation of homosexuality has only occurred relatively recently in Australia in the context of the life course of people who are now in older age. This decriminalisation was a slow process, taking 22 years at the national level as it required legislative change in each state and territory over the period from 1975 – 1997.[177] LGBTIQ+ people in Western Australia who are now in their thirties were born in the era of criminalisation, and those now in their sixties came of age in a period characterised by fear of persecution, victimisation and stigmatisation by governmental authorities, society and family. For many older LGBTIQ+ people, the experience of living through this history has contributed to feelings of fear, shame, depression and internalised homophobia/transphobia.[178]

Systemic abuse operates through laws and policy, as well as the actions of individual law enforcement or service personnel, including medical and care professionals. Discrimination, assumed heterosexuality and cisgender identity and a lack of service provider awareness of the diversity of LGBTIQ+ older people leads to the accumulation of negative experiences over the life course.[179] Under these circumstances, LGBTIQ+ people of all ages continue to face barriers accessing services, with recent research revealing that in 2020:

> 'There's a very special form of abuse, which is unique to us [LGBTIQ+ community] which is the inability to be yourself and to claim your history. Basically, you fight for your identity your whole life and then you have to hide again, because you're afraid that your service might drop off even worse. And that should be listed as a form of abuse.'
>
> - Community advocate

- 10% of LGBTIQ+ people in Australia were refused services because of their gender identity or sexuality.[180]
- 28% had difficulty accessing service providers.[181]

[175] Hatzenbuehler & Link, 2014, p. 1.
[176] For example, see Australian Government Department of Health, 2019.
[177] Dates of decriminalisation across the Australian states and territories: 1975 in SA; 1976 in ACT; 1980 in VIC; 1983 in NT; 1984 in NSW; 1989 in WA; QLD in 1990; TAS in 1997 (passed by one vote).
[178] Barrett et al., 2014.
[179] Bloeman et al., 2019; Cook-Daniels, 2017.
[180] Hill et al., 2020.
[181] Australian Bureau of Statistics, 2021.

Study participants confirmed that many older LGBTIQ+ people in Western Australia still feel unsafe to disclose their sexual and/or gender identity in institutional settings. Interview participants also discussed the concept of 'identity management', meaning a constant awareness about who and in what context it is safe to disclose sexual and/or gender identity. For example, going 'back in the closet' was presented as a common form of self-protection engaged by older LGBTIQ+ people as they age, especially when transitioning to residential aged care.

Systemic discrimination, stigma and trauma that older LGBTIQ+ people experience over their life course contributes to cumulative adverse health, economic and social outcomes, heightened social isolation, limited trust in public institutions, increased risk of abuse, and reduced likelihood of abuse being identified and reported.[182] What can make elder abuse different for LGBTIQ+ older people is not their sexuality or gender identity, but how the system has created the environments in which sexual and gender diverse groups are stigmatised and discriminated against. This creates a set of unique barriers that may make LGBTIQ+ older people more vulnerable to abuse and invisible to service providers and general society.

Systemic discrimination from law enforcement, healthcare providers and wider society means that LGBTIQ+ older adults often have very different relationships and perspectives about service providers than non-LGBTIQ+ older adults. [183] Institutional avoidance is common among older LGBTIQ+ people and impacts their willingness to access services and report the abuse they might experience. Additionally, many LGBTIQ+ older adults are hesitant to report abuse to authorities that may require disclosure of their sexual orientation, which many are reluctant to do.[184]

> 'If for at least two thirds of your life you had been told that you are mentally ill, needing forced hospitalisation, institutionalisation, because of your sexual orientation, or being called immature, a criminal, a paedophile, facing mocking, bullying everywhere, in educational and religious organisations. It puts you in a very disadvantaged and vulnerable position of living in shame, in constant fear, [with] ongoing self-awareness of how to behave, how to talk, what to wear.'
>
> - Community advocate

[182] Hatzenbuehler, 2020.
[183] Bloeman et al, 2019.
[184] Grossman et al., 2014.

LGBTIQ+ older people living in formal care settings may experience abuse or neglect from caregivers who are intolerant of their sexuality or gender identity.[185] This can include physical abuse or neglect, psychological abuse, denial of visitors, being involuntarily 'outed' as LGBTIQ+, refusal to allow same-sex couples to share a room, and refusal to allow a transgender person to dress or be placed in a ward that matches their gender identity.[186] The case study of Sylvia below illustrates some of these issues.

CASE STUDY: SYLVIA'S STORY

This composite case study illustrates the kinds of discrimination that trans people may encounter when they rely on health and care services.

Sylvia, a trans woman in her late seventies, was living independently but growing frailer when she was admitted to hospital following a fall. She was pleased that her name of choice was used during the admissions process but became distressed when she was placed on a male ward. With support from visiting advocates, she was moved to a single room and was pleased that nursing staff were mostly respectful and addressed her with the correct name. However, because she was still on a male ward, she continued to be misgendered by some staff, for example when catering would ask if 'he' had finished 'his' cup of tea.

Sylvia was unable to return home directly from the hospital. After her discharge into a residential aged care facility, Sylvia continues to struggle with staff who do not acknowledge or respect her gender identity. She is largely confined to bed and requires assistance with personal hygiene. One day a care worker while bathing her told Sylvia that she was offensive to God. Sylvia responded forcefully but was in a vulnerable position, being negatively judged while being bathed. When Sylvia's friend spoke to service management, they responded defensively, arguing that all staff had received inclusivity training. Despite these interventions, Silvia continues to feel judged and different. She complains that some staff, both in the hospital and the care home, seem to view her as a curiosity with many of them overtly staring at her as they visit on their rounds. 'I should sell tickets!', she jokes, masking her feelings of discomfort with her characteristic sense of humour. Although Sylvia is resilient, she regrets that her declining health means that she must once again fight for her affirmed gender identity and worries about others like her facing renewed discrimination and hostility in their later years.

[185] Moone et al., 2016; Morrisey, 2010.
[186] Gutman et al., 2020.

6.4.3 Care dynamics and social isolation: biological families, families of choice, formal care providers

LGBTIQ+ older people are more likely to rely on friends, partners and 'families of choice' as they age, rather than biological kin.[187] Families of choice are an important source of support and advocacy for older LGBTIQ+ people and include current and past intimate relationships, friendships, and networks of 'like-minded' people. However, these relationships are not always recognised by service providers.[188] The lack of rights and societal recognition afforded to families of choice can mean that health professionals and other care givers may decline to recognise families of choice or 'fictive kin'. In these circumstances they may instead defer to the decisions of biological family who may not support, or even express hostility towards the older person, their identify and/or their partner.[189]

> 'Some LGBTI people who are coming out and or transitioning later in life may experience significant abuse, rejection and backlash from their family. In their older years they may become more vulnerable to family abuse that forces them to comply with demands to return to the closet or lose support and connection with family members.'
>
> - Community advocate

Additionally, families of choice and social support, (particularly of older lesbian women), tend to be unigenerational, meaning that as LGBTIQ+ people age, so too do their families of choice, often resulting in networks that have reduced capacity to provide support, as members start experiencing health problems and greater care needs at a similar period of time. Study participants agree that this is an extremely challenging and common issue that leads to increased feelings of isolation, especially when an intimate partner is abuser[190] and the fear of being forced to rely on services, abusive partner or family member(s).[191]

In addition, many older LGBTIQ+ people are parents and grandparents, and these dynamics also influence the types of services and interventions that LGBTIQ+ people may need as they age. In many cases of 'closeted older people', they decide to come out at later stages of life, which can trigger abuse and discrimination from family, friends and community members, including grandparent alienation.[192] Instances of abuse by family members may be underpinned by or inflected with feelings of disapproval towards the older person's lifestyle and end-of-life decisions. This becomes particularly problematic when an LGBTIQ+ person has lived separately from their family throughout their adult life, but then changing circumstances in older age, or other family issues or events, require the older person to be in closer contact with or have greater reliance on disapproving family members as they age. Manifestations of abuse that are specific to LGBTIQ+ older people may include social isolation enforced by their family, preventing contact with other LGBTIQ+ people of which the family do not approve, interference in the personal affairs of a same-sex partner, or overriding the instructions of the

[187] Grossman et al., 2014.
[188] Crameri et al., 2015.
[189] Brotman et al., 2003; Westwood, S., 2016.
[190] Westwood et al., 2021..
[191] Shankle et al., 2003; Bloemen et al., 2019.
[192] Tasker & Lavender-Stott, 2020.

older person in relation to aspects of their lifestyle and care, for example, presentation in relation to transgender older people, including preferred gender names and pronouns.

The examples given by study participants of the types of abusive behaviours experienced by older LGBTIQ people at the hands of biological family who are not supportive of their sexual orientation feature combinations of different forms of abuse. For example, financial, social and emotional abuse are present in cases of forced separation of intimate partners when one person in the couple loses capacity and becomes subject to guardianship and administrator decisions by their biological relatives, (e.g. siblings or adult children). Long-term partners or other significant people like families of choice may then be refused permission to see their loved one. This kind of situation may also result in the forced sale of a previously cohabited property to support entry into residential aged care. While this scenario is also commonly reported with reference to straight couples in blended families or later marriages, participants report that lifelong discrimination and family shame can exacerbate these experiences for older people in same-sex relationships.

Furthermore, an older person's LGBTIQ+ identity (revealing or threatening to reveal) can be wielded as blackmail by formal or informal caregivers to manipulate them. Many LGBTIQ+ older people report being isolated or ostracised from their family due to their status as an LGBTIQ+ person.[193]

As discussed in subsection 6.4.2, mistreatment and discrimination in residential aged care remains a significant fear for LGBTIQ+ older adults who worry about spending the remaining years of their lives among intolerant caregivers and fellow residents.[194] Many therefore prefer to endure self-neglect while living alone as they fear mainstream residential care may mean living with residents and being dependent upon caregivers who are homophobic or transphobic.[195] Isolation and self-reliance over the life course can set an older person up for reluctance towards all offers of help and create conditions that lead to self-neglect when self-care becomes difficult.[196]

6.4.4 Intersecting sites of discrimination: vulnerability within vulnerability

LGBTIQ+ people of all ages experience high rates of other types of discrimination and abuse. Examples of discrimination and abuse experienced by LGBTIQ+ people throughout the life course include:

- Two in five LGBTIQ+ people have experienced intimate partner or family violence, however, only 28% of cases are reported.[197]
- 43% of CaLD LGBTIQ+ people have experienced family violence, a risk factor for experiencing abuse in older age.[198]

[193] Cook-Daniels, 2017; Bloemen et al., 2019.
[194] Putney et al., 2018.
[195] Shankle et al., 2003; Brotman et al., 2003.
[196] Cook-Daniels 2017.
[197] Hill et al., 2020.
[198] Hill et al., 2020.

- 42% of transgender people have experienced physical violence, and 80% have experienced verbal abuse and harassment.[199]
- People who describe themselves as gay, lesbian or bisexual are more likely to experience discrimination than people who describe themselves as heterosexual (30% compared to 13%).[200]

However, there are also critical differences in the specific stressors, barriers and discrimination faced by different sub-populations, even within those who identify as LGBTIQ+. Many LGBTIQ+ older people face multiple disadvantages and vulnerabilities arising from intersecting characteristics including race, ethnicity, disability, or socio-economic status that may place them at greater risk of abuse and neglect.

> 'LGBTI victim-survivors, both intimate partner violence or elder abuse, who are Aboriginal or from a CALD background or have a disability - have a further cloak of invisibility.'
>
> - CaLD service provider

LGBTIQ+ dementia: dementia does not 'straighten up' LGBTIQ+ people's gender and sexual identities. [201] LGBTIQ+ people living with dementia may experience unique challenges including heightened loneliness and exploitation due to conflict with family and separation from their support networks. Dementia can also impact an older person's choices in disclosing their LGBTIQ+ identity to others, potentially rendering them more vulnerable to discrimination and abuse.[202]

LGBTIQ+ homelessness: LGBTIQ+ people are more likely to have experienced homelessness than other people.[203] Homelessness can be caused by a variety of factors including family conflict and rejection or intimate partner violence.[204] Older LGBTIQ+ people are less likely to be homeowners than their non-LGBTIQ+ peers, and a high number rely on informal living arrangements, increasing the risk of elder abuse, including systemic abuse and discrimination in the housing sector.[205]

LGBTIQ+ CaLD: almost 30% of LGBTIQ+ people in Australia identify with a cultural or ethnic background other than Anglo-Celtic and they are often excluded from participation in broader CaLD community economic and social support networks.

6.4.5 'Rhetorical silence' as a form of abuse: limited data, research, and service provider knowledge

There is currently very limited research on ageing and diverse sexual and gender identities, and there is no research focusing solely on the abuse of older LGBTIQ+ people in Western

[199] Teaster & Sokan, 2016.
[200] Australian Bureau of Statistics, 2021.
[201] Barrett et al., 2015.
[202] Barrett et al., 2015.
[203] Australian Bureau of Statistics, 2015.
[204] McNair et al., 2017.
[205] Housing for the Aged Action Group, 2020.

Australia or in Australia.[206] This reflects the state of policy and practice in Western Australia and in Australia more broadly, which is only in the early stages of recognising the service barriers and diverse needs of this particular cohort.

A 'rhetorical silence'[207] on the abuse of older LGBTIQ+ people is well documented, and often underpinned by an argument that the LGBTIQ+ population is not large in number, particularly when compared to other vulnerable groups, and therefore does not require dedicated services.

This has been compounded by a lack of population level data about LGBTIQ+ communities. Estimates of the size of the Australian LGBTIQ+ population vary. According to the Australian Human Rights Commission, approximately 11% of Australians belong to LGBTIQ+ communities.[208] However, the General Social Survey (GSS) estimates that in 2020 four percent of Australians described themselves as being gay, lesbian, bisexual or another term other than heterosexual.[209] This discrepancy in estimates results from different conceptualisations, sampling methods, and inclusion/exclusion criteria within the LGBTIQ+ community.

Gender and sexual identities are still not fully enumerated in the Australian Census. Despite initial suggestion that the 2021 Census would include topics such as sexual orientation and non-binary sex and/or gender identity, this did not eventuate.[210] The exclusion of any questions about diverse gender or sexual identities from the national Census renders LGBTIQ+ people invisible in national statistics. It also constitutes a significant barrier to designing appropriate and accessible services for ageing LGBTIQ+ people, where accurate demographic data is needed for effective planning based on population need.

Efficient preventive and protective public services require valid, population-size data backing up policy reform and inclusive services delivery. The lack of research and population data impacts the ability to develop targeted, evidence-based policy, interventions and screening relevant to older LGBTIQ+ people, and contributes to the lack of service expertise in this area.

The 'rhetorical silence' renders older LGBTIQ+ people a silenced, or 'muted group' who do not have their voices or perspectives heard. In addition, there continues to be almost no recognition of the specific needs of LGBTIQ+ older people in health and care services. This contributes to misrecognition not only in a legal and institutional context, but also in research. For example, while the recent Royal Commission into Aged Care Quality and Safety recognised the mistreatment of older LGBTIQ+ people and many opportunities for improvement, none of the final 148 recommendations included in the final report relate to LGBTIQ+ people.[211]

Study participants pointed to older LGBTIQ+ peoples' needs and voices being omitted in the mainstream service delivery model due to systemic abuse and 'institutional blindness'

[206] Dong 2015; Eslami et al., 2017..
[207] Brown, 2009, p. 65.
[208] Australian Human Rights Commission, 2014.
[209] Australian Bureau of Statistics, 2021.
[210] Lyons et al., 2021.
[211] Royal Commission into Aged Care Quality and Safety, 2021.

towards LGBTIQ+ older people, suggesting that service providers think 'we don't have any of those people here.'[212] Participants also described how many older LGBTIQ+ people did not disclose their identity to service providers or felt compelled to go 'back in the closet' when they entered aged care, contributing to the invisibility of this group.

These factors all contribute to the invisibility of LGBTIQ+ elder abuse and 'institutional blindness' in responding to this issue.

> 'Displaying a rainbow flag will not change a thing.'
>
> - Community organisation service provider

Recognition of diverse needs requires intersectionality and person-centred principles, embracing multiple identities, histories and biographies. Instead, according to one study participant, some organisations implement a tokenistic inclusive approach to service design and delivery, such as displaying rainbow flags or lip service acknowledgement of the vulnerability of members of the LGBTIQ+ community. It is essential that service providers foster environments that respect and celebrate differences in gender identity, sexual orientation and expression in order to fully support LGBTIQ+ people as they age.

6.4.6 Towards new responses: Building awareness, advocacy and community resilience

All of these factors combine to form significant barriers to reporting abuse and service challenges in adequately responding to the abuse or mistreatment of older LGBTIQ+ people, even if reported, service providers may not have the skills to respond appropriately.[213]

While the LGBTIQ+ community still suffers from discrimination, and older members are at particular risk, gender and sexuality issues have been gaining greater visibility and acceptance in society. This has the potential to translate into collective power to advocate for older LGBTIQ+ people who may be at risk of abuse.

Despite advances for LGBTIQ+ communities, older LGBTIQ+ people remain an isolated and socially invisible group, both within wider society and the LGBTIQ+ community itself. Study participants agreed that older LGBTIQ+ people tend to avoid visibility and are not effective or active in advocating for themselves. At the same time, media portrayals of LGBTIQ+ people and policy interventions typically focus on younger LGBTIQ+ generations. Study participants further identified few intergenerational interventions to build awareness among LGBTIQ+ people of all ages regarding signs of abuse, risk factors, preventive strategies, and negative health consequences.

Study participants also highlighted a lack of mainstream advocacy and service support in Western Australia. Grassroots initiatives that do exist rely mainly on the personal time and capacity of concerned individuals and their social networks to affect change. Older LGBTIQ+

[212] GRAI (GLBTI Retirement Association Inc) & Curtin Health Innovation Research Institute, Curtin University, 2010.
[213] Morrissey (2010).

people in Australia need more people across multiple sectors who can help them seek support in times of crisis and confide in outside of their immediate household.

> 'There is only one truly effective strategy: being visible, vocal and authentic, which is often difficult for the LGBTIQ+ community, especially its older members and those who are also culturally and linguistically diverse. This cannot be done without support of younger generations, external advocates, inclusive services, and support service providers.'
>
> - Community advocate

Building this base of knowledgeable and informed professionals will work to increase a sense of security among older LGBTIQ+ people, supporting services in the identification of cases of abuse and in providing appropriate referral pathways for older LGBTIQ+ people. Although developing appropriate services for LGBTIQ+ people is still in its early days, work has begun on this. It requires commitment in further building the knowledge base and supporting organisations that understand the distinctive experiences and needs of people with diverse gender identities. And to share these perspectives so that informed and appropriate responses can be embedded in relevant agencies and sectors.

6.5 Culturally and linguistically diverse older people

There is currently very little Australian research that examines the abuse of culturally and linguistically diverse (CaLD) older people. The paucity of research on this topic is compounded by a general lack of disaggregated data relevant to CaLD groups in Australia. However, recently published findings from the National Elder Abuse Prevalence Study include a focus on a CaLD subpopulation dataset, and we welcome the contribution of such important research.[214]

Extensive international research demonstrates that culturally diverse older people have varying expectations and requirements of service providers when seeking assistance regarding abuse. Culture profoundly affects how the mistreatment of older people is understood and affects the ways older people resolve problems, seek help, and respond to interventions. Generational differences in values, behaviours and care expectations can be particularly acute among migrant families, leading to differing understandings of what constitutes abuse.[215]

Being culturally and/or linguistically diverse does not necessarily make an older person more vulnerable. However, CaLD older people are more likely to experience intersecting sites of disadvantage, a 'cycle of vulnerability'[216] that may increase the risk of abuse. Factors that contribute to this increased risk include a larger proportion of older age groups within these communities, low English language proficiency, limited education, an employment rate that is below average, a decline in personal income levels, dependency on family members and high levels of need for assistance with core activities.[217]

Western Australia is home to many older people who identify as CaLD. This diversity is the result of waves of migration from all corners of the world over the course of the twentieth century and up to the present day.[218] There is therefore great diversity among CaLD people, including differences of ethnicity, race, language, religion, regional, educational and occupational background, English proficiency, visa status and migrant generation. Some CaLD older people are recent migrants to Australia, arriving in later life. Some CaLD older people were born in Australia or arrived as young children and have lived here their entire lives. Still others are here temporarily, such as the growing numbers of grandparent migrants on extended visitor visas.[219] Additionally, some CaLD older people have a disability, identify as LGBTIQ+ or reside in rural or remote areas, and face compounding vulnerabilities. Within the cohort of CaLD older people there are therefore many different experiences of ageing, of being part of a family, and of interacting with Australian service provision.

[214] Qu et al. 2021. The final report from the National Elder Abuse Prevalence Study was published after the data collection and report drafting for this study was largely completed.
[215] Bowes et al., 2012; Lee et al., 2014; Enguidanos et al., 2014; Wainer et al. 2010; Chao et al., 2020
[216] Office of Multicultural Interests, 2020.
[217] Almost 27% of CaLD migrants aged 65 and over in Australia reported a need for support and assistance, compared to 17% of the Anglo-Australian population aged 65 and over: FECCA, 2015.
[218] Jupp, 2007.
[219] Hamilton et al., 2021; Baldassar et al., 2022; Nguyen et al., 2022.

Analysis of WA data from the 2016 Census conducted by the Office of Multicultural Interests and the UWA SAGE Lab[220] shows that compared to the general population, CaLD older people, (particularly CaLD older women), experience the following:

- Low English proficiency that increases with age, affecting 29% of CaLD women aged 85+ years.
- Little or no education, 28.7% for 65+ years and 43.5% for CaLD women aged 85+ years.
- Low employment, as employment declines with age.
- Low or no income, most pronounced for CaLD women, with 73.7% of 75-84 year olds having low or no income.
- Deteriorating health and age-related disabilities.

Despite widespread awareness of this rapidly changing demographic profile, public policy and service delivery in Western Australia is not yet well equipped to respond to the needs of the breadth of CaLD older people who live in this state. Language barriers and cultural differences mean that CaLD older people tend to have lower and later rates of service use compared to the wider population. Having low, or no English proficiency constitutes a significant barrier to finding and accessing service providers in the first instance and navigating the service journey in the mid to long-term. This is compounded by a lack of culturally appropriate aged care services and relevant bilingual care workers.[221] Cultural factors also influence service use, such as preferences for providing family care in cohabiting multi-generational households over entering institutional care. Many CaLD older people consider aged care to be the responsibility of family members rather than government services, with formal aged care services, especially residential care, remaining undesirable, and often stigmatised options.

Previous research conducted in WA has highlighted the critical importance of lead organisations and service providers recognising, understanding and responding to the forms of abuse experienced by our diverse older populations.[222]

6.5.1 Researching the abuse of culturally and linguistically diverse older people in Western Australia

A dedicated focus group was held at UWA on 4 March 2021, to explore the ways in which abuse is experienced by CaLD older people and the specialised service responses that may be needed to support community awareness, abuse identification, and effective interventions to reduce or prevent abuse. Of the eight participants in this focus group, six represented multicultural aged care service providers. These are the organisations operating on the frontline in support of CaLD older people who are experiencing or at risk of abuse. Two other participants represented the Western Australian Department of Health and Commonwealth Department of Home Affairs.

[220] Office of Multicultural Interests, 2020, p.9.
[221] Department of Health, 2018; Interim Report 2019; OMI 2020; Productivity Commission, 2014.
[222] OPA, 2006; Black, 2008; Black Blundell & Clare, 2012; Select Committee 2018.

In addition to this dedicated focus group, several participants in other interviews and focus groups addressed issues of relevance to CaLD older people, and the ways in which they may experience abuse, and the particular service needs that many of them have.

This section presents findings drawn from all these qualitative research activities, and categorised by the following subsections:

- language as a barrier in responding to abuse
- limited health literacy and lack of appropriate services
- cultural issues in responding to abuse
- different cultural understandings of social care and 'ageing well'
- the impacts of migration and migration policy
- service provision challenges and solutions.

6.5.2 Language as a barrier to responding to abuse of CaLD older people

English language proficiency has long been and remains one of the greatest barriers to accessing services and addressing circumstances of abuse. CaLD older people are more likely to have no or low education compared to the wider Western Australian population.[223] This can make communication and information sharing more difficult, even when translated resources exist, as first language literacy may be limited. Older people with poor English language proficiency are also more likely to struggle with accessing services and resources through online interfaces as a result of the compounding challenges of low digital literacy and low English literacy.

Focus group participants were united in the view that these factors mean many CaLD older people are heavily reliant on family, in particular adult children, as interlocutors with Australian public administration and service provision. However, when adult children are both the perpetrators of abuse and an older person's key interpreter, this limits access to services that might be able to respond. The case study of Marija illustrates the challenges faced by people for whom English is a second language, even for those who have lived in Australia for many decades. Older people from more familistic and collectivist cultural backgrounds may defer to their adult children as their most appropriate spokesperson, particularly if they have little to no English language skills.

> 'They do not speak English, so they just miss out. They don't understand how to tell them the language they need, so they're just lost.'
>
> - CaLD focus group participant

Specialist elder abuse services in WA report that they encounter fewer clients with poor English approaching them to seek help than might be expected given the linguistic diversity of the older populations they are funded to serve. This suggests that those with the lowest English proficiency continue to face barriers in accessing elder abuse services. This under-representation reflects an analysis conducted on seven years of call data to the Elder Abuse Helpline operated by Seniors Rights Victoria. This

[223] OMI, 2020.

study found that although CaLD older people do seek advice to address elder abuse, the English language proficiency of CaLD callers to the Victorian elder abuse helpline was typically high, with 86% of clients reported as speaking English very well and as few as 1 in 50 clients not speaking English at all.[224]

While Telephone Interpreter Services (TIS) are available to support advocates should an older person require support from an interpreter, low or no English is a barrier to contacting mainstream services in the first place. While the provision of translation and interpreting services is very important, it comes with its own set of challenges and is not sufficient to address the full range of barriers faced by CaLD people. For example, focus group participants reported that people who belong to specific sub-ethnic groups are not always able to access interpreters who are familiar with or proficient in their specific dialect, therefore compromising accurate and/or meaningful interpretation. Additionally, people belonging to small linguistic communities often risk identification in accessing translation services, and fear community members hearing about their personal problems. Such issues are particularly prevalent among groups of recent migrants where certain languages and/or dialects have only recently become spoken in Australia.

Data from the Australian Census further shows that many CaLD older people in Western Australia experience the intersecting disadvantage of disability and lower English skills. The Australian Bureau of Statistics (ABS) uses the measure 'need for assistance' to indicate whether a Census respondent relies on others to complete necessary core activities, such as eating, buying groceries, etc. This a proxy for various disabilities that necessitate a greater reliance on formal and informal caregivers, a general risk factor for the abuse of older people. Figure 6.5.1 shows that among Western Australians over 50 who speak a language other than English at home, rates of disability are highest among those who do not speak English well (24%), or do not speak English at all (30%), compared to those who speak English well (13.5%) or very well (7%). [225]

The compounded dependency arising from limited English and age-related disability, along with associated confidentiality issues, dramatically increases the risk of abuse. This can be particularly true in language communities with small populations where seeking support from co-ethnic organisations risks other community members finding out about what is considered a private and shameful family matter.[226]

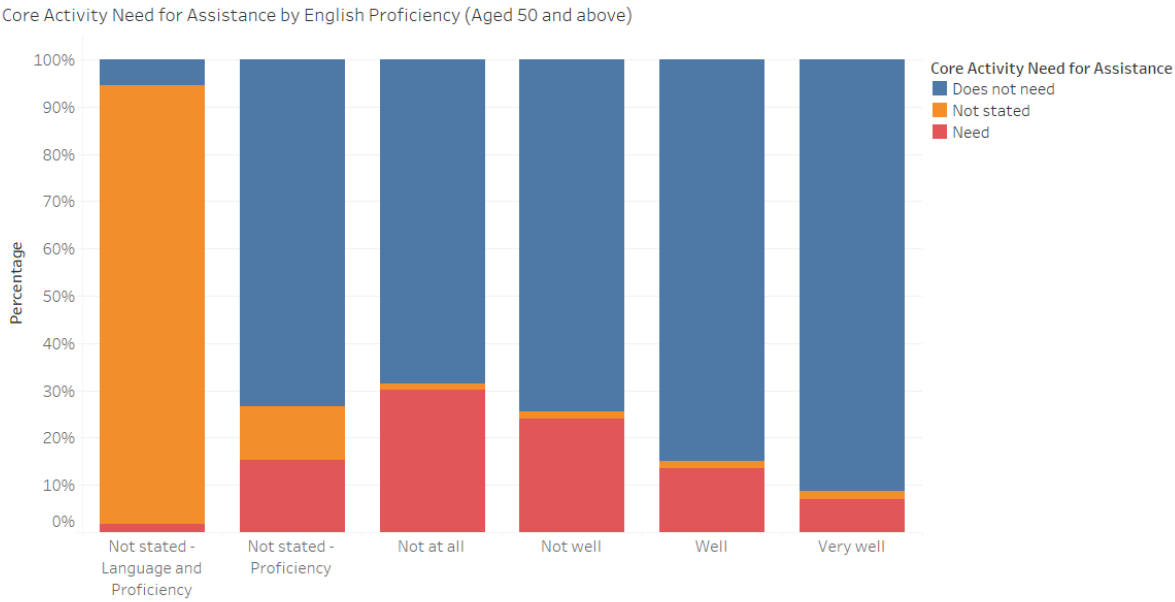
'If I translate abuse to Arabic, it's a very severe and it implies really extreme abuse. Like imprisonment, torture…'

- CaLD focus group participant

Language may also be a barrier in understanding what is meant by abuse within a Western Australian context. When translated into some community languages, 'abuse' can often refer to a far narrower spectrum of behaviours under the broad types of physical and sexual abuse. Emotional and social abuse are more difficult to translate into community

[224] Joosten et al. 2020, p.16.
[225] ABS 2016. Data presented are generated using Tablebuilder. Western Australian population data, place of usual residence.
[226] Guruge et al., 2010.

languages, necessitating more in-depth explanation and interpretation. This level of detail requires delivery by people with not only the linguistic, but more importantly, the cultural competency to do so.



6.5.3 Limited health literacy and lack of appropriate services

An issue reported by focus group participants that is often exacerbated by limited English language proficiency, is the relatively limited understanding that many CaLD older people have of the Australian service landscape and the services available to them. As a result, they must rely on family and community members for information about services. Research shows that those communities that are more established are better informed about available services.[227] This is because these communities have a higher proportion of members who are competent in both English and their home country languages, and are familiar with the Australian service landscape. often comprising the Australian-born children and grandchildren (members of the second and third migrant generations). A shortage of culturally appropriate services further compounds such limited understandings of services that are available. These issues contribute to[a] well-established finding that older CaLD people access services later and in poorer states of health than the mainstream population.[228]

[227] Zontini & Reynolds, 2007.
[228] OMI, 2020; FECCA, 2015.

6.5.4 Cultural issues in responding to abuse of CaLD older people

In addition to language and service access barriers, members of CaLD communities may perceive abuse of older people differently than other Australian communities and may also have a different understanding of the rights of older people to speak out about abuse. CaLD definitions of abuse vary both within and between different ethno-national groups and may diverge significantly from standard definitions used by professionals and service providers. Differing definitions within ethno-cultural groups can be influenced by generational differences in accepted norms and perceived familial obligations. These generational differences are often acutely responsive to ongoing social changes, as adult children of older people may have adapted to the socio-cultural values of the receiving country. For example, filial piety is a traditional pillar of Chinese Confucianism that dictates that younger family members are obligated to care for and show devotion to older relatives. When second generation adult children do not behave in the ways parents remember from earlier times in homeland contexts, parent-child relationships may deteriorate. Behaviours such as increased individualism exhibited by adult children can exacerbate incidents of perceived abuse. Older Chinese adults may experience mental health conditions like depression caused by their perception of adult children failing to fulfil their filial obligations.[229]

> 'Ethnic communities operate differently on the family level… more interlinked and it's sometimes very difficult to draw the line between what is abuse and what is actually just cultural.'
>
> - CaLD focus group participant

Conversely, an incident or set of behaviours that would be defined as abuse by most service providers could be considered culturally appropriate within some CaLD community settings. For example, one focus participant spoke about a woman in their case load. Following the death of her husband, this older woman sold her home to her younger daughter well below market value. In exchange, her daughter, son-in-law and grandchildren moved in and she lived with them for a few months before moving to the home of another, older daughter. The house is now being sold and the younger daughter and her husband are buying a new home. The older woman is sad that she won't see her old home anymore but is glad she could help her youngest daughter's family and feels gratitude that they cared for her during those months. Despite having lost her home and becoming financially dependent on her children, she does not perceive any abuse to have occurred.

> 'Migrant communities don't understand what financial abuse is.'
>
> - CaLD focus group participant

Moreover, older people from more familistic and collectivist cultural backgrounds may defer to their adult children as their most appropriate spokesperson. These different perceptions of abuse and of what constitutes appropriate family behaviour may impact the degrees of

[229] Chao et al., 2020; Zhang, 2019.

urgency with which CaLD victims of abuse and their family members seek support from service providers, and whether or not they accept and/or respond to interventions.

> 'There is the notion of stigma and shame. I'd rather, you know, preserve the honour of my family than seek help. I'd rather suffer than ruin the reputation of my family.'
>
> - CaLD focus group participant

The cultural landscape of emotion through which an older person interprets their situation is also central to their experience and how they may be helped to respond to that experience. For example, focus group participants reported that people from Southern European backgrounds may interpret abuse through a lens of guilt, focusing on their sense of duty to their children regardless of the treatment they receive in return. Older people from East Asian backgrounds may interpret their situation through a lens of shame, and fear that exposing their experience to others in the community may bring shame to themselves and their entire family unit. CaLD older people are often reluctant to contact service providers because of deep stigma, shame, and anxiety related to the possible outcomes of interventions.

The emotional dynamics of abuse, and the interactions between abuse victims and abuse perpetrators vary according to culture. A rights-based model of responding to abuse is grounded in protecting the rights of the individual and in a form of justice that seeks restoration. This model is sometimes at odds with the types of resolutions sought by older people from culturally diverse backgrounds, who may prefer holistic models of family intervention that privilege relational hierarchies and/or involve collective decision making. Supporting an older person to seek an improvement of their situation requires sensitivity to the cultural frames through which they understand abuse.

6.5.4 Different understandings of social ageing and of ageing well in CaLD families

Culturally-informed understandings of ageing, cognitive and physical decline, and of family carer roles and responsibilities do not necessarily align with those developed and documented in mainstream policy and practice. Differences in perceptions of what it means to 'age well' can affect CaLD older people's decisions about receiving care, their willingness to access and receive services, and their responses to interventions.

While many older CaLD migrants and their children have internalised Anglo-Australian preferences for independent living above multi-generational households, they also tend to view aged care as the responsibility of family members rather than government services, with formal aged care services, especially residential care, remaining an undesirable, and often stigmatised option. This is particularly true for migrants from cultures with high expectations of reciprocity, collectivism and inter-generational family relationships. Older CaLD migrants tend to access services only when their health problems become serious (and the prognosis less positive), compared with Australia-born and English-speaking migrant peers.[230] However, these lower and later rates of service use, combined with lack of understanding about the

[230] OMI 2020; FECCA 2015.

importance of early intervention, can compound disadvantage.[231] For example, many CaLD communities have limited awareness or understanding of dementia, which often results in delayed diagnosis, poorer prognosis, and a higher burden of care on families.[232]

Ageing CaLD people have different vulnerabilities and experience of abuse compared to non-CaLD older people. For example, cultural isolation is a form of social abuse, denying an older person the opportunity to engage with others in their first language, or in ways that are culturally or religiously meaningful for them.[233] In some instances, lack of opportunity for social engagement is the result of unintentional forms of neglect when adult children are busy with work and expect their parents to devote themselves to caring for their grandchildren. Older people in these situations are often entirely reliant on their adult children for transport and access to social activities because lack of English language ability and familiarity with local environments limits their ability to venture out on their own. Particularly among cohorts who are less likely to have learnt to drive in their countries of origin.

These forms of social isolation may be exacerbated under pandemic conditions as well-meaning families who wish to keep their older loved ones safe from infection may have unwittingly contributed to forms of social abuse and cultural neglect by denying them access to social engagement, for example, within ethnic community groups. Failing to understand the importance of social interactions for ageing migrants may undermine cultural safety. This may be particularly true in families where adult children and grandchildren prefer to speak English, resulting in the linguistic isolation of older adults.[234]

6.5.5 The impacts of migration and migration policy

CaLD older people with English as a second language have all migrated to Australia at some point. However, the life course stage at which they migrated, their country of origin, and the circumstances of their migration all have significant effects on their:

- English language proficiency
- familiarity with Australian public administration, (including health services, legal norms, etcetera).
- participation in the Australian workforce earlier in life (ranging from none to many years).
- ability to travel independently (e.g. ability to drive to medical appointments rather than depending on children or community transport).
- pre-migration trauma, (for example, among humanitarian entrants and others with experience of war or persecution, that may make the ageing process more fraught and affect their ability to interact with government agencies).

These factors combined result in varying degrees of dependency on adult children to facilitate their interactions with service providers. However, length of time in Australia is not a certain predictor of increased ability to advocate independently. For example, older Vietnamese

[231] FECCA, 2015; OMI, 2020.
[232] Brijnath et al., 2019.
[233] Joosten et al., 2020, p.20.
[234] Guruge et al., 2010.

women who came to Australia under humanitarian migration pathways in the late 1970s or early 1980s remain a particularly vulnerable cohort. Limited education, low first language literacy, poor English, and little or no prior employment outside of the home or family business, combine to create high levels of dependency on adult children and grandchildren.[235]

For more recent arrivals to Western Australia, migration policy and visa constraints can create conditions of greater vulnerability to abuse. Older people who have migrated more recently are likely to have arrived under one of four visa pathways, each of which has its own challenges, for instance:

- **Parent visa or Aged Parent visa:**[236] this is a permanent visa that allows a person to remain in Australia indefinitely, to perform paid work, and to access Medicare. However, very few of these visas are granted each year. Estimates of waiting times for visas applied for today are up to forty years.
- **Contributory Parent visa or Contributory Aged Parent visa:** [237] this is a permanent visa that allows a person to remain in Australian indefinitely, to perform paid work, and to access Medicare. Processing times for this visa are much shorter but the fees are much higher. Fees in 2021 are upwards of $47,825, plus the sponsoring child must lodge a refundable Assurance of Support bond with Centrelink for ten years. Older migrants may have to invest much of their wealth in visa fees and bond, creating financial dependency on their adult children once they arrive in Australia.
- **Sponsored Parent (Temporary) visa:**[238] this is a temporary visa that allows a person to live in Australia for up to five years per visa and up to ten years in total. Visa holders cannot work in Australia and cannot access Medicare.
- **Visitor visa:**[239] this is a temporary visa that allows a parent to visit Australia, usually for up to 18 months within a 3-year period. Visa holders cannot work in Australia and cannot access Medicare. Many grandparents use this visa to provide family care, regularly travelling back and forth between Australian and their home country.

Older people who are New Zealand citizens may experience particular vulnerability as a result of their citizenship and migration status. Most New Zealanders in Australia are temporary visa holders under the **Special Category visa** that allows free travel between the countries but restricts access to many elements of social security and care services for people who arrived in Australia after 2001. Despite living and working in Australia for years, many 'trans-Tasman denizens'[240] are unable to seek formal government support such as disability care and aged care.[241]

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[235] Baldassar et al., 2017; Atwell et al., 2005; Han et al., 2019.
[236] https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/parent-103; https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/aged-parent-804
[237] https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/contributory-parent-143; https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/contributory-aged-parent-864
[238] https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/sponsored-parent-temporary-870
[239] https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/visitor-600/sponsored-family-stream
[240] Weber et al., 2013.
[241] Spinks & Klapdor 2016 [2020].

Older New Zealanders, many of whom came to Australia when their Australian-born grandchildren were babies, are caught in a difficult situation when their care needs increase. Unable to access care services, they must choose between returning to New Zealand where their social support networks and sources of informal care may be much diminished or remaining in Australia and becoming increasingly reliant on their family. These issues can be compounded when older New Zealand citizens have raised their children in a culture with high expectations of reciprocity, such as Maori or Samoan, but their adult children have different understandings of their inter-generational obligations. With no access to formal care, or even respite services, these families have a heightened risk of intentional and unintentional neglect and abuse.

CaLD grandparents who provide unpaid labour that is critical to adult children's workforce productivity are at high risk of social isolation, abuse, and declining health outcomes. This includes all visa holders but is particularly acute for temporary visa holders and those who do not qualify for Medicare. Some grandparents on visitor visas will defer seeking medical advice until they return to their home country as they cannot afford to see a doctor in Australia. Focus group participants reported that some grandparents are dependent on the generosity of co-ethnic doctors providing free consultations at community centres.

The Department of Home Affairs has enacted family violence provisions for holders of temporary Partner visas and Prospective Marriage visas. These special provisions were introduced so that temporary visa holders experiencing family violence may access a pathway to permanent residency without remaining in a situation that puts them at risk of continued abuse. However, there are no comparable provisions for Parent visa holders. Without dedicated mechanisms in place, older migrants who are dependent on family for their visa can be particularly vulnerable to family members perpetrating abuse and may feel they are unable to report abuse or have limited options for recourse if it does occur.

6.5.6 Towards new solutions to service provision challenges

CaLD-specific barriers to accessing services and reporting abuse include a lack of or limited English language abilities, limited knowledge of available services, difficulties accessing government systems (including health and social services), and a lack of culturally appropriate services for some migrant groups. CaLD older people who are victims of abuse struggle to advocate on their own behalf within a system that demands good English language ability and independent mobility within the community, often including an ability to drive and/or competently navigate public transport. Furthermore, the complex combinations of service interventions required to address abuse makes the 'service journey' very difficult for CaLD older people. The challenges of navigating services and repeatedly explaining the circumstances of abuse and family dynamics are amplified for older people with limited English and/or different understandings of abuse.

CaLD Aged Care Navigators trials were funded by Commonwealth Health from 2019-2021 to assist CaLD older people in overcoming barriers to accessing aged care services. Trial findings show that CaLD older people and their carers participating in the trial preferred face-to-face support, finding telephone advice more difficult to understand. This has implications for service delivery under pandemic conditions of physical (social) distancing, and for CaLD older people with both low English and age-related disability. Face-to-face support from bilingual

and bi-cultural navigators is important, whether they be paid staff or volunteers from community organisations and multicultural service providers.[242] Further trials are ongoing (2021-2022) under Commonwealth Department of Health funding coordinated by the Federation of Ethnic Communities Council (FECCA). The findings from this work should be monitored for learnings that can also be applied to responses to the abuse of older people.

> 'We need to build a little bridge between the system and the CaLD communities… to know what is defined as abuse.'
>
> - CaLD focus group participant

Comparative research among CaLD communities shows that knowledge of, and access to, services is greater in those communities who have access to trusted bi-cultural interlocuters, often members of the second generation. [243] This suggests that successful service delivery to CaLD communities would benefit from engagement through trusted community liaison officers. Particularly important for new and emerging communities who have not yet developed extensive bi-cultural community support resources. 'Community champions' has proved a useful model to raise awareness and uptake of aged care services and support navigation of the My Aged Care system under the Navigators trials. This model of community liaison officers could be replicated for building awareness of abuse in diverse communities. However, more consideration must be given to how this could be supported in new and small language groups that do not yet have well-established structures of community organisation.

Service providers who work with CaLD older people face difficulties in both understanding and reporting possible instances of abuse of older people. The organisation of aged care service provision can result in a reduced ability for service providers to advocate on behalf of older people who are experiencing abuse. For example, under the Consumer Directed Care model, adult children who are the decision-makers for their ageing parents may choose to change providers if they feel care workers or service managers are interfering in family affairs. Service providers report that many such problems associated with transactional models that inform the current aged care system in Australia, are even more difficult when providing services to CaLD older people, who often require more support to access and navigate services and may be dependent on English speaking children and grandchildren. The transactional nature of aged care service provision can also result in caregivers having insufficient time to talk with their clients and identify people at risk. While the gaps in service delivery that arise from transactional models, particularly in relation to social care, affect all older care recipients,[244] this gap may be yet more relevant for CaLD older people who can face barriers in communication with their formal caregivers. Study participants discussed the benefits of shifting to more tailored, user-centered approaches that could fund smaller culturally-competent organisations through links with larger aged care service providers.

Focus group participants noted that the complexity of abuse of older people, a complexity that is amplified in the context of diverse communities, requires a specialist response that combines multiple service providers, including medical, psychological, social, legal and

[242] AHA, 2021.
[243] Zontini & Reynolds, 2007; Atwell et al., 2007.
[244] Royal Commission into Aged Care Quality and Safety, 2021.

financial, as well as, importantly, language and culture specialists. Such specialists could then work in collaboration with community service providers – professionals who are currently shouldering the heavy work of community education, identification and prevention of abuse of CaLD older people. Providing culturally appropriate services necessitates a high level of awareness of the experiences and needs of CaLD older people, and recognising their different service needs and barriers to accessing said service needs. In relation to the abuse of older people, this requires applying a multicultural lens by accessing community service providers with appropriate cultural competencies and developing responses on a case-by-case basis, and not trying to fit older clients into 'one-size-fits-all' service responses.

This complex work requires a multilingual workforce with cultural competency amongst all types of specialists. Furthermore, communication strategies must accommodate not only low or no English literacy but also high levels of first language illiteracy among older people from some countries of origin. For example, appropriate methods of communication may include diagrammatic, illustrative information leaflets and animated videos. In addition, community radio is also an appropriate channel for reaching multilingual audiences. Noting, from a policy perspective, this necessitates that the relevant agencies and organisations have a dedicated budget for these types of multilingual communications.

Some service providers participating in the focus group suggested that prevention measures should shift the emphasis from victim education to perpetrator awareness and accountability. This is particularly important in CaLD communities where some older people do not have the skills to enact preventative measures without extensive advocacy and support. Working to change community values, perhaps through the engagement of trusted community liaisons/champions, will prove more effective, enabling community members to recognise abuse behaviours and enact change long before situations deteriorate to the point that mainstream agencies might be alerted to the problem.

It is also imperative to consider the potential impact of new legislative responses to the abuse of older people and their suitability to CaLD older people specifically. For example, criminalising certain behaviours may have more serious and unintended consequences for CaLD families than for the general population. Current legal definitions fail to adequately accommodate different attitudes towards collective decision-making that are important to many members of CaLD communities. Human rights-based approaches that privilege the 'autonomous individual' may be culturally inappropriate for some CaLD communities. The development of appropriate responses to the abuse of CaLD older people should include consultation with relevant family and community members.[245] Family members perpetrating abuse are, however, more likely to resist and/or bar access to therapeutic interventions which flag a potential need for interventions that work with [the affected older person one-on-one.[246]

[245] Souto et al., 2016 2019.
[246] Adams et al., 2014.

CASE STUDY: MARIJA'S STORY

This case study illustrates the high level of dependency on adult children that older people with English as a second language may experience, even for those who have lived and worked in Australia for decades. Language barriers make it even more difficult to navigate complex matters and may be used to socially isolate and control a CaLD older person. This case study further illustrates the ways in which service providers and different agencies can accommodate an older client's need for interpretation and supported decision-making.

In 1974, Jak and Marija migrated to Australia from Eastern Europe with their 3-year-old son Adem. They were sad to leave loved ones behind, but they wanted a different life for their family. They settled into life in Western Australia and their family eventually expanded to include a beautiful daughter, Roza.

Jak and Marija worked hard and saved and lived frugally as it was important to them to have security. They both agreed a good education and stable home life was a priority for their children, and something they both had little experience of when they were growing up. By the time Jak and Marija's children had left school, they had saved enough money to purchase their own home and an additional investment property. They both had physical jobs and wanted to enjoy their retirement together and not worry too much about their finances.

Sadly in 2010, at the age of 39, Adem was diagnosed with terminal cancer and died within months of his diagnosis. Jak and Marija never recovered from the loss of their only son, especially as there had been no grandchildren or daughter-in-law to grieve with and remember him by. Adem had died without making a will and Roza kindly offered to sort out probate matters on behalf of her parents. They all agreed that Jak and Marija would struggle with understanding the process and terminology. Although their English was good for day-to-day matters, this was a bit more complicated. Jak and Marija expected to inherit their son Adem's estate but they needed some help, and Roza therefore engaged a lawyer.

Adem's estate consisted of his property, life insurance policy and money he had in the bank. When Adem's estate was finally distributed, Jak and Marija inherited the house and there was no mention of any other assets.

When Jak and Marija spoke with Roza about this, she informed them they were not entitled to anything else but was not forthcoming about how the decisions about Adem's estate had been made. Jak and Marija didn't have the heart to challenge Roza at the time, but Marija strongly suspected that Roza had kept part of Adem's inheritance for herself. Marija believed that if the opportunity arose again, Roza would probably act in a similar manner. This had been a shocking realisation for her, knowing she didn't fully trust her own child.

CASE STUDY: MARIJA'S STORY

In early 2019, Jak had a serious fall, and during his time in hospital, Roza took over all decision-making regarding his care. Roza didn't include Marija in any of the medical meetings arranged for Jak's family. When Marija asked questions about Jak's condition, Roza revealed very little. Marija had immense difficulty asserting herself in the hospital environment, and found it intimidating amongst educated people, that were busy, and spoke too quickly.

A few days after Jak's hospital admission, Roza wanted Marija to sign papers without fully explaining their purpose to her. Since Marija was already somewhat wary of Roza's motives, she refused to sign anything. In frustration, Roza grabbed her and pushed her against a wall. Marija didn't know what to do and so she told no one about the incident. Later that week a friend noticed bruising to Marija's forehead and shoulder and saw she was visibly upset. Marija's friend encouraged her to see a GP and talk about what had happened. The GP made further investigations and discovered that Roza had made an application to the State Administrative Tribunal for guardianship and administration over Jak. Acting on Marija's behalf and with her consent, the GP contacted the police to report the assault, and submitted a statement to the Tribunal. The GP then referred Marija to a community legal centre for further advice and support.

With the assistance of an interpreter, instruction was taken from Marija. A solicitor sought the tribunal documents relating to Roza's application and prepared Marija for the tribunal hearing. At the hearing, the solicitor argued that Roza was not a suitable person to be granted orders over Jak. The solicitor further argued that Marija should continue making medical and lifestyle decisions in her husband's best interests as their separation had been involuntary, and due to Jak's medical condition. However, because of Marija's language difficulties, she and her representative determined it might be better for the tribunal to consider that the Public Trustee assist Marija in finalising Jak's residential care placement.

The tribunal ordered that Marija choose the medical treatment and care facility required by Jak, given he was no longer able to make those decisions, and the Public Trustee would settle Jak's residential accommodation costs within a period of 12 months. This outcome allowed Marija to continue making important decisions about her husband's ongoing care.

6.6 Older Aboriginal people

The Department of Communities has funded a separate study that will deliver findings into the mistreatment of older Aboriginal people in Western Australia.

The objectives of this related study are to determine what constitutes mistreatment of older Aboriginal people, the extent of mistreatment and how mistreatment in an Aboriginal context may differ from a non-Aboriginal context. This study further aims to understand the unique challenges experienced by Aboriginal people and the communities in which they live to understand inherent risk factors and barriers experienced by Aboriginal people when seeking support from various organisations.

It is important to note that focussed research on older Aboriginal people and the forms of abuse and mistreatment experienced by this cohort is not a core dimension of this study. Stakeholder consultations involving professionals and practitioners working in regional Western Australia, identified dimensions of abuse within Aboriginal families and their communities that differed from those within a non-Aboriginal context.

This section includes the following:

- a review of previous research conducted on the mistreatment of older Aboriginal people
- a description of the forms of financial abuse commonly experienced; and
- a summary of some of the key issues in responding to the mistreatment of older Aboriginal people, particularly in remote Western Australia.

6.6.1 Previous research into the mistreatment of older Aboriginal people

In contrast with other international contexts, particularly North America, where there has been extensive research conducted over many decades into the forms of abuse experienced by older Indigenous people,[247] in Australia this is an issue that has received scant attention.

Aboriginal people often experience age-related vulnerabilities at a younger age and at higher rates than the wider population. For example, prevalence of diabetes is three times higher than among non-Aboriginal Australians, with consequent increased problems with conditions like ocular health (blindness)[248] and neuropathy.[249]Aboriginal Australians also have among the highest rates of dementia worldwide, some three to five times higher than non-Aboriginal Australians. [250] Family members providing care to older Aboriginal people living with dementia, mental and physical disabilities and frailty experience significant stress and depression.[251] These carer burdens are exacerbated in remote and regional areas of Western Australia where families often experience limited service provision, overcrowded housing, and significant financial challenges.[252] While there have been calls to lower the pension age

[247] For example, Carsen, 1995; Jervis et al., 2017; Crowder et al., 2019.
[248] Yashadhana et al., 2021.
[249] Margolis, 2020; West et al., 2020.
[250] Derrig et al., 2020.
[251] LoGiudice et al., 2020.
[252] Carroll et al., 2010.

for Aboriginal people in recognition of the[younger morbidity and mortality experienced in this cohort, such pension reform is unlikely to eventuate.[253]

Within Western Australia, the Office of the Public Advocate conducted research in 2004[254] to understand what constitutes mistreatment of older people in Aboriginal communities and the differences that exist within urban, traditional and remote communities. Although this was a small study, conducted over a period of three months, it was the first dedicated study into the mistreatment of older Aboriginal people in this state. More recently, the Kimberley Community Legal Service (KCLS) conducted research in 2020, [255] in collaboration with Kimberley Jigiyas (Kimberley Birds) into financial elder abuse in the Kimberley region.

Although one and a half decades separate these two reports, there are remarkable similarities between the findings of the report from the Office of the Public Advocate and the 2019 report from Kimberley Birds mentioned above.

6.6.2 Financial abuse and humbugging

While study participants reported older Aboriginal people experience many forms of abuse, including emotional and physical abuse and neglect, the type of abuse most commonly discussed was 'financial abuse.'

Culture plays an important role in understanding abuse and determining what are appropriate exchanges of resources, including money. Sharing and generalised reciprocity are embedded in Aboriginal cultures, and so 'expecting a share' is acceptable behaviour, and 'giving a share' can be an important dimension of social and family identities for older Aboriginal people. However, when family members expectations of 'a share' reach the point that an older person experiences harm or distress, these unreasonable demands may be considered abusive.

Study participants noted that financial abuse occurring in remote areas is usually a function of poverty. Elder abuse specialists at KCLS reported two typical scenarios of financial abuse or 'humbugging' experienced by clients attending their service:

- The first example is a situation where an older person comes into a significant sum of money, for example, a payment for a piece of art, a bequest from a will, a royalty payment, or a legal settlement. When they receive this payment, many people in their extended family group expect to receive a share.
- The second example involves regular and routine financial abuse and exploitation, with relatives frequently requesting, extorting or demanding small dollar amounts from an older person's fortnightly income.

Both examples these scenarios can result in an older Aboriginal person experiencing financial hardship, food and housing insecurity, and poorly physical and mental health. 'Humbugging' and other forms of abuse are particularly acute in remote areas with limited service provision

[253] Duke, 2020.
[254] Office of the Public Advocate, 2005.
[255] Kimberley Jiyigas, 2020.

and few alternative housing options, such as communities in the Kimberley or in the Goldfields region around Leonora and Laverton. Health workers in these regions reported that they frequently observed instances of financial abuse but were unable to help because the older person is deeply afraid of the consequences of any action intended to stop or change the behaviours they were experiencing.

As noted in an earlier chapter, survey respondents from across WA indicated that instances of financial abuse had increased during the COVID-19 pandemic, and 58% of respondents felt financial abuse had increased, while only 0.8% felt it had decreased. However, n contrast, elder abuse specialists at the KCLS noted 'humbugging' was less common during the first half of 2020. This was a direct response to higher jobseeker payments including the coronavirus supplement, demonstrating one of the most effective measures to prevent elder abuse in remote places is ensuring people living there have sufficient income to support their basic needs.

6.6.3 Towards a definition of 'humbugging'

The 'No More Humbug' report produced by Kimberley Birds and KCLS defines 'humbugging'[256] as:

> '"Humbugging" is an Aboriginal term used in the Kimberley to describe when someone demands money that belongs to someone else with no intention of repaying it. 'Resource-sharing' is a cultural practice commonly seen among Aboriginal people. However, "humbugging" usually has a negative connotation. It is used to describe demands that are repeated, often with a threat or actual physical, emotional or psychological abuse if the person refuses. Sometimes the term is used to describe outright theft, for example when somebody uses another person's bank card or Centrepay arrangements without their permission.'

However, this definition of 'humbugging' may be specific to the Kimberley, as people living in different regions may use different language to describe behaviours that fall under a broad category of 'acts of making unreasonable demands, often for financial gain.'

Providing a definitive description of 'humbugging' and other forms of financial abuse occurring in Aboriginal communities throughout Western Australian is beyond the scope of this study. Findings from the concurrent research conducted into the mistreatment of older Aboriginal people will provide more clarity on this point.

6.6.4 Key issues in identifying and responding to the mistreatment of older Aboriginal people

Study participants who addressed Aboriginal issues all agreed that service responses to the mistreatment of older Aboriginal people must be culturally appropriate and tailored to local conditions. Mainstream approaches are wholly inadequate and dedicated service responses for Aboriginal clients cannot be 'one-size-fits-all' in a cultural and geographical context as diverse as Western Australia. Service responses should instead be developed with a deep

[256] Kimberly Jigiyas, 2020, p.3.

sensitivity to local conditions and expectations in consultation with the people whose lives they will affect.

Some relevant issues that were raised by study participants include:

- Many older Aboriginal people are unwilling to engage with organisations and individuals with which they are less familiar.
- Many older Aboriginal people may hold a deep suspicion of formal organisations and agencies, including WA Police, for important historical reasons.
- Regular turnover of staff in regional postings can be a barrier to building a deep understanding of local conditions and appropriate responses.
- Grandparent carers may be particularly vulnerable. They are often providing care despite their health problems and without additional income. For example when the Family Tax Benefit is paid to their adult children. In addition, grandparent carers may also become more vulnerable to intergenerational abuse when their grandchildren transition into early adulthood.
- Acute shortages of affordable and appropriate housing in some parts of regional Western Australia make it impossible to develop family safety strategies when an older person is cohabiting with their abuser.
- Acute shortages of culturally appropriate aged care and disability care services in some parts of regional Western Australia.
- Language can be a barrier to developing appropriate service responses for older Aboriginal people. As with smaller migrant populations with few bilingual speakers (see above), using interpreters can risk identification and breaches of confidentiality.
- Service provision in remote communities needs to operate at a collective level, working with the extended family. The logics of service provision in Western Australia focus on the individual client. However, this logic may not work when applied to some Aboriginal communities where the individual is not an independent decision-making agent, but rather, decision making and responsibility operates at a collective level.
- Whole of community development approaches are needed to address some of the underlying causes of financial abuse (including poverty, unemployment and underemployment, housing insecurity, alcohol and drug use). Measures that focus only or primarily on older people are unlikely to succeed.
- Public education campaigns that target younger people and encourage respect for older people may be effective. Good examples are the ‘No More Humbug’ resources developed by Kimberley Birds that includes accessible animated videos.

It is also important to note that older Aboriginal people experience forms of abuse or mistreatment in relation to other people or organisations beyond their own families. Study participants also reported commercial actors (for example, local stores and mail-order services), behaving in ways that cause harm is considered a form of abuse. Examples given include offering credit for goods and services without adequately clear explanations of what the interest rates and/or consequent financial implications may be. Participants described older Aboriginal people with low financial literacy living in remote areas who are constantly in debt to their local stores and unable to break out of this 'cycle of hardship.'

The issues detailed above demonstrate that, similar to CaLD older people and LGBTIQ+ older people, older Aboriginal people experience forms of abuse and sites of vulnerability that differ from other older Western Australians. These forms of systemic abuse and/or systemic failings increase the risk of abuse and require careful consideration along with policy responses. As with other diverse cohorts, definitions of abuse may need to be adjusted or augmented to reflect the unique experiences of older Aboriginal people in Western Australia.

6.7 Recognising the distinctive experiences and needs of diverse older people throughout Western Australia

This chapter has provided a broad overview of the key issues for diverse older people, including those who identify as CaLD, LGBTIQ+ and/or Aboriginal, and those who live in regional, rural and remote Western Australia. While it is helpful to understand the experiences and needs of people through these four lenses, there remains great diversity within the broad population groups featured in his chapter.

It is also important to remember that these categories are not discrete, and that people may have intersecting identities or life experiences that can increase their vulnerability to abuse. Intersectionality is a framework to explore overlapping and interdependent social and/or economic positions and identities that produce various forms of (dis)advantage. In relation to the abuse of older people, intersecting vulnerabilities can be understood as particular circumstances whereby individuals identify with or are exposed to more than one category of vulnerability that may result in an increased risk of abuse.

There is not scope in this report to permit a full exploration of how many different sites of diversity or vulnerability can combine to shape and influence distinctive experiences of older people. A previous example, provided at Figure 6.5.1, shows how people with low or no English are more likely to need help with core activities. This illustrates how older people in Western Australia may simultaneously experience intersecting and compounding vulnerabilities that arise as a result more than one factor.

A common theme for all of the diverse groups of older people addressed in this chapter is the need to recognise where they are excluded from or underserved within the service landscape that is currently available in Western Australia. In doing so attention to broader structural dimensions must be considered when supporting older people to age well, particularly among diverse cohorts.

The forms of systemic abuse highlighted by participants affect people unequally, with some more likely to suffer the impacts as a result of personal characteristics, such as disability, poor health, ethnicity, race, English language competencies, gender, sexuality and location.

This indicates the need to design systems and service responses in ways that do not create or perpetuate conditions that produce abuse, neglect or self-neglect. What this will look like depends on context and whether the person is unable to access appropriate help because of geography, or an inability to understand the services available, or a deep sense of fear and aversion that arises from discrimination, exclusion or other adverse experiences throughout the life course. Developing appropriate policy responses requires engagement with professionals, service providers and end users who have knowledge and expertise to guide and facilitate new approaches that address the distinctive needs of diverse older people throughout the state.

7. Australian law and legislation

7.1 Introduction

This chapter will present a brief outline and commentary on the law and legislation in Western Australia relevant to the abuse of older people, including criminal and civil law. Commentary is focused on two key areas which have been previously discussed in both the ALRC and Select Committee reports and demonstrate the complexities in responding to the abuse of older people. Namely, assets for care arrangements and issues regarding substituted decision-making. This chapter also outlines developments in Western Australian law since the ALRC inquiry, including the findings of the WA Select Committee.

7.2 Commentary on current law and legislation in Western Australia

This subsection presents a description of the current law and legislation in Western Australia. Apart from the remit of guardianship legislation, there are no legislative provisions that specifically address the abuse of older people. However, it is suggested that much Western Australian law is applicable to all categories of elder abuse and in appropriate circumstances, could be pursued in the courts or the State Administrative Tribunal.

Older people may be discouraged by others from exercising their legal rights. This can be for various reasons - from genuine concern regarding the physical, psychological, or financial impact that proceeding through the judicial system may have on them,[257] to considerations as to whether the matter would have a reasonable prospect of success. Or more insidiously, ageist or ableist perceptions regarding the credibility of older people[258] particularly where there is a history of dementia.[259]

7.2.1 The Criminal Law

Recourse to the criminal law would seem logical in instances of physical, sexual or financial abuse.[260] Restraining orders may be obtained in instances of family and personal violence,[261] through law enforcement agencies.[262] If a matter was to reach the courts, the *Evidence Act 1906 (WA)* provides for categories of special witnesses,[263] that includes characteristics such as age and relationship to a party, where special arrangements can be made to assist a special witness to give evidence in court proceedings.[264]

However, it is only in rare cases that elder abuse matters proceed under the criminal law. A recent Western Australian decision involved charges of fraud against the son-in-law of an

[257] See, for example, House of Representatives Standing Committee on Legal and Constitutional Affairs, 2007, Ch 5.
[258] Doron, 2018.
[259] Love, 2019.
[260] As discussed below, the *Criminal Code Act Compilation Act 1913 (WA)* provides a diversity of offences that would seem applicable to instances of physical, financial and sexual abuse. Section 262 provides for a duty to provide necessaries of life, a provision that would extend to instances of neglect. Furthermore, in relation to certain offences, a victim aged 60 or over will involve circumstances of aggravation: s221.
[261] *Restraining Orders Act 1997 (WA)* Ss 4,5,6.
[262] *Restraining Orders Act 1997 (WA) S 7A.*
[263] *Evidence Act 1906 (WA) s106R.*
[264] Ibid.

elderly woman. The accused's wife (the victim's daughter) had passed away and the son-in-law was administering his mother-in-law's financial affairs. Unfortunately, he had spent a considerable amount of his mother-in law's funds and the abuse was only discovered when her aged care fees were left unpaid. The aged care facility was therefore instrumental in the prosecution.[265] In comparison, another instance where three sons allegedly stole 1.6 million dollars from their parents,[266] and despite adverse findings in the State Administrative Tribunal regarding their conduct (that necessitated transferring property and repaying money), no criminal charges were laid.

This is not unique to Western Australia and, even in the face of confronting findings from several interstate State Coroners in relation to the deaths of older people who have experienced abuse,[267] such matters are unlikely to proceed to Court due to perceived shortcomings in the existing law,[268] or capacity issues impacting upon the perpetrator[269] that render a conviction unlikely.

Pivotal Western Australian legislation in relation to criminal law is the *Criminal Code Act Compilation Act 1913* (WA) (CCCA). Appendix B of the CCCA establishes the Criminal Code Act 1913 (CCA). The Schedule to the CCA contains the Criminal Code (the Code) - provisions that are stated to be the law of Western Australia with respect to the matters dealt with therein.[270] The Code provides, *inter alia*, for a catalogue of offences, including several provisions that could address conduct involving well recognised forms of elder abuse. The scope of this Report is not amendable to an exhaustive examination of these discrete provisions however, it is instructive to capture some of the general concepts, noted in the diagram below. Figure 7.2.1 shows areas of criminal law that may be relevant to the abuse of older people. Appendix H includes more detail on potentially relevant provisions of the Code.

[265] Brookes, 2021.
[266] Turner, 2019.
[267] Carlyon, 2018.
[268] In the Cynthia Thorensen matter, where a confronting litany of abuse was considered by the Coroner and a recommendation made to the Queensland Attorney General to prosecute, it was concluded that there would be insufficient evidence to convict: Office of the State Coroner (Queensland), 2013; Barry, 2019.
[269] Coroners Court of NSW, 2018.
[270] Criminal Code Act 1913 (WA) S 2.

During the Australian Law Reform Commission inquiry, several stakeholders highlighted the desirability of creating specific elder abuse offences within the criminal law.[271] Other submissions emphasised the need for additional support for 'vulnerable witnesses' and improved police and legal responses.[272] Nevertheless, the ALRC was of the view that existing criminal laws adequately addressed conduct constituting elder abuse and did not recommend the enactment of specific offences in their Final Report.[273]

A similar approach was taken by the Parliament of Western Australia Select Committee into Elder Abuse which noted at Finding 36 that 'it is not necessary to create new criminal offences of elder abuse, but existing criminal laws should be strengthened in order to effectively protect older people in Western Australia.'[274] Instead, it was recommended that the circumstances of aggravation for property offences in the Code should be broadened to include where a victim is aged 60 years or more[275] and that specialist elder abuse units should be created within Western Australia Police.[276]

Therefore, if it is assumed that Western Australian criminal laws are adequate to address elder abuse, then what are the barriers to moving towards reporting, investigation, and prosecutions? There are a variety of considerations.

Elder abuse is notoriously underreported throughout Australia, and it seems only a small portion of cases reach the attention of the justice system.[277] Because of the relationship of trust between an older person and the perpetrator of the abuse, an older person may be reluctant to acknowledge and report abuse, especially to the police. An older person may encounter barriers to making a report due to the availability of information and ability to

[271] See generally: Australian Law Reform Commission, 2017, Ch 10.
[272] Similar submissions were made to the Select Committee, including Australian Research Network on Law and Ageing (ARNLA) 2018 Submission to the Select Committee Inquiry into Elder Abuse.
[273] Australian Law Reform Commission, 2017, Ch 10.
[274] Legislative Council of WA, 2018. Finding 36, p.68.
[275] Recommendation 16. This recommendation has been implemented.
[276] Recommendation 17. This recommendation has not yet been implemented.
[277] Qu et al., 2021, p.4.

access a reporting framework (whether through lack of access or mental or physical limitations).[278]

Furthermore, there is evidence to suggest law enforcement agencies in Australian jurisdictions may be unwilling to pursue elder abuse matters.[279] Australian and international research has noted that elder abuse is rarely prosecuted as a crime and is too often relegated to the category of a 'domestic' or 'family' matter except in the most egregious cases.[280] Diverse reasons are presented in the literature, including reluctance of the police to investigate crimes due to concerns regarding capacity of the older person as a witness, impact of the adversarial nature of a criminal trial process on an older person, and the likelihood of establishing the elements of the offence to a requisite criminal standard. This is especially the case in instances where there has been a dementia diagnosis. Such circumstances are further complicated by the reluctance of an older person to damage the relationship with a family member (despite the abuse), or feeling responsible for the perpetrator being punished [281] Therefore consent to cooperate, desirable for investigations and prosecutions may not be forthcoming. These findings from Australian and international literature were reconfirmed by study participants who agreed that there are similar barriers to prosecuting cases of elder abuse in Western Australia.

> 'The main barrier for the police is that it's all around evidence so it's about the capacity of your victim - and it's not just the elderly, it can be any vulnerable group - the capacity of your victim and the resilience of them to provide evidence as to what's happened to them and whether that would be subject to court challenges by a defence council. A big thing for us in all family violence cases is the willingness that the parties to assist with an investigation and go through with the prosecution and that's no different to other family relationships.
> Where your actual victim is somewhat reliant upon the perpetrator whose offended against them, whether it be financially for housing, for getting them to the shops, yeah in whatever capacity that is, they've got this relationship with the actual perpetrator and they're frightened to break that, so they won't assist with going to court.'
>
> - Police officer

However, despite such barriers, there have been significant developments in policing responses to family violence throughout Australia. New South Wales, for example, has a policy of mandated action [282] and, as discussed in Chapter 8 in relation to the New South Wales adult safeguarding framework, this framework has introduced specialist liaison officers for older people experiencing abuse. The *NSW Interagency Policy 2020* emphasises that 'abuse must be treated as a crime and appropriate legal remedies and protections offered.'[283] The Victorian Police elder abuse strategy mandates that a person experiencing elder abuse

[278] Judicial College, 2018.
[279] Office of the Public Advocate & Queensland Law Society, 2010.
[280] Lewis, 2018; From an international perspective see generally, Jackson & Hafemeister, 2013.
[281] Australian Law Reform Commission, 2017, p.182, 190.
[282] Australian Law Reform Commission, 2017, p.190.
[283] NSW Government, 2020.

will receive assistance through seeking a Family Violence Safety Notice or Family Violence Intervention Order, the investigation of any criminal acts and assistance with referrals to community services.[284] While Western Australia currently has a coordinated framework in relation to family and domestic violence, this framework does not accommodate all forms of abuse that older people may experience. Intersections between responses to family violence and responses to elder abuse are previously addressed in Chapter 4.

Furthermore, criminal prosecution of elder abuse requires deep awareness and understanding of this issue not only among the police but also other criminal justice professionals, (for example, staff in the Office of the Director of Public Prosecutions). Some jurisdictions in the United States and Canada have introduced training for the judiciary as well as police as an effective mechanism to support criminal justice responses to the abuse of older people. [285] In doing so, police and prosecution services become familiar with the engagement of, for example, physicians and mental health professionals with geriatric expertise and forensic accountants versed in elder financial abuse matters.[286]

> 'The other thing that I have always wondered about is in the financial abuse cases, why there is not a dedicated unit in the Police force in WA that is looking for one or two solid cases to prosecute in order to send a message to the wider community. And when I was at [my previous position], I followed this up and down as best I could, trying to see who someone needed to talk to in order to get the attention of the police to carry out the investigation and then pass it to the prosecutors. And what I found was that in Queensland they were light years ahead and they had a special unit within their police department… We have good laws in this State. We have had a rule of law for a very long time. And you just need to use the laws that you have got and get on with it rather than talk about inventing something new.'
>
> - Lawyer

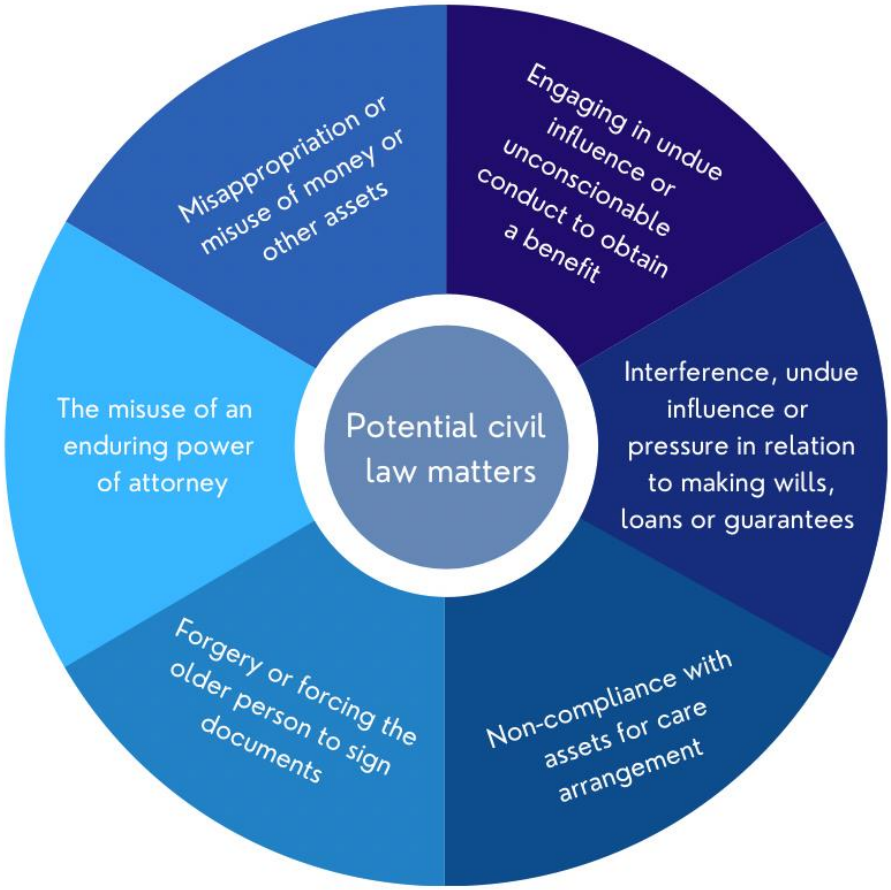
A final reason for not pursuing elder abuse matters in the courts is the adversarial nature of the court process, especially when a person is older and perhaps frail. However, the *Evidence Act WA (1906)* provides for comprehensive provisions that provide special protections for vulnerable witnesses, including persons who are vulnerable due to their age. [287] Furthermore, Western Australia could investigate initiatives from other jurisdictions that provide additional supports for vulnerable older people, for example, older witnesses from South Australia's vulnerable witnesses and communication partners program.[288] Other examples include models offered with the Canadian Tribunal systems and those offered within the US elder court model.[289]

[284] Victoria Police, 2021.
[285] Wakefield & Taylor, 2015.
[286] National Centre for State Courts, 2020.
[287] See generally: South Australian Law Reform Institute, 2021.
[288] See generally: Australasian Institute of Judicial Administration, 2021, 5.3; Bowden et al., 2014, p. 539, 557-558; Cooper et al., 2016, p. 220-221.
[289] Steigel et al., 2013.

7.2.2 Civil law

Civil law provides for greater opportunities for a legal response to elder abuse, particularly financial abuse, for example, in relation to older people being deprived of their assets or property through failed assets for care arrangements[290] or misuse of Enduring Powers of Attorney.[291]

Figure 7.2.2 below illustrates some of the many potential actions that may arise in relation to elder abuse. The diagram does not purport to be exhaustive.



As with the discussion of criminal law previously, Western Australian law, and, where relevant, Commonwealth laws, can potentially address instances of elder abuse. The table below details the breadth of law and legislation that may be relevant when addressing elder abuse.

[290] See generally: Somes & Webb, 2021.
[291] See generally: Ries, 2018.

Western Australian legislation	
General area:	Legislation:
Court proceedings, including potential overlap with criminal law in some civil matters (for example, financial abuse)	• *Criminal Code Act Compilation Act (1913)* • *Evidence Act (1906)* • *Restraining Orders Act (1997)*
Real property law	• *Limitation Act (2005)* • *Property Law Act (1969)* • *Transfer of Land Act (1893)* • *Disposal of Uncollected Good Act (1970*) • *Residential Tenancies Act (1987)*
Succession issues	• *Wills Act (1970)* • *Non-contentious Probate Rules (1967)* • *Family Provision Act (1972)*
Guardianship and administration	• *Guardianship and Administration Act (1990)*
Navigation of court system	• *Magistrates Courts (Civil Proceedings) Act (2004)* • *Supreme Court Act (1935)* • *Supreme Court Rules (1971)* • *State Administrative Tribunal Act*

In relation to Commonwealth legislation, reference can be made to legislation listed in the table below, especially in instances of financial abuse.

Commonwealth legislation	
General area:	Legislation:
Consumer credit (including guarantees and mortgages taken out on behalf of adult children)	• *National Consumer Credit Protection Act 2009* (National Credit Act), which includes the *National Credit Code* as Schedule 1 to the Act
Aged Care	• *Aged Care Act (1997)*

	• *Aged Care Quality and Safety Commission Act (2018)* • *Aged Care (Transitional Provisions) Act (1997)*
Age discrimination	• *Age Discrimination Act (2004)*
Family Law	• *Family Law Act (1975)*
Social security and retirement income	• *Social Security Act (1991)* • *Superannuation Industry (Supervision) Act (1993)*
Older people navigating the migration system	• *Migration Act (1958)*

The scope of this project does not provide for analysis of the breadth of this legislation or relevant common law actions. However, some general comments can be made.

There are significant barriers to pursuing civil action. A majority of matters are simply not acted upon due to the complexity, expense, duration and stress associated with the legal and, ultimately, the litigation process. Again, there may be reluctance on the part of older people to commence legal proceedings against a loved child or other person in a trusted relationship, despite having experienced abuse. Furthermore, traditional legal notions, such as the presumption of advancement, can see an older person disadvantaged from the very start of proceedings. [292] Finally, in cases involving elder abuse arising from undue influence, unconscionable conduct or failed assets for care arrangements the necessity for equitable relief requires actions to be commenced in the Supreme Court, a significant impost and deterrent in addition to the already significant barriers to accessing justice faced by many older people.[293]

The common law in relation to contract[294] and torts[295] could be applicable to a variety of instances of elder abuse, for example, where there has been a breach of a contract for aged care services or where personal injuries have been experienced by an older person through

[292] This arises from the presumption that if money or property is transferred by a parent to a child, even an adult child, the court presumes the transfer was a gift to benefit (advance) the child. This presumption remains part of the Australian law and suggestions in submissions to the ALRC inquiry to reconsider the presumption's utility in modern times was rejected. Nevertheless, other jurisdictions have recognised that the presumption may be inappropriate in cases involving adult children. For example, in Canada, the presumption no longer applies to benefits conferred from a parent to an adult child. Therefore, such a transfer gives rise to a resulting trust in favour of the parent unless the adult child can prove that the transfer was, in fact, a gift: *Pecore v Pecore* (2007) 1 SCR 795.

[293] Productivity Commission, 2014.

[294] *Mainieri v Cirillo* (2014) 47 VLR 127.

[295] Monro, 2002.

the conduct or negligence of another person, including a carer or relative.[296] Real property law is also of considerable importance, both in relation to financial abuse where an older person's home has been surreptitiously sold to a third party[297] or a mortgage or guarantee is raised on the land either without an older person's knowledge or through undue influence.

Some elder abuse issues may attract the operation of certain equitable doctrines where there is no remedy under the common law, for example where there has been undue influence[298] or unconscionable conduct[299] in relation to a transaction[300] or where the conduct under consideration results in a finding of estoppel.[301] Trusts may be imposed in appropriate circumstances such as where a person has made a contribution of money or property to a second person but is not recognised as the legal owner. In such instances equity may — depending on the facts of a case — impose a resulting trust or constructive trust in favour of the person who made the contribution to the extent of that contribution.[302] Potentially, the civil law provides a myriad of possible actions in elder abuse matters and, as noted above, the scope of this report does not permit a lengthy discussion of these issues. Therefore, this commentary will focus on two primary matters; assets for care arrangements and issues regarding substituted decision-making. It is worthwhile examining these areas in some depth due to the emphasis placed upon these interests in both the ALRC and Select Committee reports.

Assets for care arrangements

In the 2017 final report, *Elder Abuse: A National Legal Response*, the ALRC discussed the problematic nature of assets for care and/or family agreements:

> 113 A specific type of financial abuse has been recognised in the context of family agreements. A 'family agreement' is one name for arrangements made between an older person and a family member (usually intergenerational), or another trusted person such as a friend or carer, and where an older person transfers title to their property, or proceeds from the sale of their property, or other assets, to the trusted person—who may use the funds to discharge a mortgage or purchase another property—in exchange for the trusted person promising to provide ongoing care, support and housing. An older person may enter into the arrangement in preference to formal assisted residential care. Other names for such an agreement include: an 'assets for care' arrangement, independent or private care agreement, personal services contract, and lifetime care contract. These terms may be preferable as they signify that the agreement is not confined to 'family'.

[296] Webb, 2016. 101-127.
[297] Somes & Webb, 2016.
[298] *Johnson v Buttress* [1936] HCA 41; *Michaletos v Stivactas* [1991] NSWSC 112; *McFarlane v McFarlane* [2021] VSC 197; Burns, 2002.
[299] *Commercial Bank of Australia Ltd v Amadio* [1983] HCA 14; *Matouk v Matouk (No 2)* [2015] NSWSC 748; *Aboody v Ryan* [2012] NSWCA 395.
[300] See generally: Burns, 2002.
[301] *Giumelli v Giumelli* (1998) 196 CLR 101; *Delaforce v Simpson Cook* [2010] NSWCA 84; Barkehall-Thomas, 2008.
[302] Refer to the discussion of assets for care arrangements below.

> 114 Such an agreement can be a written document but more typically it is made orally, with limited legal advice having been obtained so there is little detail as to the terms, and without all of the relevant issues having been discussed and agreed.
>
> 115 Other than writing requirements for contracts concerning interests in land, there is no Commonwealth, State or Territory legislation specifically governing or regulating these family agreements.[303]

This issue was also discussed in Chapter 9 of the Select Committee Final Report. Finding 50 noted that:

> 'Assets for care arrangements carry great potential for an older person to experience financial elder abuse and older people are often left vulnerable to abuse when such an arrangement exists within a family.'

Recommendation 28 suggested that the State Government should direct the Law Reform Commission of Western Australia to inquire into the possible expansion of the State Administrative Tribunal's jurisdiction to cover disputes that involve 'assets for care' arrangements.

In summary, such agreements are often entered into in a family environment and legal formalities are not considered because 'we are family.'[304] In most cases, there is no contract, nor any details of the agreement evidenced in writing. The most common form of 'assets for care' arrangement is where there is a contribution of money or property to (usually) an adult child pursuant to an agreement that an older person can live with an adult child for the rest of their (the older person's) life. The relatively casual nature of these significant transactions can result in the older person being in a precarious legal position as they have contributed funds to a family member that is often reinvested into the family members home or assets. Furthermore, such arrangements can have serious ramifications in relation to social security entitlements.[305] If the arrangement breaks down, for whatever reason, an older person is unlikely to have an interest in the land and must rely on a Court of equity for relief.[306] This is costly, lengthy and emotionally draining, especially where family members are involved.

Assets for care arrangements can give rise to an array of legal issues that could potentially involve contract, property, equity and trusts law. At present, an older party wishing to commence an action to recover property in a failed 'asset for care' arrangement would need to pursue an equitable cause of action, which is, in turn, dictated by the particular circumstances giving rise to the dispute. Such doctrines may provide a degree of protection to vulnerable individuals against exploitation; however, the onus of proof resides with the older party to commence the action and prove the elements of the equitable claim. The presumption of advancement, which presumes the passing of money or property to a child, even an adult child, as a gift, can operate to the detriment of the older person. While

[303] Australian Law Reform Commission, 2016.
[304] Somes & Webb, 2015, p. 24-51.
[305] Australian Government, 2021.
[306] Webb, 2018.

presumptions can, of course, be rebutted, it is an additional hurdle the older person may have to overcome.

Furthermore, if there is confusion regarding the nature (if any) of an older person's interest under an 'assets for care' arrangement such interests can for example, be protected through lodgement of a caveat. A caveat is a notification on the certificate of title to land indicating that there is an 'unregistered interest' affecting the land. A caveat can prevent subsequent interests from being registered on the certificate of title until the interests of the caveator are addressed. However, to lodge a caveat, the caveator must have a caveatable interest in the land and such interest is often equated with a full equitable interest. However, in a hierarchy of equities (for example, equitable interests, mere equities and personal equities) an interest under an 'assets for care' arrangement is an enigma. As an interest under an 'assets for care' arrangement requires action by the court to recognise whether an equitable right arises from the circumstances of the transaction, it would seem it could potentially be classified as a mere equity thus preventing lodgement of a caveat.[307]

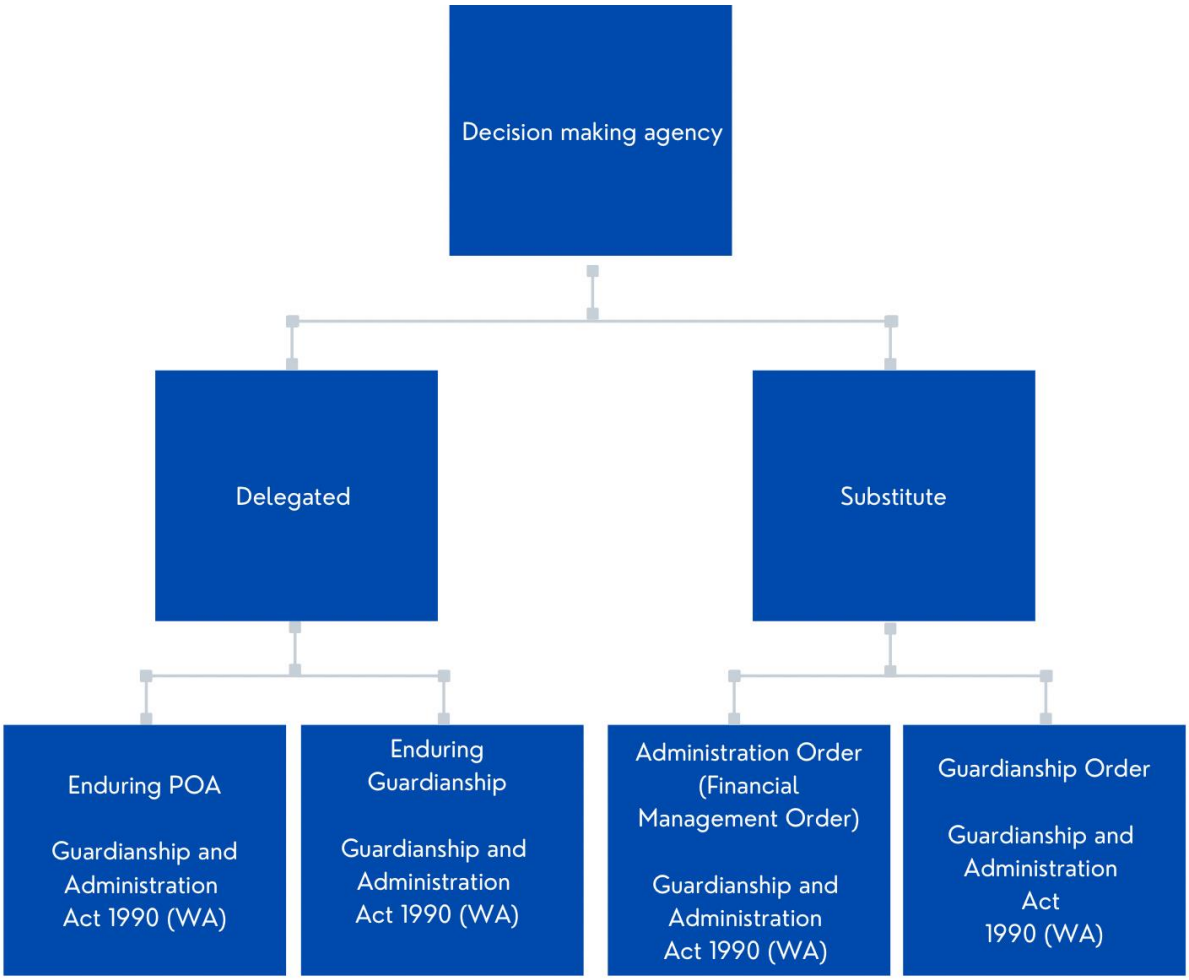
Another barrier for an older person seeking to take action is in relation to a failed 'assets for care' arrangement. An older person will be, in most cases, seeking an equitable remedy, and the matter must be brought to a court that has equitable jurisdiction, in the case of Western Australia, the Supreme Court.

This makes for an expensive, complex and lengthy transaction. As noted above, the Select Committee has recommended that the Law Reform Commission of WA investigate the potential to hear 'assets for care' arrangements in the SAT. However, at the time of writing, this subject has not come before the Law Reform Commission of WA.

[307] Somes & Webb, 2021.

Decision making

Matters involving Guardianship and Administration [308] take up the bulk of applications considered in the SAT Human Rights stream.[309] Many such cases may be commenced as the result of concerns about actual or potential abuse and neglect (including self-neglect). Matters involving the misuse of Enduring Powers of Attorney (EPA) may also be considered. Decision-making can be either delegated or substituted. Delegated decision-making refers to the granting of an EPA or Enduring Guardian. Substitute decision-making involves the



appointment of a financial manager and guardian. These different decision-making roles are illustrated in Figure 7.2.3.

An area where finding this balance is likely to be tenuous is in relation to Powers of Attorney, in particular, EPA. It is accepted that EPA's can be a source of financial abuse where an attorney, deliberately or inadvertently, uses its powers contrary to the interests of the Grantor. Legislation in each Australian State and Territory differs in relation to the responsibilities placed on attorneys and the consequences of an attorney breaching its duties.

[308] *Guardianship and Administration Act 1990 (WA).*
[309] State Administrative Tribunal, 2020.

The ALRC inquiry recommended that State and Territory legislation be tightened in relation to EPAs, including an emphasis on the persons who can be attorneys and the witnessing requirements for such documents. Further, an emphasis was placed on the need to avoid conflict and to ensure that only appropriate people, for example, those who have a criminal record or a history of bankruptcy, should be excluded. The ALRC has further called for better education to ensure that potential attorneys understand their role and responsibilities.

There were also recommendations that provision be made to ensure that an errant attorney to be pursued through the courts and remedies be made available for the aggrieved older person.

The final recommendation from the ALRC inquiry in this area was for a national online register of enduring documents, and court and tribunal appointments of guardians and financial administrators.

Since the ALRC inquiry there has been significant amendment of state and territory guardianship and administration legislation throughout Australia. Most jurisdictions now provide for more stringent requirements in relation to the appointment process, the character of the proposed attorney, record keeping, education and remedies.

7.2.3 Developments since the ALRC Inquiry

The WA Select Committee was cognisant of problems that may befall older people with regard to misuse of EPA noting:

> 'The only time where an EPA must be registered in Western Australia relates to dealings with land. The Committee has heard that Landgate conducts checks to determine the validity of a power of attorney (EPA or ordinary) but notes that these checks are not as robust as they should be. The Committee has heard that Landgate will take an EPA presented to it at face value and may not even verify if another EPA already exists on its register. The lack of adequate checks and balances around the use of EPA in land transfers is an area that clearly needs improvement.'[310]

Indeed, Finding 40 of the Select Committee was that the SAT could be given jurisdiction to hear claims for compensation for the misuse or abuse of a power of attorney and recommendation 21 noted that the government should 'review the Guardianship and Administration Act 1990 with a view to giving the State Administrative Tribunal jurisdiction to order compensation for the misuse or abuse of a power of attorney.'

Finding 41 noted the creation of an offence for a donee of an enduring power of attorney who does not comply with their obligations in section 107 of the *Guardianship and Administration Act 1990* will help prevent elder abuse that may occur from the misuse of enduring documents. As a result, Recommendation 22 suggested that the penalty in section 107 of the *Guardianship and Administration Act 1990* that at that time only applied to a

[310] Legislative Council of WA, 2018, p.ii.

breach of section 107(1)(b) be expanded to apply to the entirety of section 107(1) of the Guardianship and Administration Act 1990. This has not yet occurred.

In the context of the ALRC report and the implementation of the National Plan, new approaches to responding to the abuse of older people are being explored in other Australian jurisdictions. The examples from New South Wales and South Australia are presented later in this report.

8. Responses to the abuse of older people in other Australian jurisdictions

8.1 Introduction

This chapter of the report will present an outline of the ALRC recommendations of adult safeguarding and present a tabular overview of examples from other Australian jurisdictions.

The Australian Law Reform Commission recommended that adult safeguarding laws should be enacted in each state and territory, giving agencies the role of safeguarding, and supporting 'at-risk' adults. The framework outlined by the ALRC takes a rights-based approach to balance the wellbeing, choice, and autonomy with the safety of older people experiencing abuse.

Different approaches have been taken in Australian jurisdictions. There are further examples of adult safeguarding models from international settings, including the UK and US, with arguments both for and against the various approaches.[311] This chapter of the report presents examples of responses to the abuse of older people in South Australia and New South Wales, the only Australian jurisdictions that have introduced adult safeguarding frameworks.

The content presented in this chapter is based on literature review and e co-authors of this report Eileen O'Brien's research conducted over the course of the period 2020-2021, reviewing the adult safeguarding responses in Australia. This research has included interviews with stakeholders and practitioners in other Australian jurisdictions to inform the material contained in this chapter of the report.

8.2 The ALRC Recommendations on Adult Safeguarding

The ALRC, recognised that there was an appreciable number of adults who, while not requiring the assistance of a guardian, were nevertheless vulnerable (at-risk) and needed enhanced protection. These, 'at risk' adults were seen as vulnerable because they may require care and support, are being abused or neglected or are at risk of abuse or neglect, and cannot protect themselves from abuse. Although the ALRC acknowledged that at-risk adults were supported by a diverse framework of government agencies and community organisations, it was emphasised that no government agency in Australia had the clear statutory role of safeguarding and supporting at risk adults. As a result, there was concern that these services may be inadequate. Various options were discussed, including referring to international precedent, and there was a suggestion that, with some extra resources and training, the existing skill set of established agencies such as, for example, public advocates and guardians could be utilised. Nevertheless, it was clear that the ALRC's preference was for the creation of a new statutory body and that adult safeguarding laws be enacted in each state and territory.

In the ALRC's view, an adult safeguarding agency would have a statutory duty to make inquiries where they have reasonable grounds to suspect that a person is an 'at-risk adult'. The recommendations in the Final Report did not envisage that an adult safeguarding agency

[311] Montgomery, 2016; Lacey et al., 2011; Williams, 2017; Graham et al., 2017

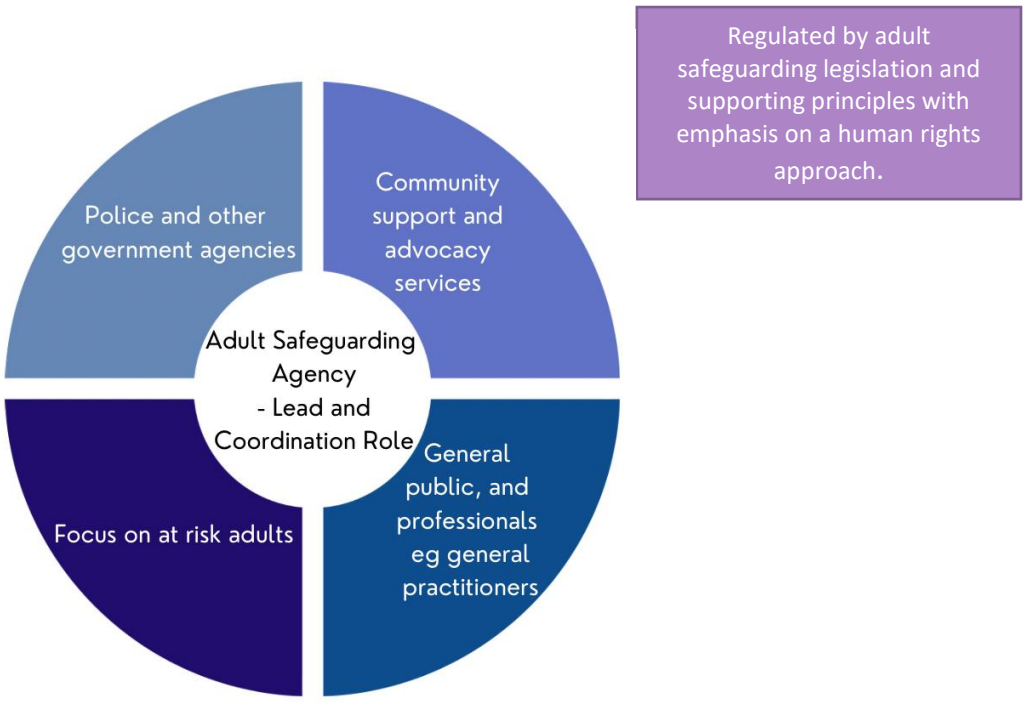
would operate as a discrete, siloed unit. The agency would be a central point of reference where, when appropriate, matters could be dealt with 'in house' or matters could be triaged to agencies with expertise or services appropriate to a particular matter, for example, police, community, and support services. In this way, the agency would 'lead and coordinate' support of 'at-risk adults. It was recognised that a range of points of intervention, including those related to preventing abuse, were required and that it was necessary to provide appropriate responses and redress where abuse has occurred.

In relation to adult safeguarding laws, the preference for a human rights approach was evident. Rights-based approaches emphasise the autonomy and dignity of older adults, challenging traditional and ageist assumptions about older people needing protection. Adult safeguarding seeks to balance wellbeing, choice, and autonomy with the safety of older people experiencing abuse. For example, the ALRC emphasised that, while the agency would be empowered to perform designated tasks and take action where appropriate, in most cases the consent of the at-risk adult for the agency to proceed was essential before progressing.

Having said this, the need to address the often-fine line between autonomy and protection is reflected by the acknowledgement that, in some cases, urgency or exceptional circumstances would necessitate acting without consent pivotal to this approach. Therefore, it was recommended that the agency should be granted necessary coercive information gathering powers such as a power to require a person to answer questions and produce documents. However, it was made clear that the use of such powers should be limited to circumstances where the agency believes on reasonable grounds that there is a risk of serious abuse. And, even in these circumstances, the response is to be only to the extent necessary to safeguard and support an at-risk adult. Similar commentary informed discussions of powers of entry, court orders and so on.

Finally, the ALRC recommended that adult safeguarding legislation incorporate a provision providing a good faith defence for people who make reports of elder abuse. It was made clear, however, that the ALRC were of the view that mandatory reporting should not be introduced. It was also recommended that protocols be developed for professionals such as general practitioners to inform them about referral paths to the adult safeguarding agency.

In summary, the ALRC developed a roadmap containing the essential features of an adult safeguarding regime for Australian states and territories, should those jurisdictions choose to introduce such a framework. Figure 8.2.1 illustrates a diagrammatic overview of the model recommended by ALRC.



There are many examples of adult safeguarding models from international settings, including the UK and US, with arguments both for against the various approaches.

From a Western Australian perspective, the Select Committee discussed the ALRC's findings in relation to safeguarding and noted the variance of approaches throughout Australia. The Select Committee noted that at the time of writing, South Australia was in the process of introducing adult safeguarding legislation via the Office for the Ageing (Adult Safeguarding) Amendment Bill 2018 (SA) and recommended that the Western Australian government should monitor and review the legislation as it progresses through the South Australian Parliament.

8.3 Other Australian states and territories

At the time of writing, only South Australia and New South Wales have introduced adult safeguarding frameworks. It remains to be seen whether, and if so, how soon, other states and territories will adopt adult guardianship legislation. The comparative table on the following pages illustrates the characteristics of adult safeguarding in each State.

Appendix J presents a more detailed description of the safeguarding frameworks in both New South Wales and South Australia, as well as new legislation introduced in the Australian Capital Territory in 2020, that provides for criminal liability for the abuse of older people.

Characteristic	South Australia (SA)	New South Wales (NSW)
Acts and regulations	*Ageing and Adult Safety Act 1995* (as amended by the *Office for the Ageing (Adult Safeguarding) Amendment Act 2018*) *Ageing and Adult Safeguarding Regulations 2019 (SA)*	*Ageing and Disability Commissioner Act 2019 (NSW)* *Ageing and Disability Commissioner Regulations 2019 (NSW)*
Additional instruments	The ASU's operations are further guided by Principles, the South Australian Charter of the Rights and Freedoms of Vulnerable Adults and a Code of Practice.	The legislation contains objects and principles that direct the operations of the Commissioners remit. (S 4)
Responsible body	Adult Safeguarding Unit. (ASU) (s 13)	Ageing and Disability Commissioner. (Part 2)
Composition	The ASU is comprised of the Director, Chief Adult Safeguarding Practitioner, two Senior Adult Safeguarding Practitioners, eight Adult Safeguarding Practitioners, a Community Education and Engagement Project Officer and Administrative support. (s 14)	At the time of writing, there is the Commissioner and 15 full and part-time members of the interdisciplinary team.
Functions	The functions of the unit are listed in s 15. The functions stated are expansive and include activities that include advocacy, education, receipt of reports and investigation (including in coordination with or referral to other, other state authorities and other, persons or bodies) of abuse of vulnerable adults in South Australia. The ASU also has a date collection and information dissemination function (see Appendix J).	The Commissioner's functions are listed in s 12 and are similar in effect as the South Australian model. Again, these functions are expansive and include dealing with allegations of abuse, neglect and exploitation of adults with disability and older adults (see Appendix J).
Status within government	The ASU is housed within the Office of Ageing Well (SA Health). The ASU, via the OAW is responsible to the relevant Minister (presently the Minister for Health).	S 12(3) the Commissioner is not subject to the control or direction of the Minister.
Commencement	1 October 2019	1 July 2019
Scope	For the first three years of operation the ASU was to be limited to apply only to people over the age of 65 and Aboriginal and Torres Strait Islander people over 50. However, following the recommendation by the Safeguarding Task Force, the ASU	The Commissioner's remit extends to adults with a disability (18 years and over) and older people (65 years or over or, if Aboriginal or Torres Strait Islander, 50 years and over).

	expanded its legal mandate from 1 October 2020, to include responding to reports of adults living with a disability who may be vulnerable to abuse. The ASU will further extend its service to include all adults who may be vulnerable to abuse in October 2022.	
Reporting system	Individuals are under no duty to make a report. Any person who suspects abuse of an older person or an adult with a disability who may be vulnerable, can report their concerns to the ASU via the Phone Line. NB s46 obstruction of reports.	Individuals are under no duty to make a report. However, a person may make a report to the Commissioner about an adult with a disability or older adult if the person has reasonable grounds to believe the adult is subject to, or at risk of, abuse, neglect or exploitation and circumstances that the person has reasonable grounds to believe will result in the abuse, neglect or exploitation of an adult with disability or older adult.[312] The individual may also make a report.[313] Furthermore, the Commissioner can, upon their own initiative decide to deal with a matter as a report. [314] Reports need not be in writing.
Obligation to investigate	The ASU has a legal mandate that, upon receipt of a report, must assess the report. Investigations cannot be initiated by the ASU's own motion.	The Commissioner has strong powers of investigation including the power to initiate investigations on the office's own motion or following a referral or complaint.
Obligation to report possible criminal offences.	The ASU is not obliged under the legislation to report evidence of the commission of a criminal offence to the police or prosecution services.	S 13(9) where the ADC receives a report (or part of a report) that may provide evidence of the commission of a criminal offence, the ADC must refer the information to NSW Police or the Director of Public Prosecutions.
Preliminary investigations	S. 23 Each report must be assessed and the ASU can make use of or rely on such systems of information gathering, collating or reporting as the Director sees fit.	

[312] Section 13(1)(a)-(b).
[313] Section 13(2).
[314] Section 13(6).

Assessment of report	S. 23(3) upon assessment of a report three options are open to the ASU to: 1. Take no further action 2. Carry out an investigation, under s 25. 3. Refer the matter to an appropriate State authority or other body or person, under s 26.[315]	S 13(5) upon receipt of a report the Commissioner may do one or more of the following: (a) conduct an investigation (b) make a referral to another person or body (c) decline to take action on the report.
Focus on consent prior to investigation	Generally, carrying out an investigation or making a referral requires the vulnerable person's consent (s 24)	Generally, carrying out an investigation or making a referral requires the vulnerable person's consent (s 13(11))
Exceptions to obtaining consent to investigate	S 24(3) where authorised by an order of the Court under the legislation. 24(4): other circumstances are the Director approves taking such actions if: i. the vulnerable adult's life or physical safety is at immediate risk; or ii. the risk of abuse to which the report relates consists of an allegation that a serious criminal offence has been, or is likely to be, committed against the vulnerable person; or iii. the vulnerable adult has impaired decision-making capacity in respect of a decision to consent to action of the relevant kind being taken; or iv. the Adult Safeguarding Unit has not, after reasonable inquiries, been able to contact the vulnerable adult; or v. in any other circumstances declared by the regulations to be included in the ambit of this paragraph.	S 13(11) consent is not required in circumstances where: (a) the adult is incapable of giving consent despite having been provided with the appropriate support for the purposes of making such a decision, or (b) it is not necessary to obtain consent due to the seriousness of the allegation or the risk to the personal safety of the adult, or (c) any other circumstances prescribed by the regulations exist.

[315] The ASU must choose at least one of these avenues, and may pursue other avenues, including seeking Court orders.

	Note that in relation to (v.), Regulation 8 states that such circumstances are those in which it is, in the opinion of the Adult Safeguarding Unit, necessary or appropriate that action of the relevant kind be taken without first obtaining the consent of the vulnerable adult.[316] Clearly, this is an expansive provision that provides the ASU with a considerable degree of discretion to take action without consent.	
Powers of investigation	Section 19(1) of the Act provides the ASU with a suite of powers one or more of which can be utilised by authorised officers[317] to in the course of an investigation under section 26. Generally, to enter premises, a court order is required although force may be used if the authorised officer believes on reasonable grounds that the delay that would ensue as a result of applying for a warrant would significantly increase the risk of harm, or further harm, being caused to a vulnerable adult and the Director has approved this course of action. (s 19(2)(b))	Part 3 Division 2 (ss 16-17) provides the Commissioner with extensive powers of investigation.
Referrals and joint investigations	Section 25: matters may be referred to other agencies, for example South Australian Police, Multi Agency Protection Service, South Australian Civil and Administrative Tribunal, Office	The ADC may refer matters to other agencies or collaborate in joint investigations. However, in some circumstances, the Commissioner must refer a report or part of the report to various agencies [318] or,

[316] Regulation 8 *Ageing and Adult Safeguarding Regulations 2019 (SA).*

[317] Section 18 (1) The following persons are authorised officers for the purposes of this Act: (a) the Director; (b) a member of the Adult Safeguarding Unit who is authorised by the Director by instrument in writing for the purposes of this paragraph.

[318] Section 13(8) (a) the Health Care Complaints Commission under the Health Care Complaints Act 1993,

(b) the Commissioner of the Aged Care Quality and Safety Commission under the Aged Care Quality and Safety Commission Act 2018 of the Commonwealth,

(c) the Commissioner of the NDIS Quality and Safeguards Commission under the National Disability Insurance Scheme Act 2013 of the Commonwealth,

(c1) the Children's Guardian under the Children's Guardian Act 2019,

(d) any other person or body prescribed by the regulations.

	of the Public Advocate, Public Trustee, Uniting Communities Specialist Elder Abuse Unit, Community Geriatric Services, Aged Care Providers and NDIS Providers.	in circumstances where there is evidence of a criminal offence, to the Commissioner of Police or the DPP. The Commissioner may continue to remain in consultation with an agency or agencies throughout the matter. [319] The legislation provides for the exchange of information with agencies pursuant to the course of the investigation. [320] It is worth commenting on the mandatory nature of referrals, especially, in relation to the police.
Further referrals		
Systemic issues	The ASU does not, to date, investigate systemic issues.	One of the Commissioner's functions is to inquire into and report on systemic issues relating to the protection and promotion of the rights of adults with disability and older adults or the abuse, neglect or exploitation of adults with disability or older adults. (s12(1)
Relevant court for obtaining orders	Magistrates Court (NB matters may be referred to SACAT for example, guardianship and administration matters) Div 6.	
Information gathering	Part 6	S 14, nb s18
Defences	**Section 51(1):** no liability attaches to the Director or any other person for any act or omission in good faith in the exercise or purported exercise of powers or functions under this or any other Act. **Section 51(6):** where a person acts in accordance with the legislation, or as required or authorised by or under the legislation, cannot by so doing be held to have breached any code	S 13(4) if a person, acting in good faith, makes a report to the Commissioner in accordance with this section, that person is not liable to any civil or criminal action, or any disciplinary action, for making the report. S 15 protection of persons who make reports.

[319] Section 13(1).
[320] See generally s 14.

	of professional etiquette or ethics, or to have departed from any acceptable form of professional conduct.	S 15A protection of employees or contractors who assist the Commissioner.
Advisory groups	The ASU takes strategic advice from the Adult Safeguarding Advisory Group (ASAG). The ASAG is comprised of representatives from government and non-government organisations. Furthermore, the Interagency Phone Line and Adult Safeguarding Unit Implementation Workgroup provides a forum for ASU and key external service providers to discuss the ongoing development of the phoneline, foster referral pathways and assist the ASU in relation to complex matters.	The Commissioner is advised by the Ageing and Disability Advisory Board in relation to any matter that the Board considers appropriate or that is referred to the Board by the Commissioner.[321] The ADC is in the process of establishing additional advisory bodies including an expert reference group, an ageing reference group and a disability reference group.
Responsibility for Community Visitors Scheme	The ASU does not have responsibility for a community visitors program.	Part 4 discusses the work of the ADC in relation to the Community Visitors program.

[321] Section 29.

9 Conclusion: Key findings, Emerging issues and future directions

We are living in an era of global ageing and more and more people around the world are living longer with older people making up a growing proportion of the world's population. According to the Australian Bureau of Statistics, the life expectancy of an average Australian man is 84.9 years and 87.6 years for women, and around 8-10 years less for Aboriginal people along with some migrant groups. This represents an average increase over the past 50 years of 17.3 years for men and 13.4 years for women.[322] With more people living longer, ageing has become a critical global issue. With chronic disease and dementia on the rise, an increasing number of people can expect to live longer and in turn become vulnerable, or at least require some form of care support. This global population trend has made the issue of the abuse of older people more visible and palpable.

Recognition and response

Much of the abuse experienced by older people are forms of family violence, as they are perpetrated by family members, friends and other trusted kin-like individuals. Yet this issue remains far less visible than other forms of abuse. Fortunately, public knowledge and awareness of domestic violence against women (specifically, intimate partner violence), is increasing in Australia as a result of important initiatives including high profile advocacy, better informed media reporting, and policy changes that improve institutional responses and services. There is also broader agreement and increasing understanding that the root cause of violence against women is tightly linked to deep-seated assumptions about the status of women in society and their right to autonomy and power.

While the abuse of older people is less understood, there is an increasing awareness of abuse and neglect of older people in institutional settings, thanks to the recent Royal Commission into Aged Care Quality and Safety. However, public knowledge is far more limited in relation to the abuse of older people that occurs at home and is perpetrated by family members. Just as the status of women underpins domestic violence against them, so too, does the status of older people, and the way we view ageing and old age, underpin the abuse of older people. Ageism is the main underlying societal cause of abuse and continues to form a barrier in developing effective responses. For some, ageism is further compounded by racism and discrimination that can result in cycles of vulnerability,[323] in particular, for Aboriginal, CaLD and LGBTIQ+ people.

Western Australia has shown important commitment to responding to the issue of abuse of older people and is well-placed to respond to the challenges identified in this report. Over the last two decades, Western Australian service responses to the abuse of older people have evolved dramatically. The first research commissioned into this issue in Western Australia in 2002, [324] found limited awareness at both organisational and individual levels, and a 'significant gap in service provision for older people who have suffered abuse'.

[322] AIHW, 2021.
[323] OMI, 2020.
[324] Boldy et al., 2002, p.25.

The findings of this report, commissioned by the Department of Communities under the WA Strategy to Respond to the Abuse of Older People (2019-2029) (Elder Abuse Strategy), evidences a greatly altered and improved service landscape. The last three years in particular, since the launch of the Elder Abuse Strategy, have witnessed an expansion of activity including the development of new policies and resources.

Western Australian service providers and professionals are now highly aware of the dangers for older people experiencing or at risk of abuse, and there are now many different service responses available across multiple sectors and relevant agencies. Indeed, one of the most significant challenges today is the complexity of the service landscape. Our research shows that both older people themselves and the professionals working with them often struggle to determine how best to navigate the many possible pathways and responses.

Abuse of an older person is a complicated social phenomenon that manifests in different forms, through a multitude of behaviours, and in a range of scenarios involving myriad relationships of trust and interpersonal dynamics. The diverse service responses available in Western Australia reflect this complexity with various organisations and agencies taking different approaches to address the complexity of this issue.

However, despite this expanding range of service responses and increased awareness among professionals, this study has identified ongoing gaps in service delivery and dimensions of abuse that are not adequately accommodated under current models, and persistently low levels of awareness among the general population, including older people themselves.

Although relevant service responses and referral pathways exist, study participants reported that these pathways need to be improved and better integrated. This was true for all sectors consulted including advocacy, counselling and mediation, aged care, community organisations, financial services, health care, legal services, local government, policing, and other government agencies.

Some older people in Western Australia experiencing or at risk of abuse are unable to access appropriate service responses. This includes people living in some parts of regional, rural and remote Western Australia as well as people from underserved and diverse cohorts, including CaLD and LGBTIQ+ older people. Future work developing new and improved service responses must consider how well they address the distinctive needs of diverse groups of older people.

Emerging issues and future directions

This study has identified new and emerging issues that require more attention and future research. Of which include:

- *Digital divides and technology-facilitated abuse*

  Technology-facilitated abuse that targets or is particularly relevant to older people includes online and telephone scams, but also restricting access to the internet or social media. Such restrictions may aim to protect older people, however, a common unintended consequence of this kind of intervention is to remove the potential

benefits of digital citizenship, an important human right in today's 'digital by default' world. This includes lack of access to the information and sources of social connection increasingly available online. A better way forward is to improve the digital literacy and online safety awareness of older people as well as to develop safe, facilitated forms of access tailored to the needs of older adults.

- *Systemic forms of abuse*

  More research is needed to better understand systemic forms of abuse, often closely tied to experiences of prejudice and racism, where experiences of ageism and abuse are compounded by systemic, often normative, practices that work to exclude or undermine the rights and distinctive needs of diverse older people. For example, the normative tendency to prioritise the views and expectations of biological family members can have devastating impact on LGBTIQ+ older people, who are often better supported by 'families of choice'. In addition, older people in these communities have often experienced a lifetime of prejudice and abuse from services and institutions including health professionals and police, making them particularly vulnerable as they enter states of dependency in older age.

- *Social abuse and social inclusion*

  Social abuse is one of the least well understood forms of abuse. This is an important gap because social abuse can occur in combination with other, more recognised forms, such as financial, physical or psychological abuse. A key strategy to address abuse in all its myriad forms is to reduce social isolation and increase social network supports of older people. Such responses can take place at the individual level, through greater awareness of older people and their needs within family and neighbourhood contexts. In addition, responses can occur at institutional levels through community initiatives, for example, WA is a leader in building Age-friendly Cities and Communities,[325] and through activities that seek to address the social isolation of older people.

- *Under researched and under serviced groups of older people*

  Further targeted research, policy development and interventions would be beneficial to better understand and address the experiences of abuse among diverse older people who often experience cycles of vulnerability as a result of generational and institutional prejudice, poverty, and marginalisation. The mistreatment of older Aboriginal people is the focus of a simultaneous study commissioned by the Department of Communities. Similarly, older people with diverse social, cultural, gender and sexual identities, particularly those who have experienced forms of institutional trauma (including refugees and LGBTIQ+) require specialist responses to overcome the additional barriers to seeking help that they face. Other under-researched groups of older people include Forgotten Australians, people experiencing homelessness or insecure housing tenures, and those living with mental illness.

[325] https://www.wa.gov.au/organisation/department-of-communities/age-friendly-communities

Key findings

The final pages of this report summarise key findings from the study under the following themes:

- Record consistent data for robust research and evidence
- Build professional awareness through effective training and information resources
- Raise public awareness and understanding
- Improve service design and delivery
- Support people who experience abuse and people who may abuse
- Develop appropriate legal responses
- Create appropriate responses for older people from diverse cohorts.

Moving forward, this study confirms that there is a call to action from service providers and professionals for the next stage in developing Western Australian responses to the abuse of older people. There is an impetus to build on the work to date, respecting the uniqueness of our state, while also considering and learning from the new approaches being taken in other Australian jurisdictions to identify, report, investigate and address the abuse of older people.

This next stage will require determined leadership, interagency commitment and collaboration across sectors, and sustained effort from stakeholders, including consumers, to work together in creating new approaches with measurable outcomes that work to reduce incidence of abuse in Western Australia while ensuring all older people who do experience abuse can expect and rely upon consistent and integrated service responses.

It is worth emphasising at the conclusion of this report that 94.4% of survey participants acknowledged that they have a responsibility to respond should they encounter an older person experiencing abuse. Although critical work remains to be done in advocacy, improving early detection and better education of service providers and the broader public is imperative, to ensure that this is no longer a hidden or overlooked issue, but rather that the abuse of older people in Western Australia now truly is Everyone's Business.

1. Record consistent data for robust research and evidence

1.1 Finding: Western Australia is now at a dynamic juncture, with significant potential for action and for change during the ten-year period of the WA Strategy (2019-2029). Awareness of, research about, and service responses to the abuse of older people have developed steadily over the last two decades in Western Australia.

1.2 Finding: Types of abuse commonly encountered by professionals and service providers in Western Australia are similar to those types of abuse identified elsewhere in Australia and globally.

1.3 Finding: There is currently no overarching framework in place to ensure relevant agencies in Western Australia can collect, analyse, and report on consistent data categories relating to the abuse of older people.

1.4 Finding: Data currently collected by relevant agencies are inadequate to accurately understand the prevalence of abuse. Methodologically robust population prevalence studies are expensive and may not be the best use of State resources. Findings from the National Elder Abuse Prevalence Study are a cost-effective way of estimating prevalence for Western Australia.

2. Build professional awareness through effective training and information resources

2.1 Finding: 89.7% of survey respondents are familiar with the World Health Organisation (WHO) definition used in the WA Strategy to Respond to the Abuse of Older People 2019-2029 and the with six broad types of abuse. People working with older people in Western Australia are well informed on this issue, having 'a great deal' (35.2%) or 'a reasonable amount' (40.6%) of knowledge about the abuse of older people.

2.2 Finding: Professionals throughout Western Australia increasingly understand the severity, seriousness and high incidence of abuse that they are likely to encounter in their work. However, there remains confusion among some professionals as to what behaviours constitute abuse. Social abuse is not well understood but is important because it often occurs in combination with other types of abuse both for older people with and without decision-making capacity.

2.3 Finding: 89% of survey respondents across all sectors agree that education and training need to be improved. There is an evident need for more and better training to support people who encounter older people in the course of their daily work or volunteering to know how to identify and to respond to cases of abuse.

2.4 Finding: Quality training and information resources for professionals exist but are siloed. These resources do not achieve the reach and impact that they could. Smaller service providers and community organisations require prescriptive and free-to-access training and information resources.

2.5 Finding: Professionals in some sectors do not have sufficient training and practice resources specifically tailored to their area of practice. Study participants highlighted this resource gap for financial and legal professionals and for the police.

3. Raise public awareness and understanding

3.1 Finding: Low public awareness is a significant barrier to responding to the abuse of older people. Survey respondents consider general public awareness of this issue to be limited (71.3%) or none at all (12.6%).

3.2 Finding: Ageism contributes to both the conditions for abuse and barriers to responding to the abuse of older people. Although awareness of the harms caused by ageism have increased in recent years, the result of anti-ageism campaigns at local, state, national and international levels, attitudinal change is slow.

3.3 Finding: Education and awareness initiatives are needed to build knowledge about the abuse of older people among the general public, older people, families and carers, and professionals working with older people. People of all ages need to understand this issue. Educating older people about their rights, safety and protective measures is valuable. People of all ages, including potential perpetrators, also need to be taught to recognise behaviours that are abusive and harmful.

3.4 Finding: Increased public and professional knowledge and awareness of abuse has been shown to lead to increased identification of cases and increased reporting. This will require effective service responses with adequate capacity to manage the increase.

3.5 Finding: Study participants prefer the term 'abuse of older people' over 'elder abuse' for use with the general WA population and with diverse cohorts of older people.

4. Improve service design and service resources

4.1 Finding: Service providers agree that abuse is everyone's business; 94.4% of survey respondents feel they have a responsibility to act if they encounter cases of older people experiencing abuse. However, barriers to responding exist at the individual (e.g. training and knowledge), institutional (e.g. reporting and referring pathways) and societal (e.g. ageism and low awareness of abuse) levels.

4.2 Finding: There is currently no single overarching framework for reporting abuse in Western Australia. Study participants expressed confusion and some frustration with this perceived gap. Third parties, including both service providers and concerned friends or family, require a pathway to reporting abuse.

4.3 Finding: There are misconceptions among study participants regarding the purpose and service parameters of the WA Elder Abuse Helpline.

4.4 Finding: A majority of survey participants from all sectors agree that internal organisational reporting processes need to be improved. This is true for participants working in advocacy, counselling and mediation services (89.5%), aged care (75.3%), community organisations (77.9%), financial services (94.1%), healthcare (67.5%), legal services (71.2%), local government (66.3%), State Government (66.3%) and the police (71.7%).

4.5 Finding: For professionals who work with older people but only infrequently encounter cases of abuse, it is challenging to both accurately identify abuse, and to determine and enact an appropriate response that does not cause more harm and/or undermine the rights of the person. Study participants identified solutions to support their practice, including:

a. prescriptive and standardised risk assessment tools;
b. structured safety planning tools, including financial protective measures.

4.6 Finding: The service landscape is complex. Both professionals and their older clients find it difficult to navigate the many and varied service responses needed to address complicated circumstances of abuse. Some older people require formal advocacy and support to navigate these issues, sometimes over a period of months or years.

4.7 Finding: Better information-sharing and communication mechanisms are needed to address the limited coordination between services reported by study participants. Although privacy and consent issues must be addressed, especially where privilege applies, there are models from other fields of service delivery.

4.8 Finding: Responses to family and domestic violence are well developed in Western Australia; these existing resources could be extended or adapted to respond to the abuse of older people. However, the strongly gendered lens of family and domestic violence responses is not an exact fit for the abuse of the older person. Suitability of resources will need to be carefully considered, including victim support and refuges, perpetrator programs, and risk assessment tools.

4.9 Finding: Western Australia has a mature, well-established age-friendly local government network. Sustained support from the Department of Communities has ensured the age-friendly approach is embedded in strategic planning for many local government areas. This is a foundation and a resource that can be leveraged to support primary prevention initiatives that address ageism and the abuse of older people.

5. Support people who experience abuse and people who may abuse

5.1 Finding: The most significant barrier to responding to abuse is the older person's fear of consequences for I and/or their abuser if they report what is happening. Placing the onus on the older person to seek help is ineffective when they face physical, emotional or social barriers to accessing support. Family members, friends and other third parties may be supported in (through?) early intervention activities.

5.2 Finding: Social abuse is a precursor to other types of abuse both for older people with and without decision-making capacity. Addressing social isolation is an effective measure to reduce opportunities for abuse.

5.3 Finding: Older people experiencing abuse may need support and advocacy to make difficult decisions and navigate a complex service journey over the course of months or years. 81.2% of survey respondents say client advocacy services need to be improved.

5.4 Finding: Study participants' attitudes towards perpetrators vary, with recommended solutions ranging from stronger criminal penalties with effective public prosecution, through to holistic social responses that support people inflicting abuse to address the root causes of their behaviour. A range of responses are required depending on the circumstances of abuse and victim-perpetrator dynamics. A 'one-size-fits-all' legal response is inadequate to address a social phenomenon of such complexity and sensitivity.

6. Develop appropriate legal responses

Adult Safeguarding Regime

6.1 Finding: There is broad support among study participants for a safeguarding agency response that has powers to investigate and intervene in cases of abuse. Any proposal to introduce safeguarding to Western Australia should be done in close consultation with stakeholders, including end-users. Key considerations include the internal structure (within a State Government department reporting to the relevant Minister or an independent Commissioner); whether the agency extends to vulnerable persons (as defined) in a discrete age-range or to all vulnerable adults (as defined); and how such an agency would engage within the existing service context.

6.2 Finding: The meaning of 'safeguarding' is uncertain and often poorly defined in this context. Challenges include balancing obligations to protect (safeguard) the vulnerable person with respecting autonomy. There needs to be clarity in relation to the nature and scope of any proposed agency and the guiding rationale for its operations. Lessons can be learned by consideration of the different safeguarding models operating in Australia and internationally.'

6.3 Finding: Safeguarding agencies in Australia and most overseas models adopt a human rights approach; an approach recommended by the Select Committee in the context of a comprehensive plan to prevent and address elder abuse. However, again, there are differing interpretations in the practical operation of such approaches from a strict focus on autonomy/consent which may constrain the effectiveness of responses, to more flexible approaches based on broader considerations of protection and empowerment. Whatever guiding rationale is adopted is likely to impact upon the functioning of the agency.

6.4 Finding: Dimensions of safeguarding regimes from other contexts that may be appropriate to Western Australian conditions include:
- the incorporation of multi-disciplinary teams including secondment from key referral agencies;
- a discrete team to manage financial exploitation and abuse;
- whistleblower protections;
- a community visitors scheme, such as that operating in NSW;
- an Adult Crime Prevention Officer service, such as that operating in NSW;
- Elder Care Coordination services.

Abuse of older people and Western Australian Law

6.5 Finding: Even when an older person has been the subject of abuse in a familial context, there is a reluctance to proceed through the legal system against an adult child or relative. Many older people experiencing abuse want the abuse to stop but do not want to take a legal path. However, for those that do, there is concern about older people's access to justice within the WA legal framework. This includes both the low number of elder abuse matters pursued under criminal law, and the complexity, time, and expense of taking civil matters through the courts.

6.6 Finding: While WA law is generally adequate to bring actions involving physical, financial, sexual abuse and neglect, some legislation could be enhanced through review and amendment. Currently, few elder abuse matters are pursued through the courts and there is a perception among study participants that perpetrators go unpunished. There is solid support for stronger penalties for some perpetrators of abuse, including under the criminal law and in relation to abuse of enduring powers of attorney (EPAs).

6.7 Finding: Failed assets for care arrangements leave older people in a vulnerable legal position as there is a need to seek equitable remedies only available in superior courts.

7. Create appropriate service responses for older people from diverse cohorts

7.1 Finding: There is great diversity in how ageing is experienced in Western Australia. Mainstream service provision does not always meet the needs of all older people who are experiencing or at risk of abuse. Barriers to accessing services can create conditions that increase abuse, neglect or self-neglect.

7.2 Finding: Some groups of older people are at greater risk of abuse. Vulnerability to abuse and barriers to seeking help can arise from multiple intersecting personal characteristics or life experiences.

7.3 Finding: Older people living in rural and remote Western Australia face barriers to accessing services and seeking help in addition to those found in urban centres. These arise from thin service provision, limited transport and communication infrastructure.

7.4 Finding: Older LGBTIQ+ people have experienced discrimination throughout the life course and continue to encounter inappropriate, non-inclusive services. This leads to service avoidance and social isolation and can be a barrier to seeking help among those experiencing or at risk of abuse.

7.5 Finding: Language and culture can form barriers to understanding abuse and seeking help, especially among CaLD older people who have limited English and/or low education and are reliant on family members to act as interlocuters with service providers.

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Appendices

Appendix A	Recommendations from previous WA research into the abuse of older people
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Appendix A: Recommendations from previous WA research into the abuse of older people

There have been many studies conducted into the abuse of older people in Western Australia over the past two decades. This appendix contains a thematic compilation of recommendations from previous research into the abuse of older people in Western Australia, covering a period from 2002 – 2018. These thematic groups are presented in tabulated form to provide a clearer picture both of recurring recommendations over time, and of differing recommendations from the various studies.

As some recommendations relate to more than one theme, some may appear twice or even multiple times in the following tables.

Research, data collection and definitions

Research, data collection, definitions and principles		
Research and collaboration		
Source	Recommendation #	Recommendation
Boldy et al. (2002)	1	It is recommended that no further specific efforts/funds are devoted to attempts to produce a more precise estimate of the 'true' prevalence of elder abuse in Western Australia.
Clare et al. (2011)	3	Advocare to convene a series of community seminars in which senior managers, practitioners and policymakers from child protection and domestic violence services explore the commonalities and the key differences with elder abuse policy and practice; this could be a major theme of a future National Conference convened by APEA: WA.
Clare et al. (2011)	23	Advocare to explore with the Minister for Seniors and with possible funding sources, including Lotterywest, the advantages of mounting a national conference in Perth by June 2012 to explore the challenges of a more integrated model of primary, secondary and tertiary responses to respond to the needs of vulnerable older people.
Clare et al. (2011)	26	That ways of resolving elder abuse be further investigated and research conducted into the effectiveness of current and alternative methods of resolution. [note: with reference to financial abuse]

Clare et al. (2011)	12	There needs to be a review of the current network of service agencies responding to allegations of different types of elder abuse with particular attention to the balance of voluntary and statutory authorities and capacity to intervene in situations of abuse.
Clare et al. (2011)	20	APEA: WA to conduct an audit of family-based practice models in child protection, juvenile justice and domestic violence services which are of relevance to the challenges of inter-agency and inter-disciplinary collaboration in the care and protection of older people, including Family Group Conferencing as early intervention.
Black, Blundell & Clare (2012)	5	That APEA:WA explore the opportunities for research to identify and report on national and international projects which have investigated the potential benefits of social media as universal services for socially isolated and non-English-speaking older people.
Black, Blundell & Clare (2012)	27	APEA WA review the relevance of the recommendations of this report and other WA elder abuse research, such as the Office of the Public Advocate Report (2006) and the Advocare/Crime Research Centre Report (2011).
Select Committee 2018	1	The Government's response to elder abuse in Western Australia be informed by a human rights base approach that focuses on the inherent dignity and autonomy of older people.
Select Committee 2018	3	The Department of Communities determine which agencies and government departments should be collecting data on elder abuse and also research methods to better collate that data and investigate more effective methods to increase the rate of reporting abuse.
Select Committee 2018	34	The Government develop and fund a comprehensive plan to prevent and address elder abuse in Western Australia using a human rights-based approach that upholds the inherent dignity and autonomy of older people.
Research: Indigenous Australians, CALD communities, and rural and remote WA		

Faye & Sellick (2003)	11	Further elder abuse research be carried out that is particularly aimed at identifying issues for indigenous Australians, people from a CaLD background, and older adults living in rural and remote Western Australia.
Public Advocate 2006	1	That further research to determine the incidence of abuse and key risk factors for CaLD seniors be undertaken.
Public Advocate 2006	3	That further research into what constitutes elder abuse in CaLD communities is undertaken.
Select Committee 2018	4	The Department of Communities commission research into the prevalence and forms of elder abuse and the unique challenges that Aboriginal and Torres Strait Islander older people face in Western Australia.
Definitions and Principles		
Clare et al. (2011)	1	APEA: WA to lead a community debate to move from the ageist and ambiguous notion of an age definition for elder abuse to one informed by an assessment of capacity for self-care and self-protection.
Clare et al. (2011)	4	APEA: WA undertake a review of the current definition of elder abuse informing policy and practice in Western Australia specifically to address the construct of 'positions of trust' and the central issue of "abuse or crime?"
Clare et al. (2011)	2	Advocare to seek financial support to convene a national conference in Perth by June 2012 in which visiting international and national speakers focus critical academic and professional attention on the current definition of – and responses to - elder abuse in Western Australia.
Select Committee 2018	2	For the purposes of defining elder abuse, the starting age for status as an 'older person' in Western Australia be set at 55 years of age for Aboriginal and Torres Strait Islander people and 65 years of age for non-Aboriginal and Torres Strait Islander people.
Preventions and Interventions		

Boldy et al. (2002)	2	Rather, [instead of prevalence studies] it is recommended that future efforts/funds are targeted at activities aimed at gaining an increased understanding of why elder abuse occurs and, particularly, what are the most cost-effective primary preventions and interventions, bearing in mind the extent of multiple abuse identified.
Black (2008)	5	That rights-based best-practice interventions into elder abuse be further developed and promoted among agencies responding to elder abuse.

Government and other agency service design and responses

Government and other agency service design and responses		
Source	Recommendation #	Recommendation
Inter-agency Collaboration		
Public Advocate 2005	1	That a lead government agency be appointed to develop and co-ordinate a whole of government approach to the prevention of elder abuse in Aboriginal communities. A co-ordinated State-wide response is required. It is essential that there is a partnership approach with Aboriginal communities to develop local initiatives.
Black (2008)	1	That a lead government agency take responsibility for the development and coordination of elder abuse responses across Western Australia.
Clare et al. (2011)	15	That a lead government agency is identified and given the responsibility to develop and coordinate responses to elder abuse across metropolitan and regional Western Australia – including a review of the concept “elder abuse” itself, as well as developing agreed referral processes to the WA Police.
Clare et al. (2011)	21	APEA: WA to explore the establishment of a pilot program involving Advocare, the Health Department of WA, the WA Police and other service-providing agencies to explore the

		strengths and concerns of the Case Management inter-agency model of family meetings as one response strategy when there are concerns about possible abuse of older people.
Clare et al. (2011)	22	That APEA: WA consider the way forward in Western Australia to developing an inter-agency investigation and intervention service aimed at protecting vulnerable older people – informed by the case study outlined in the London Borough of Slough Framework.
Clare et al. (2011)	13	APEA: WA to seek funding to explore the arguments for and against the design of an inter-agency database of reported concerns to build a picture through time of the possible vulnerability of an older person. Confidentiality and privacy issues will need to be addressed but there is a precedence in child protection services.
Clare et al. (2011)	16	That the development of elder abuse protocols in all agencies instrumental to responding to elder abuse be supported and encouraged in conjunction with interagency protocols to encourage consistent responses.
Clare et al. (2011)	19	APEA: WA to explore the design and implementation of a state-wide inter-agency electronic data register of concerns with the capacity to store, access and weigh evidence of concern and possible risk in a more integrated, aggregated and accessible way.
Clare et al. (2011)	24	APEA: WA to coordinate a process by which appropriate needs and risk assessment tools for working with vulnerable older people are identified, reviewed and piloted to agree on a state-wide assessment tool which is fit for the purpose and administered in a professional rather than a technical manner through relationship-building not just information-gathering – as in other risk scenarios of child abuse and domestic violence.
Program/Intervention Review and Development		
Boldy et al. (2002)	3	It is recommended that any existing relevant education programs (targeted at professionals, the general public, and/or older people themselves) are appraised as to their adequacy and cost-effectiveness, and new programs developed as needed and evaluated.

Boldy et al. (2002)	5	It is recommended that organisations coming into contact with older people be encouraged and if necessary, receive assistance to develop their own elder abuse protocols, based on commonly agreed definitions of the different kinds of abuse and to record details on the elder abuse cases reported.
Boldy et al. (2002)	2	It is recommended that future efforts/funds are targeted at activities aimed at gaining an increased understanding of why elder abuse occurs and, particularly, what are the most cost-effective primary preventions and interventions, bearing in mind the extent of multiple abuse identified.
Boldy et al. (2002)	4	Similarly, it is recommended that the current adequacy of the available range of desirable interventions is appraised, with particular attention being paid to the provision of respite care, advocacy and counselling services, for older people either considered at risk of abuse or having experienced abuse.
Public Advocate 2005	15	Continued evaluation, monitoring and accountability is required in order to address positive outcomes for Western Australian Aboriginal communities in identifying, responding to and addressing issues of elder abuse.
Public Advocate 2006	14	That further consideration be given to the appropriateness and viability of developing services to provide safety and welfare checks for frail seniors.
Clare et al. (2011)	12	There needs to be a review of the current network of service agencies responding to allegations of different types of elder abuse with particular attention to the balance of voluntary and statutory authorities and capacity to intervene in situations of abuse.
Faye & Sellick (2003)	9	Development and availability of suitable refuges for older women and men who are at risk of abuse.
Resources, Protocols and Skilled Support		

Boldy et al. (2002)	6	It is further recommended that adequate resources are made available, so that appropriate responses, i.e., interventions, can be pursued in response to the elder abuse situations revealed (see also recommendations 3 and 4).
Faye & Sellick (2003)	8	Appropriate support be provided by organisations and other services for employees who may be placed in positions where they will act as formal advocates.
Public Advocate 2005	8	Policy, protocols and procedures should be developed to assist and support staff to identify and appropriately respond to elder abuse within Aboriginal communities. Consideration will need to be given on how to protect Aboriginal community workers who identify and report abuse. Aboriginal staff should be recruited to work in agencies, such as the Office of the Public Advocate, to ensure effective relationships with Aboriginal communities.
Public Advocate 2006	11	That a telephone hotline/helpline service providing readily accessible assistance to seniors who wish to discuss concerns about elder abuse be made available. Interpreter services will need to be readily available to the hotline to ensure that CaLD seniors who have difficulty with English can access the service.
Black (2008)	2	That the development of elder abuse protocols in all agencies instrumental to responding to elder abuse be supported and encouraged in conjunction with the development of interagency protocols to encourage consistent responses.
Black (2008)	4	That elder abuse networks for service providers in both the metropolitan and rural and remote areas of Western Australia be supported and facilitated.
Clare et al. (2011)	14	Quantitative data analysis and databases should contribute to the process of identifying vulnerability and risk, and data should be used to drive a risk-assessment process that ensures the most vulnerable are not falling through the gaps. This process should then be used to operationalise resources, across agencies, in the most effective manner to ensure vulnerable people are being best served. Data systems for agencies involved with managing risk for vulnerable sections of the community in WA must develop to better capture

		relevant information and these developments should be informed by theoretical models that explain variations in risk between individuals and undertaken in consultation with statisticians/researchers.
Clare et al. (2011)	18	That elder abuse networks for service providers in both the metropolitan and rural and remote areas of Western Australia be supported and facilitated.
Funding		
Black, Blundell & Clare (2012)	23	The WA HACC Program continues to provide funding for aids and equipment to support the reduction of risks to HACC clients.
Black, Blundell & Clare (2012)	24	The Department for Communities considers the funding of a Seniors' Resource Centre.
Black, Blundell & Clare (2012)	26	APEA:WA consider the concept of mandatory reporting of elder abuse for professionals and care workers working with older people
Black, Blundell & Clare (2012)	27	APEA WA review the relevance of the recommendations of this report and other WA elder abuse research, such as the Office of the Public Advocate Report (2006) and the Advocare/Crime Research Centre Report (2011).
Select Committee 2018	3	The Department of Communities determine which agencies and government departments should be collecting data on elder abuse and research methods to better collate that data and investigate more effective methods to increase the rate of reporting abuse.
Select Committee 2018	7	The Government facilitate more support services and information for carers of older people in Western Australia.
Select Committee 2018	9	The Government commission an audit into the quantum of funding, and its effectiveness, with a view to increasing funding to community organisations and agencies to raise awareness of elder abuse and educate the community.

Select Committee 2018	11	The Government provide further funding to Advocare Inc. to continue the Elder Abuse Helpline beyond 31 December 2018.
Select Committee 2018	12	The Government increase funding to Advocare Inc. to enable the organisation to train more volunteers and expand its advocacy services for older people.
Select Committee 2018	17	Specialist elder abuse units should be created within Western Australia Police.
Select Committee 2018	18	The Government investigate further opportunities to develop and fund new health-justice partnerships and expand existing partnerships that are currently being delivered to older people in the community.
Select Committee 2018	27	The Department of Communities, acting as lead agency for countering elder abuse in Western Australia, engage with the banking sector to develop safeguards and processes to reduce the risk of older people experiencing financial elder abuse.
Select Committee 2018	34	The Government develop and fund a comprehensive plan to prevent and address elder abuse in Western Australia using a human rights-based approach that upholds the inherent dignity and autonomy of older people.
Select Committee 2018	359	The Government urgently develop a State action plan to complement or improve the National Plan to Combat Elder abuse and to identify gaps and priorities in agency responses and create a more effective framework to address elder abuse in Western Australia.
Services targeting Indigenous Australian and CALD older people		
Public Advocate 2006	9	That: • CaLD services and ethnic community workers are adequately resourced and trained to raise awareness and respond to elder abuse in their communities. • a casual pool of trained CaLD workers, from across the different CaLD communities be established to work specifically in the area of elder abuse; and

		• the Commonwealth Department of Health and Ageing expand funding for programs (such as the Community Partnerships Program) able to assist with preventing and responding to elder abuse in CaLD communities by improving links between CaLD and mainstream agencies and access for CaLD seniors to aged care services.
Public Advocate 2005	14	This report should be referred to the newly established Western Australian Alliance for the Prevention of Elder Abuse (see Appendix Three). Implementation of its recommendations should be in consultation with the Alliance. [note: with reference to Aboriginal older people]
Public Advocate 2006	2	That the statistical data presented in this report be used to identify and target CaLD seniors for services and programs relating to elder abuse and that an up-to-date statistical profile of CaLD seniors be maintained for the purposes of research, strategy development, program/service delivery and evaluation. Maintaining this profile could be the responsibility of the lead agency responsible for elder abuse in CaLD communities (see Recommendation 5).
Public Advocate 2006	5	That: • a lead government agency be appointed to develop and coordinate a whole of government approach to the prevention and response to elder abuse, and a particular focus be given to addressing elder abuse in CaLD communities; and • partnerships be developed with agencies in the non-government sector to formulate local initiatives to combat elder abuse.
Public Advocate 2006	6	That a position be created and resourced in a government or non-government agency with responsibility for promoting the interests of CaLD seniors and the prevention of elder abuse in CaLD communities.
Public Advocate 2006	7	That this report be referred to the Western Australian Alliance for the Prevention of Elder Abuse (APEA: WA) for its endorsement and support in implementing the report's

		recommendations. Implementation of these recommendations should be in consultation with the Alliance. [note: with reference to CaLD]
Public Advocate 2006	8	That continued evaluation, monitoring and accountability is required in order to address positive outcomes for Western Australian CaLD communities in identifying, responding to and addressing the issues of elder abuse.
Black (2008)	11	That a multicultural advocate or liaison within Advocare and the Office of the Public Advocate be designated in order to forge stronger links with the CaLD community.
Clare et al. (2011)	8	The WA HACC Program continues to fund HACC service providers to develop culturally relevant networks to support HACC CaLD clients.

Marginal populations and culturally appropriate responses

Marginal populations and culturally appropriate responses		
Source	Recommendation #	Recommendation
Black (2008)	12	That separate and culturally appropriate responses for people from Aboriginal and CaLD communities be developed. This may entail further exploration of what constitutes elder abuse in CaLD and Aboriginal communities as well as the development of culturally specific community education and information about elder abuse.
Black (2008)	13	That elder abuse issues for vulnerable older people be explored, including issues relating to gender, the older aged, and people with decision-making and other disabilities.
Aboriginal older people		
Boldy et al. (2002)	7	It is recommended that this report should inform the direction of future studies and action related to elder abuse among Aboriginal communities.

Faye & Sellick (2003)	5	Develop a culturally appropriate advocacy service for indigenous Australian older adults who are at risk of abuse.
Faye & Sellick (2003)	11	Further elder abuse research be carried out that is particularly aimed at identifying issues for indigenous Australians, people from a CaLD background, and older adults living in rural and remote Western Australia.
Public Advocate 2005	2	Further consultations be undertaken with Aboriginal people throughout Western Australia to determine the extent of elder abuse within their communities and to identify local responses and protocols. Given the diversity and sensitivity of the issue, appropriate cultural protocols need to be developed and adopted in partnership with Aboriginal communities in relation to consultations, engagement and feedback.
Public Advocate 2005	3	It is imperative that community awareness and education is developed in collaboration with key stakeholders. The need for preventative programs that aim to decrease the risk of elder abuse is required.
Public Advocate 2005	4	Consultation be undertaken with health and aged care service providers, appropriate government and non-government agencies in collaboration with local Aboriginal communities. There is a need for improved service delivery and protocols for reporting mechanisms in responding to elder abuse.
Public Advocate 2005	5	A small government grants program be established to provide funding and resources to communities to develop local responses to elder abuse. This could be modelled on the Indigenous Community Partnerships Fund grants, which are integral to the current State Government's response to the Gordon Inquiry.
Public Advocate 2005	6	Improved access to training and support by Aboriginal carers is required. Information dissemination is required for Aboriginal carers and the elderly in regard to access to both State and Commonwealth aged care programs.

Public Advocate 2005	7	Aboriginal cultural awareness training is required for government agencies and service providers within the aged care sector.
Public Advocate 2005	8	Policy, protocols and procedures should be developed to assist and support staff to identify and appropriately respond to elder abuse within Aboriginal communities. Consideration will need to be given on how to protect Aboriginal community workers who identify and report abuse. Aboriginal staff should be recruited to work in agencies, such as the Office of the Public Advocate, to ensure effective relationships with Aboriginal communities.
Public Advocate 2005	9	That Aboriginal people be supported to develop initiatives to teach their young people care and respect for older people in their communities.
Public Advocate 2005	10	Access to detoxification services should be improved to reduce the risk of abuse of older Aboriginal people. Services need to be culturally appropriate/sensitive/secure and be available and responsive to the needs of Aboriginal individuals and families seeking help in crisis situations. Information should be made available to Aboriginal families about how to access these services.
Public Advocate 2005	11	Strategies to support and address the needs of grandparents who are raising grandchildren be addressed as a matter of priority. Recommendations from the Council on the Ageing report Grandparents Raising Grandchildren should be implemented. Aboriginal grandparents who are raising grandchildren should be appropriately resourced and assisted by State and Commonwealth Government agencies through the provision of financial support, culturally appropriate respite programs, counselling services, protection from violence and abuse, and legal support.
Public Advocate 2005	12	A variety of housing options are required to improve the quality and accessibility of housing for older Aboriginal people. Recommendation 165 from the report, Finding a Place: An Inquiry into the Existence of Discriminatory Practices in Relation to the Provision of Public Housing and Related Services to Aboriginal People in Western Australia (2004) should be implemented as a matter of priority.

Public Advocate 2005	13	A review of Aboriginal respite programs be carried out to identify the number of Aboriginal people requiring respite and to ensure that Aboriginal respite programs are adequately funded and appropriately delivered. It is further recommended that employees of all Government agencies and service agencies providing respite care participate in programs specifically designed to educate them about understanding Aboriginal culture. The need for respite care must be mindful of the effect that absence from family, community and country may have on elders.
Public Advocate 2005	15	Continued evaluation, monitoring and accountability is required in order to address positive outcomes for Western Australian Aboriginal communities in identifying, responding to and addressing issues of elder abuse.
Black (2008)	7	That the need to develop further specific services be investigated, along with ways to better utilise existing non-specific services, including: • Further specialist counselling, legal, and support services to respond to elder abuse • More available and accessible bilingual counselling services for older people. • A holistic support service for young and old Aboriginal people developed by and for the Indigenous community. • A culturally appropriate 'safe place' or refuge for vulnerable older Aboriginal people. • A culturally specific aged care facility in the Perth metropolitan region for Aboriginal people.
Select Committee 2018	5	The Government develop an action plan that is culturally safe, developed in conjunction with Aboriginal and Torres Strait Islander people and acknowledges the unique circumstances that Aboriginal and Torres Strait Islander older people face in Western Australia.
Select Committee 2018	6	The Government ensures that, when the National Plan to combat Elder Abuse is released, it addresses humbugging as a form of elder abuse that affects Aboriginal and Torres Strait Islander older people and includes culturally safe strategies and responses.

Culturally and linguistically diverse (CALD) older people		
Boldy et al. (2002)	8	It is recommended that the issues associate with elder abuse among people from culturally and linguistically diverse backgrounds are explored
Faye & Sellick (2003)	4	Develop a culturally appropriate advocacy service for older adults from a CaLD background who are at risk of abuse.
Faye & Sellick (2003)	11	Further elder abuse research be carried out that is particularly aimed at identifying issues for indigenous Australians, people from a CaLD background, and older adults living in rural and remote Western Australia.
Public Advocate 2006	1	That further research to determine the incidence of abuse and key risk factors for CaLD seniors be undertaken.
Public Advocate 2006	2	That the statistical data presented in this report be used to identify and target CaLD seniors for services and programs relating to elder abuse and that an up-to-date statistical profile of CaLD seniors be maintained for the purposes of research, strategy development, program/service delivery and evaluation. Maintaining this profile could be the responsibility of the lead agency responsible for elder abuse in CLD communities (see Recommendation 5).
Public Advocate 2006	3	That further research into what constitutes elder abuse in CaLD communities is undertaken.
Public Advocate 2006	4	That a culturally appropriate community education campaign which targets CaLD seniors, CaLD communities and service providers and which raises awareness of services available be developed and implemented.
Public Advocate 2006	5	That: • a lead government agency be appointed to develop and coordinate a whole of government approach to the prevention and response to elder abuse, and a particular focus be given to addressing elder abuse in CaLD communities; and

		• partnerships be developed with agencies in the non-government sector to formulate local initiatives to combat elder abuse.
Public Advocate 2006	6	That a position be created and resourced in a government or non-government agency with responsibility for promoting the interests of CaLD seniors and the prevention of elder abuse in CLD communities.
Public Advocate 2006	8	That continued evaluation, monitoring and accountability is required in order to address positive outcomes for Western Australian CaLD communities in identifying, responding to and addressing the issues of elder abuse.
Public Advocate 2006	9	That: • CaLD services and ethnic community workers are adequately resourced and trained to raise awareness and respond to elder abuse in their communities. • A casual pool of trained CaLD workers, from across the different CaLD communities be established to work specifically in the area of elder abuse; and • The Commonwealth Department of Health and Ageing expand funding for programs (such as the Community Partnerships Program) able to assist with preventing and responding to elder abuse in CALD communities by improving links between CaLD and mainstream agencies and access for CaLD seniors to aged care services.
Public Advocate 2006	10	That service providers and policy makers, particularly those working in the aged care and family/domestic violence areas, receive cross-cultural training, training about the CaLD sector and training about issues for CaLD seniors and communities.
Public Advocate 2006	11	That a telephone hotline/helpline service providing readily accessible assistance to seniors who wish to discuss concerns about elder abuse be made available. Interpreter services will need to be readily available to the hotline to ensure that CaLD seniors who have difficulty with English can access the service.

Public Advocate 2006	12	That resources be allocated to increase the number of social activities and programs available to CaLD seniors to prevent social isolation and reduce the risk of elder abuse.
Public Advocate 2006	13	That the Department of Immigration and Multicultural Affairs (DIMA) provide more information and assistance to parents coming to Australia to join their children. This information could include the kinds of problems they may encounter and, in particular, make them aware of the need to clarify expectations and have clear agreements on matters related to their support once in Australia.
Black (2008)	7	That the need to develop further specific services be investigated, along with ways to better utilise existing non-specific services, including: • Further specialist counselling, legal, and support services to respond to elder abuse • More available and accessible bilingual counselling services for older people. • A holistic support service for young and old Aboriginal people developed by and for the Indigenous community. • A culturally appropriate 'safe place' or refuge for vulnerable older Aboriginal people. • A culturally specific aged care facility in the Perth metropolitan region for Aboriginal people.
Black (2008)	11	That a multicultural advocate or liaison within Advocare and the Office of the Public Advocate be designated in order to forge stronger links with the CaLD community.
Black, Blundell & Clare (2012)	1	APEA:WA engage in a review of current needs and risk assessment practice tools and coordinate a process by which appropriate tools for working cross-culturally with vulnerable older people are identified, designed, reviewed, and piloted with a view to implementing a State-wide assessment tool(s).
Black, Blundell & Clare (2012)	4	Advocare provides the WA HACC Program with information on the Rockingham Social Connector Program for consideration.

	5	That APEA: WA explore the opportunities for research to identify and report on national and international projects which have investigated the potential benefits of social media as universal services for socially-isolated and non-English-speaking older people.
Black, Blundell & Clare (2012)	7	Advocare and the WA HACC Program ensure that information and responses to elder abuse are flexible and creative in order to encompass cultural differences in perceptions and responses to elder abuse.
Clare et al. (2011)	8	The WA HACC Program continues to fund HACC service providers to develop culturally relevant networks to support HACC CaLD clients.
Black, Blundell & Clare (2012)	9	APEA:WA explores how different waves of migration from different countries, both new migrants and those that have partially integrated into Australian society in past decades, can inform future planning.
Black, Blundell & Clare (2012)	10	The WA HACC Program ensures HACC service providers access interpreters where it is required, including when dealing with elder abuse responses.
Black, Blundell & Clare (2012)	11	Advocare and the WA HACC Program ensure that information about elder abuse and the services available to assist people being abused is developed in a variety of media formats and specifically targeted to reach those most isolated and vulnerable.
Black, Blundell & Clare (2012)	12	Advocare works together with the WA HACC Program and CommunityWest to ensure that bi-lingual workers have access to ongoing training about elder abuse.
Black, Blundell & Clare (2012)	13	The WA HACC program continues to support HACC service providers to further develop and target services to HACC CaLD clients most isolated.
Black, Blundell & Clare (2012)	14	Advocare and APEA:WA ensure that an elder abuse information and communication strategy be developed for getting information out about elder abuse to CALD communities in a variety of languages and media.

Black, Blundell & Clare (2012)	19	Advocare continues to form and develop strategic alliances with CaLD HACC services and other CALD organisations, including the Office of Multicultural Interests, and the Ethnic Communities Council.
Black, Blundell & Clare (2012)	21	Advocare and CaLD HACC services are adequately funded and resourced in order to reach out to those most isolated and vulnerable in the community
Black, Blundell & Clare (2012)	28	That Government considers the use of genograms in cross-cultural residential aged-care services and home-based aged care services.
Black, Blundell & Clare (2012)	29	Government gives greater attention during and immediately after the migration processes for older migrants from CaLD backgrounds to provide information – in their own language – about aged care policies and services, including those about elder abuse.
Black, Blundell & Clare (2012)	30	WA HACC Program continues to promote Advocare as the link for all HACC service providers and their CaLD clients in relation to information about elder abuse.
Older people living in regional, rural and remote Western Australia		
Faye & Sellick (2003)	11	Further elder abuse research be carried out that is particularly aimed at identifying issues for indigenous Australians, people from a CaLD background, and older adults living in rural and remote Western Australia
Black (2008)	4	That elder abuse networks for service providers in both the metropolitan and rural and remote areas of Western Australia be supported and facilitated.
Older Western Australians living in residential care		
Black (2008)	8	That adequate resources to identify and respond to elder abuse in residential aged care be allocated, with an emphasis on financial abuse.

Education and training		
Community Awareness Education		
Source	Recommendation #	Recommendation
Service providers and reporting pathways		
Faye & Sellick (2003)	6	Promotion within the general community of services that support the needs of older adults at risk of elder abuse.
Faye & Sellick (2003)	7	Appropriate elder abuse prevention training be sought by organisations and other services for employees who may be placed in positions where they will act as formal advocates.
Faye & Sellick (2003)	10	A media campaign be carried out that is aimed at raising community awareness about the rights of older adults and the criminal nature of elder abuse.
Public Advocate 2005	3	It is imperative that community awareness and education is developed in collaboration with key stakeholders. The need for preventative programs that aim to decrease the risk of elder abuse is required. [note: with reference to Aboriginal communities]
Public Advocate 2005	7	Aboriginal cultural awareness training is required for government agencies and service providers within the aged care sector.
Public Advocate 2006	4	That a culturally appropriate community education campaign which targets CaLD seniors, CaLD communities and service providers and which raises awareness of services available be developed and implemented.
Public Advocate 2006	9	That: • CaLD services and ethnic community workers are adequately resourced and trained to raise awareness and respond to elder abuse in their communities.

		• a casual pool of trained CALD workers, from across the different CaLD communities be established to work specifically in the area of elder abuse; and • the Commonwealth Department of Health and Ageing expand funding for programs (such as the Community Partnerships Program) able to assist with preventing and responding to elder abuse in CaLD communities by improving links between CaLD and mainstream agencies and access for CaLD seniors to aged care services.
Public Advocate 2006	10	That service providers and policy makers, particularly those working in the aged care and family/domestic violence areas, receive cross-cultural training, training about the CaLD sector and training about issues for CaLD seniors and communities.
D'Aurizio (2007)	1	The need exists for an educational campaign directed at the general population of Western Australia that raises awareness about the issue of elder abuse and provides people with information on the support services available. Incorporating a 'call to action' in the campaign message will not only provide a short-term solution for victims of elder abuse but it will also increase the number of incidences that are disclosed, which will in turn lead to a better understanding of prevalence rates and better policy development for elder abuse prevention.
D'Aurizio (2007)	3	There is also a need for education about the extent to which people with decision making disabilities can make decisions about their lives, particularly in the very early stages of dementia.
Black (2008)	9	That the ways in which decision-making capacity is assessed in people experiencing elder abuse and the repercussions of this be examined and consideration be given to the development of further education and information about this issue.
Black (2008)	10	That further community education about elder abuse and related issues be provided to service providers, older people, their careers, and the general community, including young people.
Clare et al. (2011)	10	In the light of the reported "invisibility" of this social issue, Advocare needs to be funded to provide an annual public education campaign of multi-media information (television and

		newspaper coverage; brochures of agency information and referral information) which is regularly updated.
Clare et al. (2011)	11	Given the importance of risk and needs-assessments carried out by front-line practitioners involved directly and indirectly in monitoring concerns, Advocare needs to be funded to provide a sector-wide training program to service-provider agencies about types of elder abuse, the network of agencies funded to respond and current research information about needs and risks.
Black Blundell & Clare (2012)	3	Advocare, and HACC service providers continue to access community newspapers and community radio – both about 'good news stories' of the achievements of older Australians to challenge the level of ageism in the community, and about community education about the risks of elder abuse and how to access services in the event of need or concern.
Black Blundell & Clare (2012)	11	Advocare and the WA HACC Program ensure that information about elder abuse and the services available to assist people being abused is developed in a variety of media formats and specifically targeted to reach those most isolated and vulnerable.
Black Blundell & Clare (2012)	12	Advocare works together with the WA HACC Program and CommunityWest to ensure that bi-lingual workers have access to ongoing training about elder abuse.
Black Blundell & Clare (2012)	14	Advocare and APEA:WA ensure that an elder abuse information and communication strategy be developed for getting information out about elder abuse to CaLD communities in a variety of languages and media.
Black Blundell & Clare (2012)	16	APEA:WA ensures the development of broad education strategies to target the wider community; this would include a consideration of mandatory education linked to aged pension, the senior's card, and migrant education for new arrivals.
Black Blundell & Clare (2012)	17	Advocare, CommunityWest and the WA HACC Program ensure that HACC CaLD-specific service providers have access to training, development and information about elder abuse and services.

Black Blundell & Clare (2012)	18	APEA:WA recognises and support courses for first-line medical, legal and caring professionals (including religious leaders) both mainstream and within CaLD communities. These courses to include information about signs and symptoms of elder abuse, culturally appropriate interviewing skills, assessing risk, and decision-thinking both in the client's home and in the office, and ways of assisting CaLD people in contacting mainstream services for assistance. Fridge cards, brochures and similar items should be produced in key languages identifying Advocare as the lead information and response agency for elder abuse.
Black Blundell & Clare (2012)	29	Government gives greater attention during and immediately after the migration processes for older migrants from CaLD backgrounds to provide information – in their own language – about aged care policies and services, including those about elder abuse.
Select Committee 2018	8	The Government allocate funding to continue and expand peer education schemes, such as the Older People's Peer Education Scheme.
Select Committee 2018	9	The Government commission an audit into the quantum of funding, and its effectiveness, with a view to increasing funding to community organisations and agencies to raise awareness of elder abuse and educate the community.
Select Committee 2018	10	Western Australia Police develop a separate training module for all police officers that specifically covers the forms, signs and risk factors of elder abuse and how to respond effectively.
Select Committee 2018	12	The Government increase funding to Advocare Inc. to enable the organisation to train more volunteers and expand its advocacy services for older people.
Select Committee 2018	15	Western Australia Police take definitive action to target elder abuse as a priority and increase its public information and community awareness campaigns.

Service provider resources, protocols, and reporting pathways

Service provider resources, protocols, and reporting pathways		
Source	Recommendation #	Recommendation
Black (2008)	3	That a comprehensive elder abuse referral and resource guide for service providers and professionals be developed.
Clare et al. (2011)	16	That the development of elder abuse protocols in all agencies instrumental to responding to elder abuse be supported and encouraged in conjunction with interagency protocols to encourage consistent responses.
Clare et al. (2011)	17	That a comprehensive elder abuse referral and resource guide for service providers and professionals be developed.
Clare et al. (2011)	24	APEA: WA to coordinate a process by which appropriate needs and risk assessment tools for working with vulnerable older people are identified, reviewed and piloted to agree on a state-wide assessment tool which is fit for the purpose and administered in a professional rather than a technical manner through relationship-building not just information-gathering – as in other risk scenarios of child abuse and domestic violence.
Black, Blundell & Clare (2012)	1	APEA:WA engage in a review of current needs and risk assessment practice tools and coordinate a process by which appropriate tools for working cross-culturally with vulnerable older people are identified, designed, reviewed, and piloted with a view to implementing a State-wide assessment tool(s).
Black, Blundell & Clare (2012)	15	Advocare continues to review and evaluate its elder abuse response models to ensure they are sufficient, varied, and flexible enough to protect the rights and best interests of people experiencing elder abuse when they live with the perpetrators of the abuse.
Black, Blundell & Clare (2012)	20	Government should consider the idea of GP health checks for people over a certain age being used as a screening device for elder abuse.

Black, Blundell & Clare (2012)	22	Advocare and the WA HACC Program explore the usefulness of a telephone hotline for elder abuse including learning from the experience of hotlines in other jurisdictions.
Black, Blundell & Clare (2012)	26	APEA:WA consider the concept of mandatory reporting of elder abuse for professionals and care workers working with older people.
Select Committee 2018	17	Specialist elder abuse units should be created within Western Australia Police.
Select Committee 2018	18	The Government investigate further opportunities to develop and fund new health-justice partnerships and expand existing partnerships that are currently being delivered to older people in the community.

Support for advocacy and counselling services

Support for advocacy and counselling services		
Source	Recommendation #	Recommendation
Boldy et al. (2002)	4	It is recommended that the current adequacy of the available range of desirable interventions is appraised, with particular attention being paid to the provision of respite care, advocacy and counselling services, for older people either considered at risk of abuse or having experienced abuse.
Faye & Sellick (2003)	3	Counselling services for the victims of elder abuse including foci on family counselling, conflict resolution, assertiveness coaching, grief and loss, and depression and suicidal thinking.
Black (2008)	7	That the need to develop further specific services be investigated, along with ways to better utilise existing non-specific services, including: • Further specialist counselling, legal, and support services to respond to elder abuse. • More available and accessible bilingual counselling services for older people. • A holistic support service for young and old Aboriginal people developed by and for the Indigenous community. • A culturally appropriate 'safe place' or refuge for vulnerable older Aboriginal people. • A culturally specific aged care facility in the Perth metropolitan region for Aboriginal people.
Select Committee 2018	12	The Government increase funding to Advocare Inc. to enable the organisation to train more volunteers and expand its advocacy services for older people.
Select Committee 2018	13	The Government ensure that every older person in Western Australia, regardless of where they reside, has access to specialised community legal services which provide advocacy and advice on elder abuse.

Select Committee 2018		

Changes to POA legislation and other responses to financial abuse

Changes to POA legislation and other responses to financial abuse		
Source	Recommendation #	Recommendation
Legislative and Policy Interventions		
Faye & Sellick (2003)	1	Legislative changes be made requiring the legal witnessing of powers of attorney and enduring powers of attorney.
Faye & Sellick (2003)	2	The development of financially accessible legal advice service for older adults at risk of elder abuse.
Black (2008)	7	That the need to develop further specific services be investigated, along with ways to better utilise existing non-specific services, including: • Further specialist counselling, legal, and support services to respond to elder abuse. • More available and accessible bilingual counselling services for older people. • A holistic support service for young and old Aboriginal people developed by and for the Indigenous community. • A culturally appropriate 'safe place' or refuge for vulnerable older Aboriginal people. • A culturally specific aged care facility in the Perth metropolitan region for Aboriginal people
Clare et al. (2011)	25	APEA: WA recommends to the State Attorney General that a review of Elder Law is undertaken with specific attention to the law in relation to Enduring Power of Attorney, the Guardianship and Administration Act and the introduction of legislation requiring the registration of wills.

Select Committee 2018	13	The Government ensure that every older person in Western Australia, regardless of where they reside, has access to specialised community legal services which provide advocacy and advice on elder abuse.
Select Committee 2018	19	The Government monitor and review the Office for the Ageing (Adult Safeguarding) Amendment Bill 2018 (SA) as it progresses through the South Australian Parliament.
Select Committee 2018	22	The penalty in section 107 of the Guardianship and Administration Act 1990 that currently only applies to a breach of section 107(1)(b) be expanded to apply to the entirety of section 107(1) of the Guardianship and Administration Act 1990.
Select Committee 2018	28	The Government direct the Law Reform Commission of Western Australia to inquire into the possible expansion of the State Administrative Tribunal's jurisdiction to cover disputes that involve assets for care arrangements.
Select Committee 2018	24	The Government introduce a bill to amend the Guardianship and Administration Act 1990 to implement the recommendations contained in the 2015 statutory review of the act as a matter of urgency.
Enduring Power of Attorney (EPA) and Decision-Making Capacity		
D'Aurizio (2007)	2	There is a need to specifically promote the usefulness of preparing an Enduring Power of Attorney to help protect individuals from financial abuse and exploitation.
Black (2008)	6	That the issue of a need for extra protections for older people with decision-making capacity who experiences elder abuse be explored further in conjunction with the forms that these protections might take.
Clare et al. (2011)	7	That uniform federal legislation on Enduring Powers of Attorney is developed.

Black (2008)	9	That the ways in which decision-making capacity is assessed in people experiencing elder abuse and the repercussions of this be examined and consideration be given to the development of further education and information about this issue.
Clare et al. (2011)	8	That a national system for registering and auditing Enduring Powers of Attorney is implemented, which includes comprehensive education about their usage and limitations for donees and donors.
Black, Blundell & Clare (2012)	25	APEA:WA explore what further protections be put in place to protect people from experiencing elder abuse, such as registration and auditing of Enduring Powers of Attorney and the banks better monitoring the transactions of vulnerable people.
Select Committee 2018	20	The Government review the witnessing requirements set out in the Guardianship and Administration Act 1997 with a view to strengthening the protection for donors of Enduring Powers of Attorney and Enduring Powers of Guardianship.
Select Committee 2018	21	The Government review the Guardianship and Administration Act 1990 with a view to giving the State Administrative Tribunal jurisdiction to order compensation for the misuse or abuse of a power of attorney.
Select Committee 2018	23	Landgate urgently review its processes for registering land transfers where an Enduring Power of Attorney is lodged with a view to increasing the safeguards in place to ensure that only one valid and current document may be registered against a land transfer per individual
Select Committee 2018	25	The Government investigate the viability and timeframe for creating a Western Australian central register of Enduring Powers of Attorney, with a view to integrating it with any national model that may be agreed to in the future.
Select Committee 2018	26	The Government amend the Guardianship and Administration Act 1990 to include a requirement that private guardians, attorneys or administrators be required to sign an undertaking with respect to their statutory responsibilities and obligations.

Government and Service Industry Interventions		
Clare et al. (2011)	5	That a representative sample of Centrelink nominee arrangements be subject to a system of auditing each year in order to determine that payments are being used appropriately.
Clare et al. (2011)	6	That Banks develop policies, practices, educational programs, and regulatory measures that reduce the risk and incidence of financial abuse. These may include better education of vulnerable older people about the potential for financial abuse, an alert system (similar to AUSTRAC) to identify suspicious transactions, as well as better arrangements to ensure the currency of third-party signing rights.
Clare et al. (2011)	23	APEA: WA continue to work with the major banks to design and implement an integrated strategy to address the risks of financial abuse and fraud which victimize older people in Western Australia; such work to include an invitation for the network of the major banks to become an active member of APEA: WA.
Black, Blundell & Clare (2012)	2	APEA:WA consider seeking financial resources to explore the capacity of government and non-government agencies in WA to design and introduce a sustainable Restorative Justice model of intervention to complement the other models available for vulnerable older Australians in the State.
Select Committee 2018	14	The Government survey older clients of the State Administrative Tribunal to assess if this design and aspiration [to provide and accessible and user-friendly forum for older people who may be experiencing elder abuse] is effective to the end user.
Select Committee 2018	16	Circumstances of aggravation for property offences in the Criminal Code should be broadened to include where a victim is aged 60 years or more.
Select Committee 2018	27	The Department of Communities, acting as lead agency for countering elder abuse in Western Australia, engage with the banking sector to develop safeguards and processes to reduce the risk of older people experiencing financial elder abuse.

National Plan and other Australian jurisdictions

National Plan and other Australian jurisdictions		
Source	Recommendation #	Recommendation
Select Committee 2018	29	The Government advocate strongly on behalf of all older Western Australians to the Commonwealth's peak body, Elder Abuse Action Australia, to ensure that the situation faced by older people in this State is recognised and addressed in any future action or policies relating to elder abuse.
Select Committee 2018	30	The Government actively collaborate with Elder Abuse Action Australia to ensure that progress is made to address elder abuse in Western Australia and to contribute to a nationally consistent legal framework to address elder abuse.
Select Committee 2018	31	The Government actively contribute to the National Plan to Combat Elder Abuse to ensure that the plan adequately reflects the needs of Western Australia's older population.
Select Committee 2018	32	The Government scrutinise the National Plan to Combat Elder Abuse when it is released with particular emphasis on whether it adequately addresses our Western Australian experience of elder abuse.
Select Committee 2018	33	After it has scrutinised the National Plan to Combat Elder Abuse, the Government report to the Parliament of Western Australia on whether the plan adequately addresses the Western Australian experience of elder abuse.
Select Committee 2018	35	The Government urgently develop a State action plan to complement or improve the National Plan to Combat Elder abuse and to identify gaps and priorities in agency responses and create a more effective framework to address elder abuse in Western Australia.

Appendix B: Project Reference Group Terms of Reference

This appendix contains the Terms of Reference that guided the work of the Project Reference Group (PRG) who guided this study.

Introduction and background

The Western Australian Government through the Department of Communities (Communities) has engaged the Research Project team to conduct qualitative and quantitative research into elder abuse prevalence, drivers and protective factors in Western Australia. The Research Project period is July 2020-July 2021.

This Research Project has been commissioned as part of the WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019-2029 (The Strategy), launched on 18 November 2019. The Strategy is a 10-year plan that aims to prevent and respond to Elder Abuse in communities throughout Western Australia.

Elder Abuse is a complex social, health and human rights issue experienced and carried out by Western Australians of all backgrounds. The WA Government defines Elder Abuse as:

> *'... a single or repeated act, or lack of appropriate action, that occurs in a relationship with an older person where there is an expectation of trust and where that action causes harm or distress to the older person' (WHO, 2008).*

Older person refers to Aboriginal people aged 55 years and over, and non-Aboriginal people aged 65 years and over.

The Strategy identifies four priorities areas:

Priority One: Raising awareness and early identification
Priority Two: Prevention and early intervention
Priority Three: Integrated and coordinated response
Priority Four: Data and evidence

This Research Project has been commissioned in response to Priority Four, Data and Evidence, specifically:

> 4.1 Support and fund further research on elder abuse prevalence, drivers and experiences, including specific research and data collection on the experiences of more marginalised, vulnerable and diverse cohorts.
>
> 4.4 Support and contribute to the National Research Agenda on Elder Abuse, which commenced in 2019.

Thematic focus of Research Project

The Research Project Team engaged to conduct this research comprises academics with expertise in socio-relational and cultural dimensions of ageing from the UWA Social Care and Social Ageing Living Lab working in partnership with subject matter experts from the

University of South Australia School of Law and the Older Person's Rights Service at the Northern Suburbs Community Legal Centre.

There have been many studies conducted into elder abuse in Western Australia over the past two decades. This project seeks to update and extend this work, avoiding duplication where possible, and building upon previous findings and recommendations.

Early consultation with Communities has identified four key themes that will frame research activities, summarised below:

Key theme 1: Regional WA

- Regional, rural and remote WA presents geographical challenges for service provision
- There is a lack of data for WA regions in terms of elder abuse prevalence and mapping responses
- This project considers health, community and legal responses to elder abuse in regional WA

Key theme 2: Marginal populations

- The Strategy highlights that older people from diverse backgrounds may be more vulnerable to abuse
- Focus on CaLD, Aboriginal and LGBTIQ older people

Key theme 3: Individualised, person-centred approaches to elder abuse

- Significant variance in forms of elder abuse, family norms, care and relationship expectations, and individual capacity
- Important role of carers, carer safety and carer stress
- Complexity of perpetrator perspective
- Value of timely interventions and slow, sustained, gradual, iterative support services

Key theme 4: Designing and implementing best practice

- Protectionist vs rights-based approaches
- Multi-agency policies and procedures for safeguarding vulnerable adults (e.g. UK 'No Secrets' model) learning from experiences in other Australian states
- Appropriate legal services for older people

Project Reference Group

The Project Reference Group comprises key stakeholders who assist the Research Project Team in designing and implementing an effective program of research activities that incorporate data and evidence from state, national and international research, deliver new findings about the state of the field in Western Australia, and provide practical, prioritised recommendations in a timely fashion.

Terms of Reference

Purpose

The Research Project Reference Group (PRG) brings together key stakeholder representatives with expertise and experience in their relevant fields to provide advice to the Research Project Team for the duration of the research, expected August 2020 – July 2021.

PRG Members have been selected on the basis of their individual experience, expertise and knowledge, as well as to provide broad representation of across the sector. In particular, the Research Team is keen to acknowledge and build on the extensive body of previous research and initiatives conducted in this field. For this reason, membership on the PRG or attendance at meetings should not be delegated without prior discussion with project team. If required, the PRG may invite specialists to meetings for consultation.

Scope

The scope of the PRG will be to provide comment and advice on the research design, findings and outputs.

Membership

The UWA Social Care and Social Ageing Living Lab will Chair and provide secretarial support to the PRG.

List of all PRG members over the course of the project:

Advocare	Louise Forster / Etta Palumbo / Justine Martyr
Australian Institute of Family Studies	Dr Rae Kaspiew
Age Friendly Local Government Network	Christine Young
COTA WA	Christine Allen
Department of Communities	Sue Fielding / Chris Cable / Linda Higgie
IPS	Dr Katie Roe
Legal Aid WA	Varny Poinern
Office of Multicultural Interests	Dr Rita Afsar
Office of the Public Advocate	Sarah Keenan
QLD Elder Abuse Prevention Unit	Anna Gillbard
UWA Medical School	Dr Andrew Ford
WA Centre for Rural Health	Prof Sandra Thompson
WA Local Government Association	Marissa MacDonald

Roles and responsibilities

The role of the WA Elder Abuse Research Project Reference Group is to:

1. Attend meetings and contribute their experience and expertise to the development of the project.
2. Provide strategic advice on how to most effectively conduct research and communicate findings.
3. Act as a 'sounding board' to the Research Project team to discuss and advance the more complex elements of the project that are relevant to their area(s) of expertise or experience.
4. Provide a quality control mechanism to ensure that documents and resources that are developed are of high quality, 'fit for purpose' and useful to relevant stakeholders.

Key tasks

The members of the Project Reference Group will:

1. Review and comment on papers circulated by the Research Project team drawing on their relevant expertise and knowledge.
2. Provide comment in relation to the research approach and methodology.
3. Provide comment in relation to roles and responsibilities for various research activities and the timeframes for their delivery.
4. Provide advice regarding sector expectations and related risks and opportunities that may inform the findings and recommendations.
5. Provide comment on drafts of key documents and resources.

Meeting frequency

The Project Advisory Group will meet once every two months for the duration of the project.

Duration

The Project Reference Group is intended as a time limited structure to provide input and advice over the life of the WA Elder Abuse Research Project. It is expected that the group will conclude shortly after the delivery of the Final Report.

Appendix C: Summary of focus group organisational roles, barriers and challenges

Participants at focus groups held in Perth were asked to complete a paper form (see below) to assist with mapping the interactions between service providers and other organisations and understanding the 'service journey' of older people, their families and advocates. This appendix presents the collated responses of focus group participants.

YOU AND YOUR ORGANISATION

What are the key issues relating to elder abuse for your organisation? How does abuse manifest for your organisation?	
Who are your clients? Who does your service serve? How do they reach you? How do you respond and when do you act?	
Who are your staff / colleagues? Do you have specialists or dedicated teams to address elder abuse? Do you have internal protocols or processes that you follow?	
Which other organisations do you work with? Do you receive referrals? From whom? Do you make referrals? To whom?	
What are the barriers or challenges that you and/or your colleagues encounter in responding to elder abuse?	

Question: What are the barriers or challenges that you and/ or your colleagues encounter in responding to elder abuse?	
Participants from legal and related service providers and agencies	Capacity of elderly person and resilience to provide evidence. Willingness of victim to assist investigation or prosecution.
	Lack of consistency as to "what is E/A", Lack of direct pathway for litigation Dispute as to Best Practices- due to misunderstanding of E/A- arising from lack of Legal definition of E/A., Homelessness affecting clients aged in their 80s, Safeguarding & inclusion of therapeutic, holistic services for family.
	Lack of funding for private representation
	Lack of knowledge by community and legal profession about services aside from SAT
	Lack of appointments, Lack of funding
	The term 'elder abuse' is not palatable to community. (Clients are often in denial.) But well understood by professionals. Legal frameworks have not kept pace to needs of older people affected by EA. Holistic social/ family and legal solutions
	1. Awareness in community on how to respond 2. Practical support 3. Technology, restrictions, fear, legal pathways, screening tools
	Client themselves do not want to pursue issue of abuse. What remedies or relief or which service can assist.
	Understanding and recognition, reluctance to report and/or engage
	Complexity - rarely a 'single issue' matter Time - takes time to obtain clear instructions and may need to folllow up in writing Accessibility Clients are sometimes in and out of hospital and continuity of instructions is difficult

	Absence of criminal follow-up Conflict between social work and legal remedies
	Capacity of client Complexity of issues Resolution of issues
	Clients themselves, Cost of litigation
	We have no direct powers of investigation
	Practical barriers to older person communicating with Legal Aid e.g. physical difficulty getting to a phone privately. Mental health difficulties - it becomes difficult to discern real issues and what client is saying due to mental health eg. they could be paranoid and unwell, but still being abused. Or situations of conflict where a helpful and right thinking relative is trying to help their elderly parent.
	1. Clients not receiving preventative advise early on 2. Clients bringing own barriers to understanding of situation/unrealistic expectations. 3. Complex family situations - unrealistic expectations of resolution process.
	Funding. Accessibility of care
Participants from health and related service providers and agencies	Capacity, consent, fear, shame, lack of alternative accommodation. Patient understanding + diversity of elder abuse, other staff- cultural norms/ stereotypes, judgements, discrimination, denial.
	Older people not being willing to proceed with action to stop abuse
	When patients have dementia, lack of capacity to make decisions, when carer is the abuser, when abuser is their substitute decision maker
Participants from financial and related service providers and agencies	Crossing the line, No PI Insurance as carer
	Beyond speaking & identifying issues with families, where can you go?
	Staffing levels Difficulty communicating with elderly people who lack capacity. Legal costs to recover and trials
	Confidentiality Capacity

	Referral pathways
Participants from care, advocacy and related service providers and agencies	Support and training, External agency response, slow to move
	funding! Lack of knowledge, lack of clear pathways, Increased government focus on big stick compliance & regulations &justifying funding
	Lack of communicators in residential areas - have feedback forms but do not action them all the time and get back to the clients/ families about issues
	Remote / regional No legislative direction
	Care access based on supply not need e.g. HCP queue.
	Time limited intervention ie single assessment visit Access to hospital/medical records - privacy concerns We have to assume everyone has capacity and respect their decisions. Ageism
	Information - client's understanding of what abuse is and their willingness to report, or deal with abuse. Fear Funding Families
	Reluctance to report from clients. Students having information disclosed to them, but not feeling comfortable approaching supervisor at the organisation. Older clients who do recognise they are being abused, that their rights are being breached, but staffing pressures don't allow the necessary time or funding to rectify the situation
	System limitations Training of staff Language and cultural barriers
	Awareness, availability of services to CaLD customers
	No system on information available to ensure the victim that they will be supported through well designed system
	Language barriers. To build up the trust and rapport are very important if you want to collect more information regarding to the abuse

Participants from local or state government not included above	Unsure who to refer to, when refer, Getting the message out there to community, reduce stigma
	Clients emotional/psychological wellbeing, crisis
	Barriers - we don't provide legal advice. We can give basic information, however we have to refer them to relevant agencies.
	Clients not wanting to damage relationship with family - shame that it is happening and want to avoid further family breakdown
	Our office can't provide legal advice Our role isn't to substantiate allegations Person of concern may not want to be involved in process.

Question: What are possible solutions?	
Participants from legal and related service providers and agencies	More funding- or set up government response within existing structures
	Information campaigns in both the general community and legal profession
	Funding to establish unit which can practically respond to all issues presented by clients Preventative and aftercare or continued service (life coaching for clients)
	1. TV awareness, radio awareness 2. Complicated specialist unit
	Specific referral services - organisations that can help. Provide legal advice - for knowledge and empower individual. Mediation - separation
	Better training and knowledge; easier access to services
	Need a dedicated service / person to build up expertise Allow for longer appointments Service delivery at home, funding to do this - not covered in our current funding model (half an hour per appointment for general legal advice)

	Also, you can give the advice but the client needs help to action that advice, e.g. take them to bank, fill in forms, etc, go to the referral appointment.
	Encourage establishment of unit in Police and DPP to prosecute elder abuse.
	Restorative model - family counselling Empowering older adults.
	Best to get in early
Participants from health and related service providers and agencies	Education Support workers post disclosure to continue working with older people towards change/ taking action to stop the abuse
Participants from financial and related service providers and agencies	Joint appointment of qualified experienced people to advocate for my client
	Legal advice if affordable? Police?
	Reporting, multidisciplinary support
Participants from care and advocacy sectors	In residential care - Geriatric team with social work, counsellors, rapid response. In community - Engagement & pathways
	Multi-disciplinary responses, Better linkage between service providers.
	an overarching Commission type agency that sets protocols, guidance, and support. Multi sector responsibility
	Elder abuse screening NSAC (National Screening for Aged Care). Prioritising services for people experiencing abuse.

	To staff with clients/ residents families need to address issues
Participants from local or state government not included above	Tiered referral process/ help charts
	Education, enhanced referral pathways

Appendix D: Human Research Ethics approvals and related documents

Ethics approvals for this project were granted by the UWA Human Research Ethics Committee in accordance with the requirements of the National Statement on Ethical Conduct in Human Research and the policies and procedures of UWA.

Application reference number: RA/4/20/6411.

The following relevant documents are included in this appendix:

1. HREC Application Approval Letter
2. Participant Consent Form – Focus Groups
3. Participant Consent Form – Interviews
4. Participant Information Form – In Person Focus Groups
5. Participant Information Form – Online Focus Groups
6. Participant Information Form – In Person Interviews
7. Participant Information Form – Online Focus Groups

Human Ethics

Office of Research Enterprise

The University of Western Australia
M459, 35 Stirling Highway
Crawley WA 6009 Australia

T +61 8 6488 3703 / 4703
F +61 8 6488 8775
E humanethics@uwa.edu.au

CRICOS Provider Code: 00126G

Our Ref: RA/4/20/6411

15 September 2020

Professor Loretta Baldassar
School of Social Sciences
MBDP: M257

Dear Professor Baldassar

HUMAN RESEARCH ETHICS APPROVAL - THE UNIVERSITY OF WESTERN AUSTRALIA

Design and undertake qualitative and quantitative research into elder abuse prevalence, drivers and protective factors in Western Australia.

Ethics approval for the above project has been granted in accordance with the requirements of the *National Statement on Ethical Conduct in Human Research* (National Statement) and the policies and procedures of The University of Western Australia. Please note that the period of ethics approval for this project is five (5) years from the date of this notification. However, ethics approval is conditional upon the submission of satisfactory progress reports by the designated renewal date. Therefore initial approval has been granted from 15 September 2020 to 14 September 2021.

You are reminded of the following requirements:

1. The application and all supporting documentation form the basis of the ethics approval and you must not depart from the research protocol that has been approved.
2. The Human Ethics office must be approached for approval in advance for any requested amendments to the approved research protocol.
3. The Chief Investigator is required to report immediately to the Human Ethics office any adverse or unexpected event or any other event that may impact on the ethics approval for the project.
4. The Chief Investigator must submit a final report upon project completion, even if a research project is discontinued before the anticipated date of completion.

Any conditions of ethics approval that have been imposed are listed below:

Special Conditions

None specified

The University of Western Australia is bound by the *National Statement* to monitor the progress of all approved projects until completion to ensure continued compliance with ethical principles.

The Human Ethics office will forward a request for a Progress Report approximately 30 days before the due date.

If you have any queries please contact the Human Ethics office at humanethics@uwa.edu.au.

Please ensure that you quote the file reference – RA/4/20/6411 – and the associated project title in all future correspondence.

Yours sincerely

Mark Davies
Manager, Human Ethics

Name	***Faculty / School***	***Role***
Professor Loretta Baldassar	School of Social Sciences	Chief Investigator
Mr Lukasz Krzyzowski	School of Social Sciences	Co-Investigator
Mrs Catriona Stevens	School of Social Sciences	Co-Investigator
Ms Kathy Blitz-Cokis	Northern Suburbs Community Legal Centre Inc	Co-Investigator
Ms Gaynor Noonan	Northern Suburbs Community Legal Centre Inc	Co-Investigator
Ms Fran Ottolini	Northern Suburbs Community Legal Centre Inc	Co-Investigator
Professor Eileen Webb	University of South Australia	Co-Investigator
Vicki Edwards	Northern Suburbs Community Legal Centre Inc	Co-Investigator

Chief Investigator Loretta Baldassar
School of Social Sciences, M257
The University of Western Australia
35 Stirling Highway, Crawley WA 6009
Tel: 08 6488 7232
Email: loretta.baldassar.uwa.edu.au

Participant Consent Form

Design and undertake qualitative and quantitative research into elder abuse prevalence, drivers and protective factors in Western Australia.

I, _____ have read the information provided and any questions I have asked have been answered to my satisfaction. I agree to participate in this research project, realizing that I may withdraw at any time without reason and without prejudice.

I understand that all identifiable information that I provide is treated as confidential and will not be released by the investigator in any form that may identify me unless I have consented to this. The only exception to this principle of confidentiality is if this information is required by law to be released.

I agree to have my conversation audio-recorded. Yes ☐ No ☐

I understand that participation in this research is voluntary. I understand that withdrawal is no longer possible once the audio recording of the focus group has commenced.

_____ _____
Participant signature Date

Approval to conduct this research has been provided by the University of Western Australia, in accordance with its ethics review and approval procedures. Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researchers at any time.

In addition, any person not satisfied with the response of researchers may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Ethics Office at the University of Western Australia on (08) 6488 3703 or by emailing to humanethics@uwa.edu.au

All research participants are entitled to retain a copy of any Participant Information Form and/or Participant Consent Form relating to this research project.

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I agree to have my interview audio-recorded. Yes ☐ No ☐

I understand that participation in this research is voluntary. I may decide to withdraw from this research without any negative consequences, even after the interview has concluded. I understand that withdrawal is no longer possible once findings from the interview have been published and are in the public domain.

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Name of Researchers: Professor Loretta Baldassar, Dr Lukasz Krzyzowski, Dr Catriona Stevens, Professor Eileen Webb, Gaynor Noonan, Fran Ottolini, Vicki Edwards, Kathy Blitz-Cokis

Invitation:

You are invited to participate in a research project commissioned by the WA Department of Communities into elder abuse in Western Australia. You are asked to take part in this project because you and your organisation have been identified as playing a key role in interventions and responses to elder abuse and /or because of your expertise and experience with this issue.

Aim of the Study (What is the project about?)

The Western Australian Government through the Department of Communities (Communities) has engaged the Research Project team to conduct qualitative and quantitative research into elder abuse prevalence, drivers and protective factors in Western Australia.

This Research Project has been commissioned as part of the WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019-2029 (The Strategy), launched on 18 November 2019. The Strategy is a 10-year plan that aims to prevent and respond to Elder Abuse in communities throughout Western Australia.

What does participation involve?

You have been invited to participate in a focus group where you will discuss your understandings and perceptions of elder abuse in Western Australia. You will be asked to explain the role your organisation plays in working to prevent or reduce incidence of elder abuse, and the challenges your organisation encounters. There will also be representatives of other relevant Western Australian organisations present. You will work in small groups to map current service provision and explore how best practice responses could be designed and implemented.

This focus group will be held at UWA. Focus group discussions will be audio recorded. The focus group will be approximately 3 to 4 hours long.

Voluntary Participation and Withdrawal from the Study

Participation in this focus group is voluntary. You are under no obligation to attend. However, you are no longer able to withdraw once the recording of the focus group has commenced.

Your privacy

Information from this project will be published but your name and identifying details will not be used in any publication arising out of the research without your consent. The data will be kept in a non-identifiable format, in a password protected computer or a secure server for minimum seven years.

Possible Benefits

This research will deliver findings on elder abuse prevalence, drivers and protective factors in Western Australia. Recommendations from this research will inform policy to provide better services and outcomes for older Western Australians at risk of elder abuse.

This project has been commissioned by the Department of Communities. The final report and other outputs will be delivered to Communities who will determine how and to whom they are distributed.

Possible Risks and Risk Management Plan

We do not foresee any major risks resulting from your participation in this study. Participation may prompt you to reflect on difficult cases of elder abuse you have encountered. Thus, participation could be uncomfortable or unsettling for some people, although we expect you are unlikely to experience more than minimal discomfort.

Should you require further support with cases of elder abuse, we recommend you contact Advocare Elder Abuse Hotline on 1300 724 679, Legal Aid WA Seniors Rights and Advocacy Service on 1300 650 579, or the Older People's Rights Service at the Northern Suburbs Community Legal Centre on 08 9440 1663.

Contacts

If you would like to participate or discuss any aspect of this study, please feel free to contact Catriona Stevens on 0415 043 442.

Sincerely,

Loretta Baldassar

Approval to conduct this research has been provided by the University of Western Australia, in accordance with its ethics review and approval procedures. Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researchers at any time. In addition, any person not satisfied with the response of researchers may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Ethics office at UWA on (08) 6488 4703 or by emailing to humanethics@uwa.edu.au. All research participants are entitled to retain a copy of any Participant Information Form and/or Participant Consent Form relating to this research project.

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This focus group will be conducted via Zoom. The focus group will be video and audio recorded, however the video file will be deleted once the focus group has concluded and the audio file retained.

Voluntary Participation and Withdrawal from the Study

Participation in this focus group is voluntary. You are under no obligation to attend. However, you are no longer able to withdraw once the recording of the focus group has commenced.

Your privacy

Information from this project will be published but your name and identifying details will not be used in any publication arising out of the research without your consent. The data will be kept in a non-identifiable format, in a password protected computer or a secure server for minimum seven years.

Possible Benefits

This research will deliver findings on elder abuse prevalence, drivers and protective factors in Western Australia. Recommendations from this research will inform policy to provide better services and outcomes for older Western Australians at risk of elder abuse.

This project has been commissioned by the Department of Communities. The final report and other outputs will be delivered to Communities who will determine how and to whom they are distributed.

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This interview will be conducted in person and will be audio recorded. The interview will be approximately one to two hours long.

Voluntary Participation and Withdrawal from the Study

Participation in this interview is voluntary. You are under no obligation to attend and may leave at any time. You may decide to withdraw from this research without any negative consequences, even after the interview has concluded. If you decide to withdraw after the interview has concluded, the researchers will destroy all data that relate to your participation. Withdrawal is only no longer possible once findings from the interview have been published and are in the public domain.

Your privacy

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Possible Risks and Risk Management Plan

We do not foresee any major risks resulting from your participation in this study. Participation may prompt you to reflect on difficult cases of elder abuse you have encountered. Thus, participation could be uncomfortable or unsettling for some people, although we expect you are unlikely to experience more than minimal discomfort.

Should you require further support with cases of elder abuse, we recommend you contact Advocare Elder Abuse Hotline on 1300 724 679, Legal Aid WA Seniors Rights and Advocacy Service on 1300 650 579, or the Older People's Rights Service at the Northern Suburbs Community Legal Centre on 08 9440 1663.

Contacts

If you would like to participate or discuss any aspect of this study, please feel free to contact Catriona Stevens on 0415 043 442.

Sincerely,

Loretta Baldassar

Approval to conduct this research has been provided by the University of Western Australia, in accordance with its ethics review and approval procedures. Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researchers at any time. In addition, any person not satisfied with the response of researchers may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Ethics office at UWA on (08) 6488 4703 or by emailing to humanethics@uwa.edu.au. All research participants are entitled to retain a copy of any Participant Information Form and/or Participant Consent Form relating to this research project.

Appendix E: Graph Data Tables

Figure 2.7.1 - Sector Breakdown – Interview & Focus Group Participants, n=78, p. 3

Advocacy, counselling and mediation	12.8%
Aged Care	21.8%
Community Organisations	1.3%
Financial Services	6.4%
Healthcare	12.8%
Legal Services	18.0%
Local Government	6.4%
Other	11.5%
State Government	5.1%
Police	3.9%

Figure 2.8.1 - Sector Breakdown – Survey Respondents, n=674, p.3

Advocacy, counselling and mediation	6.7%
Aged care	16.0%
Community organisations	20.6%
Education	0.7%
State government	0.7%
Financial services	3.0%
Healthcare	13.1%
Legal services	9.2%
Local government	14.1%
Other	0.9%

Figure 3.1.1 – Perceived Frequency of Types of Abuse, n=674, p. 50

	Psychological Abuse	Financial Abuse	Physical Abuse	Sexual Abuse	Social Abuse	Neglect
Very often	9.3%	16.5%	4.3%	2.0%	10.0%	11.7%
Often	22.9%	24.4%	10.1%	3.3%	19.3%	21.0%
Sometimes	34.8%	28.3%	28.1%	12.9%	32.2%	30.9%
Rarely	13.7%	13.6%	26.9%	23.5%	16.0%	15.7%
Never	14.1%	12.8%	25.3%	45.3%	15.0%	15.7%
Not sure	5.2%	4.4%	5.3%	13.1%	7.5%	5.0%

Figure 3.2.1 – Perceived Frequency of Financial Abuse by Sector Respondents, n=593, p. 52

	Healthcare	Financial services	Legal services	Aged care	Advocacy, counselling and mediation	Police	Local government	State government agency	Community organisations
Very often	12.3%	26.3%	29.8%	7.3%	37.5%	11.8%	10.6%	12.5%	18.7%
Often	29.6%	36.8%	35.1%	18.8%	37.5%	19.1%	14.1%	29.2%	26.0%
Sometimes	34.6%	36.8%	26.3%	31.3%	17.5%	36.8%	18.8%	45.8%	23.6%
Rarely	8.6%		7.0%	17.7%	2.5%	13.2%	25.9%	12.5%	15.4%
Never	9.9%		1.8%	20.8%	5.0%	13.2%	23.5%		11.4%
Not sure	4.9%			4.2%		5.9%	7.1%		4.9%

Figure 3.2.2 - Perceived Frequency of Neglect by Sector Respondents, n=587, p. 52

	Healthcare	Financial services	Legal services	Aged care	Advocacy, counselling and mediation	Police	Local government	State government agency	Community organisations
Very often	9.8%	17.6%	14.3%	7.4%	20.5%	10.3%	5.9%	8.3%	14.8%
Often	30.5%	23.5%	28.6%	18.1%	38.5%	19.1%	12.9%	25.0%	14.8%
Sometimes	37.8%	41.2%	32.1%	34.0%	23.1%	27.9%	30.6%	29.2%	29.5%
Rarely	8.5%	5.9%	12.5%	16.0%	7.7%	20.6%	17.6%	29.2%	16.4%

Never	11.0%	5.9%	7.1%	21.3%	10.3%	19.1%	27.1%	4.2%	14.8%
Not sure	2.4%	5.9%	5.4%	3.2%		2.9%	5.9%	4.2%	9.8%

Figure 3.2.3 – Perceived Frequency of Physical Abuse by Sector Respondents, n=587, p. 53

	Healthcare	Financial services	Legal services	Aged care	Advocacy, counselling and mediation	Police	Local government	State government agency	Community organisations
Very often	1.2%	5.9%	1.9%	3.2%	10.0%	11.9%			5.7%
Often	7.3%	11.8%	22.2%	4.2%	15.0%	17.9%	3.5%	12.5%	9.8%
Sometimes	30.5%	29.4%	35.2%	25.3%	35.0%	34.3%	16.5%	33.3%	26.8%
Rarely	34.1%	41.2%	35.2%	24.2%	25.0%	17.9%	24.7%	20.8%	25.2%
Never	24.4%	11.8%	5.6%	41.1%	7.5%	14.9%	42.4%	20.8%	26.0%
Not sure	2.4%			2.1%	7.5%	3.0%	12.9%	12.5%	6.5%

Figure 3.2.4 – Perceived Frequency of Psychological Abuse by Sector Respondents, n=594, p. 53

	Healthcare	Financial services	Legal services	Aged care	Advocacy, counselling and mediation	Police	Local government	State government agency	Community organisations
Very often	9.8%	5.9%	12.3%	4.2%	25.0%	7.4%	1.2%		13.7%
Often	19.5%	41.2%	26.3%	20.8%	35.0%	27.9%	17.4%	20.8%	19.4%
Sometimes	46.3%	41.2%	40.4%	29.2%	30.0%	33.8%	27.9%	58.3%	33.1%
Rarely	9.8%	11.8%	14.0%	22.9%		10.3%	16.3%	12.5%	12.9%
Never	9.8%		3.5%	17.7%	10.0%	17.6%	27.9%	4.2%	12.9%
Not sure	4.9%		3.5%	5.2%		2.9%	9.3%	4.2%	8.1%

Figure 3.2.5 – Perceived Frequency of Sexual Abuse by Sector Respondents, n=587, p. 54

	Healthcare	Financial services	Legal services	Aged care	Advocacy, counselling and mediation	Police	Local government	State government agency	Community organisations
Very often	1.2%			1.1%	5.1%	6.0%			3.2%
Often	1.2%	5.9%	9.1%	4.2%	5.1%	1.5%	1.2%	4.2%	3.2%
Sometimes	12.2%	17.6%	12.7%	9.5%	35.9%	6.0%	15.5%	12.5%	9.7%
Rarely	26.8%	23.5%	41.8%	20.0%	23.1%	37.3%	8.3%	25.0%	21.0%
Never	47.6%	35.3%	30.9%	53.7%	20.5%	38.8%	58.3%	45.8%	46.8%
Not sure	11.0%	17.6%	5.5%	11.6%	10.3%	10.4%	16.7%	12.5%	16.1%

Figure 3.2.6 – Perceived Frequency of Social Abuse by Sector Respondents, n=582, p. 54

	Healthcare	Financial services	Legal services	Aged care	Advocacy, counselling and mediation	Police	Local government	State government agency	Community organisations
Very often	8.5%	6.3%	9.1%	8.5%	28.2%	7.4%	7.4%	4.2%	12.2%
Often	22.0%	18.8%	30.9%	13.8%	33.3%	22.1%	14.8%	25.0%	12.2%
Sometimes	37.8%	56.3%	34.5%	31.9%	20.5%	30.9%	22.2%	41.7%	34.1%
Rarely	15.9%	6.3%	12.7%	17.0%	10.3%	17.6%	19.8%	20.8%	17.1%
Never	9.8%	6.3%	5.5%	23.4%	7.7%	17.6%	27.2%		11.4%
Not sure	6.1%	6.3%	7.3%	5.3%		4.4%	8.6%	8.3%	13.0%

Figure 3.2.7 – Perceived Change in Prevalence of Abuse During COVID-19, p56

	Financial Abuse, n=590	Neglect, n=582	Physical Abuse, n=584	Psychological Abuse, n=590	Sexual Abuse, n=585	Social Abuse, n= 586
Increased	58.0%	60.8%	44.9%	52.4%	26.0%	47.6%
Stayed the same	19.2%	15.8%	24.5%	21.2%	28.7%	22.0%
Decreased	0.8%	1.5%	2.2%	1.4%	1.9%	3.1%
Not sure	22.0%	21.8%	28.4%	25.1%	43.4%	27.3%

Figure 3.3.1 – 3.3.4 – Terminology used for abuse of older people for different population groups, p59-61

	General Population, n=631	Aboriginal and Torres Strait Islander People, n=615	CALD People, n=610	LGBTIQ+ People, n=610
Elder Abuse	20.8%	24.2%	17.7%	17.5%
Abuse of Older People	51.2%	48.6%	53.0%	49.8%
Both	25.4%	17.9%	19.0%	20.8%
Not sure	1.9%	8.0%	9.0%	10.5%
Other	0.8%	1.3%	1.3%	1.3%

Figure 3.3.5 – What age group ‘older person’ refers to in the context of defining abuse of the older person, n=674, p67

The definition of the abuse of older people should not be limited by reference to the age of an older person	70+	65+	60+	55+	50+	The definition would need to specify younger ages for other vulnerable and diverse groups.	The definition would need to specify younger ages for Aboriginal and Torres Strait Islander people.
47.7%	16.5%	27%	25.5%	13.2%	18.1%	25%	13.9%

Figure 3.4.1 – Does your organisation collect data for the abuse of older people? n=541, p76

	Healthcare	Financial services	Legal services	Aged care	Advocacy, counselling and mediation	Police	Local government	State government agency	Community organisations
Yes	22.4%	17.6%	42.3%	40.9%	36.8%	74.1%	1.2%	52.4%	13.0%
No	26.3%	52.9%	30.8%	17.0%	21.1%	1.7%	63.9%	14.3%	63.9%
Not sure	50.0%	29.4%	25.0%	39.8%	36.8%	19.0%	32.5%	33.3%	23.1%
Other	1.3%		1.9%	2.3%	5.3%	5.2%	2.4%		

Figure 4.4.1 – I have a responsibility to do something if I encounter cases of older people experiencing abuse, n=502, p77

Strongly agree	78.1%
Somewhat agree	16.3%
Neither agree nor disagree	2%
Somewhat disagree	1.6%
Strongly disagree	2%

Figure 4.2.1 – Barriers to responding to the Abuse of Older People, n=674, p79

Top five barriers: Lack of training or inadequate training for staff or volunteers	37.7%	Top five barriers: Lack of public awareness about abuse of older people	42.7%
Top five barriers: Lack of standardised screening tools	17.4%	Top five barriers: Lack of legal and financial safeguards in place for older people	21.8%
Top five barriers: Lack of resources to work with perpetrators	13.4%	Top five barriers: Staff perception of some forms of abuse as a 'private' matter	15.5%
Top five barriers: Unclear processes for reporting or referring cases	31.8%	Top five barriers: Older person concealment or unwillingness to report	67.6%
Top five barriers: Poor communication between services to manage and follow up cases	22.2%	Top five barriers: Perpetrator concealment	27.4%
Top five barriers: Abuse of older people not being recognised or embedded within existing family violence responses	47.9%	Top five barriers: Confidentiality issues	10.9%
Top five barriers: Lack of support to help older people navigate complex matters	55.2%	Top five barriers: Lack of client advocacy through service pathways	12.5%

Top five barriers: Ageism / disrespect of older people in society	28.5%	Top five barriers: Cost of service to the client	5.2%
Top five barriers: Lack of funding / resources in my organisation	12.8%	Top five barriers: Unclear definition(s) of abuse and neglect of older people	15.5%
Top five barriers: Poor or inconsistent data collection and reporting	8.6%		

Figure 4.4.1 - 4.4.9 – Thinking about the following resources, procedures and services currently available to support responses to abuse, do they need to be improved? – Client Advocacy: p87-88

	Advocacy, Counselling & Mediation, n=39	Aged Care, n=86	Community Organisations, n=113	Financial Services, n=17	Healthcare, n=80	Legal services, n=52	Local Government, n=83	Police, n=61	State Government, n=21
Definitely not		1.1%			1.3%	1.9%		3.3%	4.8%
No	5.6%	4.4%	5.3%		13.9%	7.7%	6.1%	6.7%	4.8%
Not sure	8.3%	20.0%	12.4%	17.6%	25.3%	11.5%	13.4%	23.3%	9.5%
Somewhat	77.8%	65.6%	73.5%	70.6%	54.4%	69.2%	51.2%	58.3%	76.2%
Definitely yes	8.3%	8.9%	8.8%	11.8%	5.1%	9.6%	29.3%	8.3%	4.8%

Figure 4.6.1 – 4.6.5 – In your opinion, how much knowledge and awareness do the following groups have about the abuse of older people? p96

	Older People, n=575	Staff in your sector, n=576	Family/Informal caregiver, n=576	General Public, n=579	Volunteers in your sector, n=563
None at all	9.9%	3.1%	6.3%	12.6%	4.6%
Some	54.8%	21.0%	57.3%	71.3%	37.3%
A reasonable amount	26.1%	40.6%	30.2%	13.6%	42.8%
A great deal	9.2%	35.2%	6.3%	2.4%	15.3%

Figure 4.6.6 – 4.6.14 – To what extent do you agree with the statement: My work provides good education and training relating to the abuse of older people. p98-99

	Advocacy, Counselling & Mediation, n=39	Aged Care, n=90	Community Organisations, n=113	Financial Services, n=17	Healthcare, n=80	Legal services, n=52	Local Government, n=84	Police, n=61	State Government, n=21
Strongly agree	35.9%	42.2%	15.0%	11.8%	27.5%	40.4%	6.0%	11.5%	28.6%
Somewhat agree	17.9%	32.2%	22.1%	35.3%	33.8%	25.0%	22.6%	34.4%	28.6%
Neither Agree nor disagree	20.5%	12.2%	28.3%	11.8%	12.5%	17.3%	25.0%	21.3%	14.3%
Somewhat disagree	20.5%	8.9%	19.5%	29.4%	12.5%	11.5%	21.4%	19.7%	14.3%
Strongly disagree	5.1%	4.4%	15.0%	11.8%	13.8%	5.8%	25.0%	13.1%	14.3%

Figure 4.6.15 – 4.6.23 – Thinking about the following resources, procedures and services currently available to support responses to abuse, do they need to be improved? - Education and training about abuse of older people, p100-101

	Advocacy, Counselling & Mediation, n=39	Aged Care, n=86	Community Organisations, n=113	Financial Services, n=17	Healthcare, n=80	Legal services, n=52	Local Government, n=83	Police, n=61	State Government, n=21
Definitely not		1.1%	0.9%		1.3%			3.3%	
No	2.6%	4.4%	1.8%		8.8%	9.6%	1.2%	6.7%	4.8%
Not sure	7.9%	15.6%	9.6%	5.9%	21.3%	13.5%	18.1%	23.3%	14.3%
Somewhat	86.8%	73.3%	79.8%	94.1%	66.3%	71.2%	72.3%	61.7%	76.2%
Definitely yes	2.6%	5.6%	7.9%		2.5%	5.8%	8.4%	5.0%	4.8%

Figure 4.7.1 – 4.7.9 – To what extent do you agree with the statement: My organisation has clear reporting procedures to deal with cases of abuse of older people, p106-107

	Advocacy, Counselling & Mediation, n=39	Aged Care, n=90	Community Organisations, n=113	Financial Services, n=17	Healthcare, n=80	Legal services, n=52	Local Government, n=84	Police, n=61	State Government, n=21
Strongly agree	35.9%	52.8%	18.6%	17.6%	46.3%	21.2%	2.4%	39.3%	28.6%
Somewhat agree	35.9%	28.1%	19.5%	23.5%	25.0%	34.6%	16.9%	42.6%	4.8%
Neither Agree nor disagree	10.3%	6.7%	21.2%	11.8%	6.3%	17.3%	25.3%	11.5%	14.3%
Somewhat disagree	12.8%	5.6%	14.2%	5.9%	12.5%	17.3%	13.3%	3.3%	38.1%
Strongly disagree	5.1%	6.7%	26.5%	41.2%	10.0%	9.6%	42.2%	3.3%	14.3%

Figure 4.7.10 – 4.7.18 – Thinking about the following resources, procedures and services currently available to support responses to abuse, do they need to be improved? - Internal reporting procedures, p108-111

	Advocacy, Counselling & Mediation, n=39	Aged Care, n=86	Community Organisations, n=113	Financial Services, n=17	Healthcare, n=80	Legal services, n=52	Local Government, n=83	Police, n=61	State Government, n=21
Definitely not		5.6%	1.8%		5.0%	1.9%	1.2%	6.7%	4.8%
No	5.3%	6.7%	6.2%		21.3%	17.3%	3.6%	10.0%	14.3%
Not sure	21.1%	25.8%	23.0%	17.6%	26.3%	21.2%	18.1%	30.0%	14.3%
Somewhat	68.4%	49.4%	54.9%	76.5%	41.3%	50.0%	48.2%	41.7%	61.9%
Definitely yes	5.3%	12.4%	14.2%	5.9%	6.3%	9.6%	28.9%	11.7%	4.8%

Figure 5.2.2 – 5.2.10 – To what extent do you agree with the statement: There are clear referral pathways to organisations that can help respond to cases of abuse of older people, p127-128

	Advocacy, Counselling & Mediation, n=39	Aged Care, n=90	Community Organisations, n=113	Financial Services, n=17	Healthcare, n=80	Legal services, n=52	Local Government, n=84	Police, n=61	State Government, n=21
Strongly agree	28.2%	36.0%	15.0%	11.8%	32.9%	26.9%	10.7%	16.4%	14.3%
Somewhat agree	30.8%	30.3%	33.6%	29.4%	34.2%	53.8%	26.2%	44.3%	28.6%
Neither Agree nor disagree	15.4%	18.0%	23.0%	23.5%	5.1%	0.0%	23.8%	14.8%	0.0%
Somewhat disagree	20.5%	11.2%	12.4%	17.6%	16.5%	13.5%	16.7%	14.8%	42.9%
Strongly disagree	5.1%	4.5%	15.9%	17.6%	11.4%	5.8%	22.6%	9.8%	14.3%

Figure 5.2.11 – 5.2.19 – Thinking about the following resources, procedures and services currently available to support responses to abuse, do they need to be improved? - Referral pathways, p129-130

	Advocacy, Counselling & Mediation, n=39	Aged Care, n=86	Community Organisations, n=113	Financial Services, n=17	Healthcare, n=80	Legal services, n=52	Local Government, n=83	Police, n=61	State Government, n=21
Definitely not		1.1%	0.9%				1.2%	1.7%	
No	5.3%	4.4%	2.6%	11.8%	11.3%	7.8%	1.2%	5.0%	9.5%
Not sure	10.5%	21.1%	16.7%	17.6%	26.3%	17.6%	19.0%	21.7%	19.0%
Somewhat	81.6%	66.7%	72.8%	70.6%	57.5%	64.7%	53.6%	65.0%	66.7%
Definitely yes	2.6%	6.7%	7.0%		5.0%	9.8%	25.0%	6.7%	4.8%

Figure 5.2.20 – 5.2.28 – To what extent do you agree with the statement: Older people in WA can access advocates that help them navigate services, p131-132

	Advocacy, Counselling & Mediation, n=39	Aged Care, n=90	Community Organisations, n=113	Financial Services, n=17	Healthcare, n=80	Legal services, n=52	Local Government, n=84	Police, n=61	State Government, n=21
Strongly agree	20.5%	46.7%	19.5%	11.8%	32.9%	17.3%	15.5%	10.0%	19.0%
Somewhat agree	41.0%	34.4%	35.4%	70.6%	36.7%	51.9%	38.1%	40.0%	19.0%
Neither Agree nor disagree	17.9%	8.9%	26.5%	11.8%	19.0%	11.5%	21.4%	25.0%	19.0%
Somewhat disagree	7.7%	10.0%	9.7%	5.9%	6.3%	15.4%	15.5%	20.0%	38.1%
Strongly disagree	12.8%	0.0%	8.8%	0.0%	5.1%	3.8%	9.5%	5.0%	4.8%

Figure 6.2.1 – Perceived frequency of abuse by population cohort, n=618, p153

	General population	People living in the Perth Metropolitan area	People living in rural, regional, or remote areas	Aboriginal and Torres Strait Islander people	Culturally and linguistically diverse (CALD) people	Lesbian, Gay, Bisexual, Transexual, Intersex and Queer (LGBTIQ+) people	People living with cognitive impairment	Socially isolated older people	People living with chronic illness and/or disabilities	People living with chronic mental health conditions	People who are financially and socially disadvantaged	People who are homeless and/or at risk of being homeless	People living in residential care facilities	Care leavers / Forgotten Australians (people who lived in institutional care as children)	Other group, please specify:
Very often	4.4%	3.8%	10.8%	17.3%	12.7%	9.3%	23.6%	19.9%	19.9%	24.0%	19.6%	28.4%	13.9%	15.3%	14.3%
Often	29.3%	25.6%	29.8%	36.0%	28.3%	26.2%	39.2%	40.2%	37.0%	39.6%	39.3%	34.9%	29.0%	30.7%	10.7%
Sometimes	48.1%	46.3%	39.2%	25.7%	34.2%	29.6%	23.1%	26.5%	28.9%	23.5%	28.6%	21.4%	35.7%	26.1%	25.0%
Rarely	5.8%	5.3%	5.1%	3.2%	3.9%	3.9%	1.5%	3.0%	2.5%	1.5%	2.4%	2.2%	7.1%	1.9%	3.6%
Never	0.2%	0.2%	0.0%	0.2%	0.2%	0.5%	0.2%	0.2%	0.3%	0.2%	0.2%	0.2%	0.8%	0.5%	1.8%
Not sure	12.2%	18.8%	15.1%	17.6%	20.8%	30.5%	12.5%	10.1%	11.3%	11.2%	10.0%	12.9%	13.4%	25.6%	44.6%

Figure 6.3.1 - I encounter cases of older people experiencing abuse, n=653, p154

	Metro area	Non-metro area
Strongly agree	20.2%	36.9%
Somewhat agree	35.0%	33.9%
Neither agree nor disagree	13.2%	11.3%

Somewhat disagree	16.7%	7.4%
Strongly disagree	14.8%	10.4%

Figure 6.3.2 – Metro and non-metro barriers in responding to the abuse of older people, n=674, p155

	Metro	Non-metro
Lack of training or inadequate training for staff or volunteers	40.8%	34.9%
Poor or inconsistent data collection and reporting	10.8%	6.6%
Unclear definition(s) of abuse and neglect of older people	19.6%	11.8%
Lack of public awareness about abuse of older people	46.0%	39.7%
Lack of legal and financial safeguards in place for older people	21.2%	22.4%
Staff perception of some forms of abuse as a 'private' matter	14.8%	16.2%
Older person concealment or unwillingness to report	64.8%	70.2%
Perpetrator concealment	28.8%	26.1%
Confidentiality issues	8.0%	13.6%
Lack of client advocacy through service pathways	11.2%	13.6%
Cost of service to the client	4.8%	5.5%

Lack of standardised screening tools	19.6%	15.4%
Lack of resources to work with perpetrators	14.0%	12.9%
Unclear processes for reporting or referring cases	31.6%	32.0%
Poor communication between services to manage and follow up cases	23.6%	21.0%
Abuse of older people not being recognised or embedded within existing family violence responses	43.6%	51.8%
Lack of support to help older people navigate complex matters	57.6%	52.9%
Ageism / disrespect of older people in society	29.2%	27.9%
Lack of funding / resources in my organisation	12.8%	12.9%

Figure 6.5.1 –Core activity need for assistance by English proficiency (aged 50 and above), p181

	Very well	Well	Not well	Not at all
Has need for assistance with core activities	3902	4169	4066	1346
Does not have need for assistance with core activities	50531	26190	12609	3070

Not stated	964	496	267	63
Total	55397	30855	16942	4479

Appendix F: Case Studies

This appendix contains longer versions of some of the composite case studies featured throughout this report.

These composite case studies are intentionally long and detailed, both those included here and the abridged versions featured in the main body of the report. These case studies provide ethnographic richness, a detailed depiction of the complex and difficult circumstances, relationships and emotional dimensions of abuse of the older person.

This is an attempt to go beyond the short synopsis model of case study accounts that tend to privilege quantity over quality and that risk erasing the authentic voice of older people who have experienced abuse.[326]

Although the case studies presented here are still the filtered accounts of service providers, the authors have sought to represent these stories in ways that are true to the lived experiences of Western Australians.

Case Study 1: Mimi's Story

This case study illustrates the kinds of 'relationships of trust' within which abuse may occur. The older person in this case study is emotionally vulnerable, the result of her loneliness and her bereavement. This makes her susceptible to the 'befriending' of a charming younger man who seems to need her help.

Mimi, an 82-year-old widow, needed information and support after disclosing concerns to her neighbour about befriending and financial abuse. Mimi had a query about her utility bill and had asked her neighbour who works for a large utility company to go through it with her. It was during their discussion about the bill that Mimi disclosed her concerns to her neighbour. The neighbour suggested Mimi speak with her GP. Mimi's GP referred her to a service that works with older adults experiencing abuse and as Mimi no longer drives the service was also able to accommodate home appointments.

Mimi's property requires maintenance, there are several hazards present that provide opportunity for Mimi to trip and fall. Her garden is overgrown across an uneven pathway and the steps to the front door have started to crumble, there is no hand- rail to grab if needed. There are two cracked windowpanes to the front room and the garage door needs maintenance. Mimi doesn't have the funds to repair her property. Inside Mimi's property is clean and tidy but large furniture is cramped into a small space. Mimi moved to her present address after her husband died in 2017. Although it is a smaller property downsizing within the same suburb was very expensive for Mimi.

Mimi finds it difficult to discuss her issues with strangers but outlined events that occurred during 2018, including additional information about herself and her life over the years. Mimi does not like conflict and does not cope well with it, she feels embarrassed talking about what has happened, and she blames herself for what she sees as her silly behaviour. Her

[326] Garnham and Bryant 2017

experiences have caused her distress and anxiety; a trusted person has betrayed her, and she has experienced significant financial loss.

Mimi married at 17 years of age, in the 1950s. Mimi couldn't wait to leave home, her husband George was the first and only boy who had courted her. They met at a local dance and within a few short weeks George had asked Mimi to marry him. Mimi only said yes because of her awful life at home, she'd had an older brother who had died when Mimi was 10 and things were never the same. Mimi was never quite sure what had happened as nobody would talk about it. One day her 18-year-old brother was around and the next he was gone. Mimi was told that there had been an accident, on other occasions that he had left home. Mimi didn't like to ask questions at home, her father drank often and had a fearful temper. It was safer to try and be as insignificant as possible, if you made sure that you helped with chores and that food was ready before requested, you could get away without a belt. Although sometimes the harder you tried to become invisible the worse it seemed to be when noticed. Mimi had no animosity towards her mother for not protecting her. She had been a small frail woman, who was often unwell and had died when Mimi was 19.

Mimi had an uneventful marriage, she and her husband had initially both worked for the same insurance company and after marrying Mimi moved and undertook general office work for various local businesses. They were unable to have children and lead a frugal life holidaying around Western Australia. They repaid their mortgage quickly and saved what they could for their pension. Neither Mimi nor her husband smoked, drank alcohol, or gambled. It was a very simple life with few friends to socialize with. Time was spent working, pottering around the house and garden, and going for walks.

Mimi's husband died after a short period of illness and her life did not change too much but, she missed the companionship of having someone around. Mimi started to feel her age and older. George, the sensible one and the decision maker, had always made her feel much younger than him, more so than the 3 years that separated them. After his death Mimi started to spend a bit of money on herself at the hairdressers and on beauty products. Mimi wanted to go on a cruise and to meet people, that was the day that she met Ian.

Ian was 59 handsome and charismatic and had struck up a conversation with Mimi outside a travel agent shop. He'd been looking at flight offers, and they had struck up a conversation. Ian was separated from his wife Rose, with whom he had two children. They lived in Tasmania and Ian had not seen his children for months. Ian was a mine worker and experienced feeling lonely at times but had found good support within a local coffee group he'd joined. Ian suggested to Mimi that she might enjoy it too.

Mimi declined at first, but Ian kept talking about what a lovely group they were and that she should come for coffee. They were meeting that morning. Mimi didn't want to offend Ian, he seemed nice and was quite insistent that she would enjoy the group. Mimi went, she had a lovely morning chatting with people and became a regular at coffee mornings. Mimi met Ian's friend Shelly at the coffee mornings and was surprised that he shared accommodation with her. Ian and Shelly were both insistent that they were just friends.

After a few weeks Ian became a regular visitor at Mimi's home, he would often come on a Friday after flying back to Perth. Mimi thought at first it was a coincidence that Ian would come on the day that she would have her shopping delivered. Mimi started to spend more money on shopping knowing that Ian would turn up, including buying beer. Ian liked to have a drink with his meal. Mimi considered asking Ian to contribute but thought it would be impolite to ask a guest to pay. One Friday evening Ian was very tearful. Ian told Mimi that his car had broken down and needed repairing and that one of his children had been ill in hospital. He was struggling to pay the bills, his rent, and child maintenance in addition to car repairs.

Mimi felt sorry for Ian and offered to loan him $5,000 to help with his financial problems, after all she could afford it. Besides, Ian was a good friend to Mimi, he had fixed the leaking tap, mowed the front lawn, in fact he had taken on a few little odd jobs around the home. Ian had never once asked for payment, he was a 'good man', what harm could it do.

Mimi loaned Ian the money on the basis that he would repay as soon as he could. Within 2 months Ian had repaid the loan. However, about 6 weeks later Ian talked about changing his job. He no longer wanted to be a mine worker. Ian wanted to be self -employed and have some control over his life. Ian considered becoming a handy man, but he would need tools and a van, and to complete relevant courses. Ian had seen a course held in Tasmania, this meant he could visit his children but there was a problem, Rose had used his savings account. Ian had forgotten that Rose had access and she had emptied it out. Ian didn't want to affect the chances of seeing his children if he raised it with Rose. Ian was tearful, things always seemed to be so difficult, he tried to do the right thing, but was knocked back by life so often.

Mimi struggled with seeing Ian cry and didn't know what to do. Mimi's father had always been an angry man and George barely raised his voice about anything. Mimi offered to loan Ian money. Ian took Mimi to the bank so that she could transfer the money. Ian said $40,000 should be enough, he would access his super funds and could pay Mimi back with interest. Mimi didn't know what to do, they were in the bank. $40,000 was a huge sum of money to loan someone. Ian spoke sharply to Mimi and accused her of deliberately raising his hopes, he said that he was a good friend and an honorable man who would pay her back. Mimi went ahead with the transfer.

After a few weeks Ian needed money, he had a credit card issue. Ian suggested that Mimi have a short holiday in Tasmania whilst he was training but needed to use Mimi's credit card, his renewed credit card was delayed in the post. Ian didn't want to miss out on an early bird offer. Mimi doesn't use a computer, so wasn't sure how it all worked. Ian said that it would cost $4,300 and that he would pay for her flights and accommodation because she was such a good friend, Mimi only needed to bring her spending money.

Mimi was looked after by Ian at the airport, he knew what to do and where to go. Mimi felt safe with Ian. The flight had been quick and the transfer to the hotel unremarkable. Mimi was tired from the evening flight, so retired to bed agreeing to meet Ian for breakfast the following day. Ian didn't appear for breakfast, or lunch or dinner. Mimi spent the next few days on her own and was lonely. Ian was either attending his course or preparing for it, he was quick to

anger if Mimi questioned him. Ian told Mimi she was ridiculous expecting him to be her tour guide. He was busy but could make time for her on the last day.

Mimi enjoyed the trip but was lonely visiting places on her own. On the last day Mimi was introduced by Ian to Rose and his family. Mimi found Rose to be very nice. Rose and Ian did not act like a separated couple around their children. When Mimi had mentioned this to Ian, he had grabbed her arm roughly and told her to stop gossiping in front of his family and children about personal matters. Ian barely spoke with Mimi for the rest of the day and avoided her company. Mimi was quite upset by this and just wanted to go home. They left the next day and Ian was silent for the remainder of the trip.

Once Mimi returned home, she did not hear from Ian for about 10 days. When Ian did visit, he was very apologetic about how he had treated her. Ian discussed feeling under pressure and that he had taken it out on Mimi. Ian was once again tearful and invited Mimi to coffee morning. Mimi became suspicious of Ian and his treatment of her, a pattern to his behavior was showing. Mimi worried that she might not see her money again.

Mimi changed her shopping day to a Saturday. When there was no food at the house Ian only visited for a cup of tea and left shortly after.

Mimi's bank statement arrived a few weeks after returning from Tasmania. The bill for the trip was far beyond the $4,300 discussed. $15,000 had been used. Mimi's anxiety increased, it was affecting her sleep and she had started to experience palpitations. Mimi disclosed to her GP the nature of her worries and she was referred for counselling. Mimi was angry with herself for having been taken advantage of. Mimi knew why she had responded the way that she had to Ian's requests.

Mimi was lonely at first, then she had become fearful of Ian but did not feel that she could explain properly why. Ian had never threatened her nor really been physically violent towards her. It was his body language, his face and expression would change, his voice tone would change, and he appeared bigger and menacing, so Mimi would appease Ian so that she could feel safe.

Mimi only started to feel stronger and able to stand up for herself when her health was impacted. To continue with the benefits of private health she needed her money to be repaid and to safeguard the money she had remaining. Mimi made some enquiries within the coffee group attendees and found that others had loaned money to Ian. Ian had requested loans from one person to repay someone else, an endless loop of borrowing and repaying, other than Mimi, it was Shelly who had experienced the most financial loss at the hands of Ian. Ian had never paid for any of his accommodation, always citing financial stressors. Ian took Shelly for meals as an apology and would talk of the repairs to her home he had completed.

Mimi wanted her money returned so that she could enjoy the remainder of her retirement without the current stress that she was feeling. There were concerns about the changes in Mimi's health and she had several medical appointments to attend. Mimi received legal advice, but the difficulties in getting someone to repay money loaned when there is no written agreement about the nature of the loan, nor the repayment plan seemed

insurmountable. The legal options available to Mimi would mean court action and going to the police, other less confrontational options were discussed.

Mimi needed a community home support package, she needed assistance at home but was reluctant to have anyone in her home or life. Mimi's anxiety was preventing her from engaging with people other than some professionals. Mimi no longer trusted her judgment and was fearful of being exposed to similar types of people as Ian. Mimi was not ready to have strangers regularly in her home regardless of the support offered but would engage with a volunteer chatline to reduce her feelings of loneliness and isolation. At the same time Mimi was starting to lose feeling in her feet and lower limbs, she was constantly tired, her appetite reduced, and she experienced frequent restlessness, and anxiety. Mimi's medical specialist was concerned about the level of stress that she would be under should she try to pursue repayment of her loan through the courts.

Mimi decided to speak with the police, but they had been unable to assist. The money had been a loan and access to her bank account and credit card had been provided willingly. They encouraged Mimi to seek further legal advice. However, the cost of a magistrate court action and the toll it would take on her emotionally, physically, and financially would be too much. Mimi chose a different approach.

Mimi wrote a letter to the organizers of the coffee group, to see if they could mediate on her behalf and speak with Ian about repaying the money loaned. Ian was a regular attendee at the coffee morning group and surely his behavior did not reflect the aims of the coffee group in bringing like -minded people together for conversation and support. Mimi received a reply from the coffee group leaders, they would do everything within their power to try and assist with resolving her situation. However, they were very clear that they had no power to influence Ian other than that of being a friend to them both.

After a few weeks the organizers contacted Mimi again. They had spoken at length with Ian who had been very remorseful. They were confident that he would agree to a repayment scheduled. Mimi was very hopeful of a resolution and requested that her legal representative write to Ian and the coffee group organizers about the next steps.

Ian became increasingly difficult to contact. There was a sudden need to return to Tasmania, an urgent family issue. Ian requested time to deal with his family problems. The urgent family issues went on for a period of months, during which time Mimi's health deteriorated. Mimi decided that she was no longer well enough to pursue the matter, Mimi died a few months later with her matter unresolved.

Case Study 2: Aziza's Story

This case study illustrates the difficult family dynamics that an older person may need to navigate. Importantly, it shows how older people may 'pinball' between different professionals, sectors, and agencies as they seek to address the financial, legal and health-related dimensions of their situation.

Aziza is 85 years of age and has lived alone for the past 20 years with multiple health issues. Now her arthritic pain is so bad at times that it often exacerbates her anxiety and depression, preventing Aziza her from enjoying her life.

As a child Aziza experienced abuse at home. When she married her husband to escape her homelife, she did not expect to be exposed to more family violence, that was until her husband abandoned their home, marriage and children. The title of the house remained in Aziza's ex-husband name, even though it was her income paying the home loan. Aziza found life overwhelming at times but worked relentlessly to provide a safe home and decent standard of living for her and her 4 children.

When Aziza's ex-husband died 15 years ago, she was relieved to discover that the house had been left to her and the children and that they had all been provided with an equal share. Aziza enjoyed feeling more secure at home and as she was eligible to retire, she left her part-time employment and concentrated on her home and social life.

Unfortunately, Aziza found it more of a struggle than she anticipated to pay the small mortgage, rates and insurance on the house. Even though she lived frugally, there was little left of her pension by the time the bills were paid, it would be easier if her adult children would contribute. So, at a family gathering Aziza plucked up the courage to ask her children to contribute towards the property expenses. Her eldest daughter thought it fair that they all contribute, whilst her youngest daughter would not commit without discussing it with her husband. Both of Aziza's sons disagreed with her proposal. They refused to pay toward the cost of a property that Aziza was living in all by herself. Aziza's sons pointed out that she receives pension concessions which they do not, therefore she must make do.

A few weeks later Aziza's eldest son, Akio, decided to store a lot of gym equipment in her home, which she strongly objected to. Akio behaved aggressively towards Aziza, he stood over her shouting that it was his house and that he could do as he wished. Aziza was very unsettled by the interaction with her son, she had started to feel intimidated by him since her request to share the cost of the property expenses. Week after week Akio seemed to find reasons to be at the property and make his presence known. Aziza did not feel safe at home when he visited, he spoke to her in such harsh tones and dismissed her comments so easily that she spoke up for herself less and less. Aziza's anxiety increased and she made the decision to distance herself from Akio. Aziza would excuse herself from Akio's company to attend fictitious appointment whenever he turned up. After a few months he stopped visiting.

Many months later Aziza's youngest son, Mo, came to her pleading for her help. Mo wanted to sell the property so that he could use his share of the money for a family matter. Mo was quite emotional discussing his disabled wife and children and how they had outgrown their family home. Mo desperately wanted to increase his funds so that he could purchase a larger home accommodating of his wife's disability.

Aziza was shocked by Mo's request, he and his family already lived in a large house. Mo insisted on contacting his siblings then and there. He wanted Aziza to show her support for his plan so that everyone else would agree. Aziza explained that she was unable to agree to his proposal, it was her home and she had nowhere else to live. Mo's siblings disagreed with

selling the property and Aziza neither intervened nor tried to influence them during the discussion. This angered Mo and he left Aziza's home abruptly, slamming the door as he exited.

Aziza was upset to find that her relationship with Mo deteriorated further after his request to sell the property fell flat. Aziza and the rest of the family remained resolute in agreeing not to sell. Sadly, Aziza no longer gets to see all of her grandchildren. Mo has made many excuses for his children being unavailable. They have other commitments, or the children are unwell, or the children are with friends that weekend. Aziza does not think it's a coincidence that she is being prevented from seeing his children. Aziza feels like she is being punished. Being separated from her grandchildren is very upsetting and her life as a mother of adult children has become a series of heartaches.

A few months after Aziza's problems with Mo, she learned that her eldest son had been diagnosed with non- curable cancer and was in the dying stages of his illness. Aziza and Akio had been estranged for some time, it only came to her notice when the police raided her house and seized the gym equipment that he had stored there a couple of years ago. A few weeks later at her son's memorial Aziza discovered that Akio had died in significant debt and had been involved with criminals. She was still getting over the shock of the police having raided her home and had difficulty coming to terms with this new information about her son and his dealings.

Akio's death compelled Aziza to address her family situation and fortified her in communicating with her remaining son Mo. Akio's debtors pursued his share of the property, owned between the family, Aziza's home. The situation was destabilising family relationships, and Aziza was struggling with the pressure she was under to resolve the matter. She did not have the money to pay the debtors, nor did her children, nor could she live with them. They were all angry about Akio's actions and the position he had left them in.

Aziza did not know who to turn to for help, her daughter suggested she seek advice, so Aziza tried health services, local Members of Parliament, community legal services and pro bono legal services in her quest for assistance with her complex matter and fragile family relationships. Aziza found herself pinballing between all the services as she didn't know what to deal with first. Aziza was frightened that she would lose her home and that family relationships would be irretrievably broken, leaving her isolated from her children and grandchildren.

Aziza has always been an organised person and had kept evidence over the years that proved her contributions to repayment of the home loan and wanted to prove her own ownership rights, much more than the share she was provided. Her anxiety escalated at the thought of being homeless and she was admitted to hospital with low blood pressure, dehydration, and exhaustion. Aziza had barely slept, eaten, or taken in fluids for over a week, as the worry had taken over her life. It was then that an offer to purchase Akio's share of the property came from a relative of her deceased ex -husband.

Aziza was unable to proceed with her legal matter without support from professionals experienced in different areas of legal, health and social matters. The issue of how to resolve

her matter opened-up new areas of conflict within the family and the level of mistrust between parent and child and siblings became more obvious. Aziza has recently started attending counselling to help her deal with her family dynamics, and to try and improve family communication and relationships. Aziza has decided that she will no longer be a pawn used by her adult children in their arguments with each other. She has learned through experience that they will ignore or threaten her when she does not agree with their decisions.

Case Study 3: James' Story

This case study illustrates an older person's determination to protect a loved family member, even while experiencing serious abuse that impacts their health and personal circumstances. This can be barrier to effective service responses and to an older person getting the help and support they need.

In 2016 James, a frail looking gentleman in his early 90s lost his home and a significant amount of money because of the actions of a family member.

In 1946, at the age of 21, James came to Australia from Belgium to marry Elsa, his childhood sweetheart. Elsa's moved to Australia in 1940 with her parents and she and James remained in contact through the difficulties of war, marrying a few years later. James and Elsa had a good life together and they were delighted at the birth of their long- awaited son, Alfie. They started a removal business when Alfie was young and employed several people. Elsa was the one with the business acumen. James was good with people and customers.

In 2000 Elsa, was diagnosed with a heart condition. James and Elsa owned their home, they received a good income from the business and had a grandchild to enjoy, so they stepped back and let Alfie control the business. Alfie had worked in the family business for years; he was married and a good son and father.

In 2008 Elsa died. James grieved greatly during this period and Alfie was a great support to him. Alfie arranged a trip to Belgium for him, James and Adam to visit with family in Belgium for a couple of months. Adam loved Belgium and joked about living there one day with James. The thought of returning to live in Belgium with Adam cheered James up even if it was said in jest.

By late 2013, James noticed Adam and Alfie's relationship had changed, they argued frequently. James stayed out of it however, things escalated, and Alfie and Adam eventually became estranged. James tried to raise the matter, but Alfie would become angry whenever the issue was raised. As James and Alfie's relationship became more strained, James and Adam grew closer. Adam was in his last year of studying medicine and James was very proud of him.

In 2014, James signed papers relating to the house and the business at Alfie's request. Elsa had often requested the same of him, so James signed without questioning.

In late 2014, Alfie contacted James about the papers he had signed. They had been for a loan to provide cash to the business during a cash flow crisis. Things had not picked up and James

had to sell the family home to cover the business loan. The house sold for $1.5 million, of which $750,000 was taken to pay business debts. The business was wound up and Alfie and his wife moved over East. James and Alfie were barely on speaking terms.

Adam invited James to move into his rented apartment until James found a place to buy. James took what he could to the apartment and sold everything else. James had money and Adam had a large student debt. James loaned Adam $175,000, to be repaid once he had graduated and found a job. Adam was planning on completing an additional year of study in Belgium and to work there after graduating. Adam raised the idea of living in Belgium with James and of them buying a house together in Belgium.

Things progressed quickly, within 2 weeks Adam had found a property in Belgium near the university he wanted to attend and planned to be settled there before the term started. James felt pressured by Adam's decisions and the speed of change, he wanted to speak with Alfie before committing, but couldn't contact him. Adam said that Alfie's phone had connection problems. James couldn't discuss Alfie with Adam, as Adam would become angry or push James out of the way and refuse to give him the phone. James was unsettled, he felt frail and vulnerable.

James didn't know how he came to provide his bank details to Adam. Adam used the computer to show James the property that he wanted to buy, then fired figures, dates and questions at James. It was done too quickly for James to process or even understand the implications of the information he was providing in response. James did not see Adam much over the next few weeks, but during this period he checked his account and found that $500,000 had been transferred out. James knew it had been Adam. James wasn't sure he had agreed to the money being transferred to pay for the property and worried about what had happened to the money and if he could get it back. Adam was becoming increasingly difficult to see and talk to and wouldn't discuss the money. Adam would talk over James and shouted obscenities at him, he was suspicious of James and aggressive towards him. Alfie couldn't sit or stand still. James wanted to speak with Alfie about Adam but didn't have Alfie's number and didn't know where Alfie lived.

Adam stopped attending University. He was removed from his course because of drug use and verbal aggression directed at staff and other students. At a disciplinary hearing held by the University, Adam walked out after swearing at the panel. James confronted Adam about his drug use and the $500,000 taken from his account. Adam locked James out of the apartment. James was forced to spend a week in a nearby motel before Adam called and apologised, he asked James to return home.

James encouraged Adam to seek help, but Adam became more intimidating and frightening. Their arguments always ended up with James being locked out of the apartment. James's mood spiralled downward he was alone, anxious and didn't know what to do, or who to go to.

James found a small holiday apartment, costing $500 a week. After about a week or so Adam contacted James, he was sorry and wanted James to return home. James returned home and things were good for a few days. The University offered Adam his course place back, provided

he engaged in rehabilitation. Adam opened up to James and admitted that Alfie had disowned him over money. Adam had stolen from the business to pay personal debts he owed to his, and Alfie's friends.

A few weeks after returning to the apartment Adam asked James to loan him money to help with various costs and psychiatric reports. James believed Adam and provided the money. Shortly after this, James realised he no longer had enough money to keep providing loans, he'd let Adam down and was fearful of Adam's response. The aggression was becoming worse. James firmly believed Adam was a good boy but was wary of his unpredictable nature. James needed help and contacted his friend Jemima to help him with Adam's problems.

James was anxious, gaunt and uninterested in his appearance when he met with Jemima, she persuaded James to stay with her for a few weeks and made an appointment for him at a local Medical Centre. James relayed some of his concerns to the GP but said little about Adam in case it affected his grandson's future. The GP diagnosed James with depression, anxiety and anaemia and referred him for investigation into his weight loss and anaemia. James was reliant on Jemima to transport him to appointments and was uncomfortable with his reduced independence.

Jemima encouraged James to speak to the police or a solicitor about Adam. James chose not to, he did not want to disclose his family's shame, or to jeopardise Adam's career. James tried to minimise and justify Adam's behaviour. James was worried about what Adam would do if he knew he had spoken to anyone. Jemima told James that Adam was looking for him and that she was concerned about his safety.

James moved to a holiday unit 2 hours north of Perth, owned by Jemima's friend. Jemima helped James with the cost of the unit and assisted him with practical issues such as obtaining a mobile phone and attending Centrelink to apply for the aged pension. James had not had any contact with Centrelink before. Centrelink informed James that he was eligible to receive a hardship payment of just over $400 per fortnight, but not the full aged pension because he had gifted $1.5m during the past 24 months. James' situation would be reviewed when five years has passed from the gifting date, or should he seek legal action to recover the money from his grandson in the meantime.

James paid minimal rent and utilities at the unit which is little more than a shack. Jemima cooked batches of food for reheating, but James still had to pay for other food, medication, his mobile phone and gas cylinders. James's neighbour looked out for him and brought her dog Poppy on weekly visits to him. James would have liked to have a dog for company but looking after it would have been too much for him.

James found out that Jemima had been protecting him from some information about Adam. Adam had tried to contact Jemima, he waited outside her home and threatened to take her to court and write to her employer if she discussed him or James. James believes the threats to Jemima might be worse than she revealed, he overheard Jemima telling her husband that Adam is involved with some bad people. James is now worried about Jemima's safety.

James has always been financially independent and doesn't want charity, he is finding it difficult to adjust to his impoverished circumstances and is concerned about the safety of Jemima and her family.

James seeks help

James seeks legal and advocacy information and support. His overall health, safety, income and accommodation issues and the multiple services needed to support him living safely in the community are discussed.

The legal remedies available to James are explained, along with the evidentiary burden and emotional burden in dealing with complex family matters and abuse.

James does not want to go to court for either a VRO or to recover the lost funds, even if it adversely affects his Centrelink benefits. James strongly believes Adam has a chance to put his career back on track and will not jeopardising this and it is unlikely that Adam has any assets from which James could recover his financial loss. Besides, James could not live with the shame, of taking Adam to court, and given his age, a court action would be too taxing on him.

James wants the best outcome that will keep him safe, supported, active and financially independent and wants to find solutions that will work for him.

Jemima independently seeks legal advice. However, she too is reluctant to seek police intervention. The initial barrage of texts from Adam is less frequent now that she doesn't respond to any of them. She put it down to Adam's mental state. Nevertheless, Jemima is ready to report it to the police if things change for the worse.

James appeals the hardship decision but remains ineligible for a full pension; he still does not want to take Alfie to court. James remains fearful of Alfie's aggression and hopeful that he will recover from his addiction and that they will once again have a relationship.

James' health begins to change, his hearing deteriorates, and he is unable to communicate effectively using a telephone. The long journey required for face to face legal and advocacy appointments is too fatiguing. James is informed of social support options available to him at home or alternative accommodation that would provide him with greater support, company and access to nursing and medical assistance as required. James has adapted to his new environment and another move is too stressful for him to consider at this time. Although they are solutions, they are not for him. James is unable to afford care at home or residential care, he is reliant on free or low-cost help from council services, local community groups and charities.

By late 2016, James is having frequent hospital admissions for multiple medical issues.

By mid-2017 James' health has deteriorated further, and he is in hospital recovering from a series of transient ischaemic attacks. James needs to enter full time residential aged care but is unable to because he remains on hardship benefits and does not have the funds required.

James' social worker is unable to find him a free or low -cost placement. A further request through legal and advocacy channels to review eligibility for a full aged pension results in the same outcome. James is ineligible for a full aged pension because no action has been taken to recover his money.

James died in hospital after developing pneumonia.

Case Study 4: Augustine and Emily's Story

This case study illustrates the long period of time, up to several years, that an older client may need the support of an advocate as they work to resolve a complex matter. During this time they may require services from multiple sectors. This example involves healthcare, aged care, legal services, and retail banking.

Eighty-year old Augustine and his seventy- six -year old wife Emily are a very frail elderly couple who receive an aged pension benefit, they live frugally and within their means. Augustine is the main carer for his wife who has mobility problems and their social connections are limited to their care provider and a couple of distant relatives.

Augustine received a letter from the bank telling him that they would be looking to force a sale of his home if arrears were not paid to their outstanding home loan. Augustine was shocked when he received the letter, he tried to contact the bank but just couldn't navigate the automated telephone system. Augustine's anxiety escalated over the next few days and when he experienced an episode of chest pain he was taken by ambulance to hospital. A service provider visited Augustine in hospital and the extent of his worries become evident as he disclosed what had happened.

Augustine met and married Emily when she was in her late thirties and he in his forties, they had been older parents of two sons, both of whom died in a boating accident as teenagers. Augustine and Emily never recovered from the loss of their children and of the grandchildren they would never have. Losing their sons took the joy out of life and for many years they just functioned going from home to work and home again. At times their loss was overwhelming, but they found some joy about 10 years ago when a new neighbour with young children moved in next door. Helena was a single mother with two daughters who occasionally needed her children minding and Augustine and Emily would mind the girls for an hour or so when needed. They thoroughly enjoyed the time spent with the girls who were ten and eight at the time.

Augustine and Emily had few visitors one of whom was Mason, a divorced school friend of their deceased older son. Living locally, Mason would check in on Augustine and Emily and offer to do a couple of odd jobs for them or provide help with whatever was needed, he was reluctant to accept money, but Augustine and Emily would always insist and he was happy to oblige.

During one visit Augustine and Emily introduced Mason to Helena, after that Mason started to visit more frequently. Mason spent a lot of time at Helena's and it wasn't long before Helena and the girls were invited to move into Mason's house with him. Augustine and Emily would still occasionally mind the girls for an hour or so after school whilst Helena and Mason

were still at work. Augustine thought that Mason worked in property or in banking but was never quite sure. Mason was very knowledgeable about banking, insurance, and financial matters. Over the years Mason had helped Augustine and Emily to renegotiate their home loan deals with the bank, he had even been invited to celebrate with them when they had completed their final home loan payment. Which was why Augustine couldn't understand why the bank insisted that there was a default on their home loan as they didn't have one.

Augustine and Emily needed advice and attended legal and advocacy appointments facilitated through their care provider. They were supported in responding to the bank and in obtaining documents and information, but they were unable to locate their certificate of title for their property or any old mortgage papers. Augustine and Emily had been broken into a few years ago, but thought it was likely to have been kids as nothing had been taken. Paperwork and important documents had been disturbed but neither of them thought anything had been taken. They rarely checked their documents, and nothing looked amiss but maybe the papers had been taken then. They notified the police of the break in at the time, it was suggested that they change their locks as there was no evidence of forced entry.

When a response was received from the bank, documents showed that Mason had used equity from Augustine and Emily's home to obtain funds from the bank for a business venture. Many years ago, Mason had asked Augustine and Emily to sign paperwork when he was helping them to sort out their insurance and replacement locks after the break in. Now Augustine and Emily's certificate of title had Mason's name on it, not just theirs. An internal investigation by the bank identified that some of the signatures on the home loan contract were forged. Mason's ex-wife who had worked at the bank, was the employee who had arranged the home loan. Mason and his ex-wife had split the loan money between them to pay off debts that they had accumulated. They had intended to repay the money before they were found out, meanwhile hoping that Augustine and Emily's health would significantly deteriorate, and the property would be Mason's to sell. Eventually Augustine and Emily, through extensive legal support, were returned to their original position of being debt free, and the certificate of title was once again placed in their name. The bank continued to pursue Mason and his ex-wife.

During the four years of investigation by the bank and legal services Augustine and Emily became increasingly frailer and their support at home through their care provider and GP increased. There were concerns about the impact their experiences were having on their health. Augustine and Emily were also missing Helena and the girls. Helena had left Mason and neither she nor her daughters had been in contact, they hoped this would change. Mason no longer visited and only made contact once to tell them how selfish they had been by involving legal services and that his children were likely to lose both parents because of them. Augustine remained angry about what had happened, and occasionally when he talked about his experiences, he would sometimes require hospital admission due to chest pain and anxiety. He couldn't get past the betrayal experienced and counselling was not for him. He and Emily were relieved that they could remain in their home and receive the care and support that they need.

Case Study 5: Bob and Jane's Story

This case study illustrates the complexity of a 'perpetrator' relationship and the family dynamics that need to be considered. While Bob and Jane are experiencing financial and emotional abuse, forced to leave the granny flat arrangement in which they have invested their savings and separated from their grandchildren, they recognise that their widowed daughter is acting this way out of grief. A holistic approach that seeks to restore valued relationships delivers the best solution for this family.

Bob and Jane are a married couple who immigrated to Australia from Canada to be with their daughter, son in law and 3 grandchildren. They look quite young for their ages of 73 and 69 respectively. Bob is a keen cyclist and Jane is involved in community craft groups, a local choir, and an Ex-pats club. It was a friend at Ex- pats club who suggested that Bob and Jane seek advice about their distressing experience of family and accommodation difficulties. Their friend had been through something similar, but Bob and Jane are not the type of couple to discuss their family issues with strangers. They want to resolve their family issue themselves. However, after speaking with Centrelink they are concerned that they have no other option other than to speak with a legal service about their situation.

Bob and Jane are experiencing some financially difficulties after entering into a granny flat arrangement with their daughter and son in law three years ago. Sadly, their son in law had died unexpectedly 2 years ago and had left his wife and children well provided for. Bob and Jane had no concerns at the time of their son in laws death about their living arrangements. They have a very good relationship with their daughter and grandchildren. They are supportive parents and grandparents. Bob and Jane are very hands- on attending school carnivals, award ceremonies, taking the grandchildren swimming, on camping trips, anything to help try and fill the gap that has been left by their son in law.

Bob and Jane knew their son in law Robert for about 20 years. He had met their daughter Sadie when he had travelled to Canada after finishing university in Australia during the late 1990s. He had obtained a job working in the same local bar as Sadie. Sadie had recently completed her English degree and had been uncertain about what she wanted to do next, Robert had encouraged her to travel with him. Bob and Jane also have an older child, David, who is an engineer and works for a successful international company. David rarely seems to live in one country for long before he needs to move on. Bob and Jane lead very independent lives and enjoy their time with no parental responsibilities. They have very good relationships with their adult children and are in regular contact, technology permitting.

Sadie and Robert travelled around the world and worked in various countries. They never really settled anywhere and seemed to have a happy life with few commitments, so when Sadie and Robert decided to settle in Australia Bob and Jane were delighted to be able to visit and stay with them. Robert's family lived locally, and the families got on well together. They were all delighted when Sadie and Robert married and then later had children. Robert worked as a Geologist and Sadie was a private tutor for students whose first language is not English.

Sadie had always wanted Bob and Jane to live in Australia with them, and talked of getting a big house, by the beach with a pool. Bob and Jane didn't want to leave Canada for the heat of Australia, they would miss the snow and mountains. However, the pull of grandchildren

was too great. Bob and Jane made the decision to move 4 years ago when they realized how fast their grandchildren were growing up. Long holidays had ceased being enough contact for them. As the grandchildren got older 4, 8 and 10 they wanted to enjoy quality time with them.

The decision to all live together happened after Sadie and Robert had inherited an old property on the coast. It had a large building on the land that could be converted into a moderate sized cottage for Bob and Jane. The property had been left to Robert and his sister by his late grandmother and Robert had bought out his sister's share. Sadie and Robert had enough money to renovate the main house, but Bob and Jane would need to pay for the repairs on the building conversion, the cost had been estimated to be $165,000. Bob and Jane reported having about $200,000 set aside without affecting their retirement fund too much. Bob had worked in a senior position as a civil servant and Jane had her own fashion boutique business in Canada, they had retired to Australia with a moderate income.

Living together had worked well until Robert died suddenly at home. There had been no signs of him being unwell. It was a brain aneurysm and Robert had died suddenly, leaving them all devastated. Life had carried on and they all supported each other until a few months ago, when Robert's best friend Jaden started paying attention to their daughter. Jaden seems to be greatly influencing Sadie's decisions. Jaden works in finance and was advising Sadie on her finances and investments.

Bob and Jane do not trust Jaden, he was always jealous of Robert's life. Nor do they begrudge their daughter a life, she is only 42 and very attractive, but they are concerned about what will happen to them. Jaden is dismissive when he talks to Bob and Jane and often makes fun of their accent and makes them feel uncomfortable. Sadie laughs it off and tells them to not take things too seriously. Bob and Jane worry, Sadie has been talking about investing the money Robert left her, along with equity from the house, to buy another property and rent it out as an Airbnb.

Bob and Jane are insecure about their future, something that they have never experienced before. They are concerned that Jaden will take advantage of their daughter and that they will lose their home. Bob and Jane want to make some sort of provision to ensure that they can stay in their home. They raise their concerns with Sadie, who did not take it well. Sadie discussed her parents request with Jaden and an almighty row had taken place, unforgiveable things were said. Sadie told Bob and Jane to leave the property, then changed her mind. Sadie needed space.

Bob and Jane are very distressed things have escalated quickly. They had planned a short country break and start it early in the hope that things will settle down. However, Sadie is not responding to texts and they are unsure of what to do next. They are loath to involve their eldest granddaughter, who is texting frequently. They are also worried by comments made by Robert's mother that Jaden has moved in with Sadie and that the grandchildren are upset.

Bob and Jane found it hard to leave Canada and come to Australia. They had envisioned years of living together as a family, until they were too frail to remain at home with their family. No one had considered the early death of Robert. Bob and Jane are fearful of losing contact with their grandchildren, they don't want to antagonise their daughter, but they are angry with

her for not seeing through Jaden's motives, to financially advantage himself placing them all in jeopardy. It is hard for them to be in Sadie's company and not parent her, regardless of her adulthood. They loved Robert and miss him like a son. Neither Bob nor Jane is ready to accept another partner of Sadie's yet, they want her to be happy, but it is too soon.

Bob and Jane want help that supports a holistic and wellbeing approach for them and their family. They are all going through a period of intense change, experiencing bereavement, altered relationships, and learning to live with new family dynamics during their grief. Bob and Jane don't trust Jaden and Sadie is vulnerable in her grief. They are unable to discuss any of this with her as conversations quickly become hostile. Bob and Jane are unable to afford to walk away from their home, they do not want to upset their daughter and can't bear to be estranged from their grandchildren. It is an overwhelming situation for them both.

Bob and Jane need to balance out the consequences of the various legal options provided. They can't afford to walk away from their home and life savings, and although at law they can try to establish equity in Sadie's property, they have nothing in writing. Yet by continuing to live in their granny flat there are practical issues to navigate under the new family dynamics. Contribution costs may well become a contentious issue, as may the issue about who owns the granny flat when they are too frail to remain living at home. From the start Bob and Jane contributed one third of the cost of utilities, rates, and insurance, as well as the garden and pool maintenance costs. Sadie and Robert maintained their own house and Jane and Bob maintained their granny flat.

Jan and Bob do not want to antagonise their daughter by raising the issue of negotiating repayment of money they invested in their granny flat. They also can't bear to be distanced from their grandchildren, it would be devastating if they lost their home and became estranged from Sadie and their grandchildren. Jane and Bob are overwhelmed by their family and financial problems, it is placing immense pressure on their relationship. They have not spoken in detail about their grief and loss to their GP and have not considered the benefits of seeking counselling for themselves and as a family.

Jane and Bob spend time considering their options, seeking further legal advice and advocacy support. They attend counselling through their GP and over a period of many months slowly re-establish a relationship with Sadie. Bob, Jane and Sadie attend mediation and reach an agreement over their accommodation arrangement and agreed to formalise it. They all sign a deed of agreement regarding the granny flat arrangement, providing Bob and Jane with a greater sense of security and improved family communications. During the process Sadie ended her relationship with Jaden.

Case Study 6: Marija's Story

This case study illustrates the high level of dependency on adult children that older people with English as a second language may experience, even for those who have lived and worked in Australia for decades. Language barriers make it even more difficult to navigate complex matters and may be used to socially isolate and control a CaLD older person. This case also illustrates the ways that service providers and agencies can accommodate an older client's need for interpretation and supported decision making.

In 1974, Jak and Marija migrated to Australia from Eastern Europe with their 3-year-old son Adem. It had been a necessary but heart-wrenching move. They were very sad to their leave so many loved ones behind, but they wanted a different life for their little family. They settled well into life in Western Australia and in time their family expanded to include a beautiful daughter, Roza.

Jak and Marija worked hard and saved, living frugally as it was important to them to have security. To them this meant owning a home and being able to provide for their family. They both agreed that a good education and stable home life was a priority for their children, something they both had little experience of when they were growing up. So, by the time Jack and Marija's children had left school, they had saved enough money to not only purchase their own home but also an additional investment property. The additional income allowed them to supplement their current wages and to continue to save. Jack worked in the building industry, it was a hard job and had taken its toll on his body and Marija worked in hospitality, which often meant late evenings and early mornings. They both had very physical jobs and wanted to enjoy their retirement together and not to worry too much about their finances.

Sadly in 2010, at the age of 39, Adem was diagnosed with terminal cancer and died within months of his diagnosis. The experience devastated the whole family. Jak and Marija never really recovered from the loss of their only son, especially as there had been no grandchildren or daughter-in-law to grieve with them and to remember him through. Adem had died without making a will and so Roza kindly offered to sort out probate matters on behalf of her parents. They all agreed that Jak and Marija would probably struggle with understanding the process and terminology. Although their English was good enough for many day-to-day matters, this seemed a bit more complicated. Jak and Marija, as next of kin would most likely inherit their son Adem's estate. But they needed some help, so Roza engaged a lawyer, and the fees were paid by Jak and Marija.

Adem's estate consisted of his property, his life insurance policy and the money he had in the bank, along with some of his personal effects. It was a very difficult time for them all, the process was an ongoing reminder of their loss. When Adem's estate was finally distributed, Jak and Marija inherited the house but there was no mention of the rest of his estate. When they spoke with Roza about this, she informed them that they had not been entitled to anything else. Roza had not been very forthcoming about how the decisions about Adem's estate had been made and the conversation between the three of them had been tense. Jak and Marija didn't have the heart to challenge Roza at the time but, Marija strongly suspected that Roza had kept part of the inheritance for herself. Marija believed that if the opportunity arose again then Roza would probably act in a similar manner. This had been a shocking realisation for her, knowing she didn't fully trust her own child.

Some years later in early 2019, Jak had a serious fall. During his hospital stay, Roza somehow took over all decision-making concerning his care. Roza became the link that health and social staff used when communicating with the family and rarely involved either Jak or Marija. Roza didn't include Marija in any of the medical meetings arranged for Jak's family. When Marija asked questions about Jak's condition, Roza revealed little to her mother. Marija had difficulty asserting herself in the hospital environment. She found it intimidating; these were all educated people, they were busy and they always spoke quickly.

A few days after Jak's hospital admission, Roza wanted Marija to sign papers without fully explaining their purpose to her. Since Marija was already somewhat wary of Roza's motives, she refused to sign anything. In frustration, Roza grabbed her and pushed her against a wall. Marija didn't know what to do and so she told no one about the incident. Later that week a friend noticed the bruising to Marija's forehead and shoulder and saw she was upset. Marija's friend encouraged her to see a GP and talk about what had happened. The GP made further investigations and discovered that Roza had made an application to the State Administrative Tribunal for guardianship and administration over Jak. Acting on Marija's behalf and with her consent, the GP contacted the police to report the assault, and submitted a statement to the tribunal. The GP then referred Marija to a community legal centre for advice and support.

With the assistance of an interpreter, instruction was taken from Marija and a solicitor sought the tribunal documents relating to Roza's application and prepared Marija for the tribunal hearing. At the hearing, the solicitor argued that Roza was not a proper and suitable person to be granted orders over Jak. The solicitor further argued that Marija should continue making medical and lifestyle decisions in her husband's best interests as their separation had been involuntary, and due only to Jak's medical condition. However, because of Marija's language difficulties, she and her representative determined it might also be better for the tribunal to consider that the Public Trustee assist Marija in finalising Jak's residential care placement.

The tribunal ordered that Marija should choose the medical treatment and care facility required by Jak, now that he is no longer able to make those decisions, and that the Public Trustee should settle Jak's residential accommodation costs within a period of 12 months. This outcome allowed Marija to continue to make important decisions about her husband's ongoing care.

Case Study 7: Francois' Story

This case study illustrates the ways that a person may be exposed to risk and financial loss because of the nature and quality of their relationships with the other significant people in their life. Here we see an example of an older man who has been accustomed to his wife dealing with finances and paperwork, a pattern that characterised their established roles throughout the life course. When her declining health makes her vulnerable to financial abuse, he does not realise that a change has occurred. He only discovers after her death that his financial security has been jeopardised. He must then navigate a complex situation while also dealing with his grief.

Francois sought legal and advocacy advice, information and support following a recommendation from a friend. Francois situation is complex, and his home is at risk if the matter isn't resolved. Decisions made by his now deceased wife and another family member have caused Francois a lot of distress.

Francois was married for 40 years. He had a good life and worked for many years in the engineering industry. His late wife Lorna, whom he had met as a student, had worked as a secretary and book- keeper for many years and had prematurely retired a few years ago from an office manager role.

Francois was unsure whether a legal service would be able to assist him. He had previously tried to seek legal advice and had been informed that his matter was very complex and would take a long time to sort out. Francois reported that he left the office of other solicitors quite dejected, feeling foolish but still determined that he needed his matter to be looked at seriously. He had never been fully able to explain in detail how his circumstances had come about, before being told it was too complex.

When Francois first met his wife, he was very aware of her very strong character. They had a good marriage together but Francois 'knew his place'. Lorna was the decision maker, Lorna managed the finances, she was a good wife and mother and managed things well at home. Lorna would discuss everything with Francois, and he would defer to her opinion on many matters. He believed their relationship had worked well.

Francois' wife died 6 months ago following a period of illness after she had been diagnosed with a brain tumour. Lorna did not disclose her concerns about her health to Francois until there were noticeable symptoms. Prior to her diagnosis Lorna approached her husband with some papers to sign. Lorna's nephew Luca, who had lived with them and was like their child, wanted help with a loan.

Luca had moved in with Francois and Lorna when he was fifteen years of age, he is the youngest son of Francois and Lorna's good friends. His family moved to South Australia for work reasons and Luca did not want to leave his school and friends. Francois and Lorna's adult children were settled in their own homes with young families, so Luca's parents arranged for him to remain with Francois and Lorna until the end of the school year. Francois and Lorna enjoyed having a young person around the house, Luca rarely brought trouble to the door. There had been the odd issue with staying out late, drinking, even a suspicion of drugs, but in the main Luca was a 'good kid'. In the end, Luca never moved to South Australia, and he remained with Francois and Lorna until about four years ago when he moved into his own home.

Francois recalled that the last five years of living with Lorna had been difficult, she was often short tempered and forgetful. Francois put it down to the stress of Lorna's job and female troubles. She was nearing retirement, he had encouraged her to reduce her work hours, but she didn't. Lorna's employer encouraged her to take long service leave before she lost out on her leave entitlements.

It was during long service leave that Lorna approached Francois and told him to sign some papers. Lorna had been particularly abrasive during this period and was quick to anger when questioned. Francois was reluctant to ask much about the papers, he was weary of dismissive and derogatory responses. They were something to do with helping Luca. Lorna said there was no financial risk to them and that he must sign the papers, she was on the telephone at the time to the bank and pointed out the sections Francois was to sign. Francois signed the papers. Francois believed he had co-signed for a small loan, over a twelve-month period, to assist Luca with purchasing a property. Francois wasn't too sure of the details, he often signed things that Lorna brought him.

Lorna died six months after her diagnosis, twelve months since Francois had signed papers under the insistence of Lorna. Francois thought about the extent of Lorna's illness and the changes in her behaviour, the aggression and forgetfulness, loss of balance and clumsiness. The GP had acted quickly with referrals once they had attended his office together and discussed their concerns, but there was little to be done other than to manage symptoms. Lorna stayed at home and Francois cared for her. Luca visited and supported when he could, but his full -time work as a plumber came with on-call hours.

After Lorna's funeral Francois didn't take any notice of the mail sent by the bank, he had no mortgage, so it was most likely advertising. It was only after he received registered mail requesting that he contact the bank urgently about defaulted mortgage payments that he took notice. When Francois contacted the bank, he was informed that equity in his property had been used as deposit for a property owned by Luca. Francois disputed this; he had co-signed for a 12-month loan.

After further investigation Francois discovered, via a family member, that Luca had been sacked from his job. Luca had been stealing from the company. He was taking cash payment for jobs and not invoicing through usual work processes. Francois was fearful that he would lose his home because of Luca. Francois could not understand how the agreement with the bank had changed from a twelve-month loan to his property and Luca's property being linked. He had been unable to get a satisfactory response from the bank and had been passed from person to person.

Francois brought documents to his legal and advocacy appointments and what had been signed was explained in detail. However, Francois was insistent that it was not the document that he had signed nor the agreement that he had understood to be in place. Francois insisted that the bank had made an error and misinterpreted Francois and Lorna's request. Francois had attended the initial appointment at the bank and could recall in detail the nature of the conversation. What Francois did not know at the time of signing the document was that Lorna and Luca had attended several subsequent bank appointments. Luca and Lorna had instigated the change in the agreement and that was the reason for pressuring Francois to sign whilst the bank was on the phone. Luca had been at the bank in person and Lorna had been on the telephone insisting Francois sign the documents.

Francois was shocked when he discovered this information. He had trusted Lorna and Luca and hadn't questioned things at the time as he had felt pressured. Lorna was angry, he didn't want another row, and so when she pushed the pen into his hand and told him to sign, he did it. Francois felt stupid, Lorna had made the arrangements, she had discussed it with him he'd been to the bank, he thought it was a 12-month loan, he signed to keep the peace and had not thought about it again.

Over the next year Francois was assisted in asking the right questions of the bank and of Luca to uncover what had happened between the period of initial consultation with the bank, up until the signing of documents. Francois was able to undertake some of the work himself however there was a lot of legal terminology he did not understand, which caused him anxiety and frustration. François required support, encouragement, and guidance to ensure that he did not make his financial and legal situation the sole focus of his life. Francois had good

friends and enjoyed the social groups he attended, but he chose not to disclose his situation with them to control the impact his situation was having on his life. He needed respite from his financial and legal worries, one good friend knowing about his family troubles was enough.

Francois did not want to destroy his relationship with Luca, as he did not initially want to believe that Luca's intentions had been other than to obtain a loan to purchase a house. However, during the process of uncovering what had happened, Francois became increasingly convinced that Luca had taken advantage of Lorna's ill health to benefit himself. Francois had been excluded from many discussions and bank appointments and made to feel insignificant whenever he raised the subject with Luca and Lorna. Francois believed that he had a good relationship with Luca until his wife died, but then be came to the increasing realisation from reviewing bank accounts that Luca had been receiving, regular lump sums of money from Francois and Lorna's joint account. Francois was unable to prove anything because Lorna was deceased, but he believes that Luca had been pressuring Lorna. He had received almost $50,000 from their account during the past 2 years of Lorna's life. Francois was devastated, this is money that he would have wanted to go to his own children. Francois attended counselling to help him deal with the emotions he was experiencing towards both Lorna and Luca.

Francois finally had success with the bank and there is no longer a debt against his property. Luca sold his property to repay the bank loans and has moved to South Australia to be nearer his family.

Francois is estranged from Luca and no longer has any interest in maintaining a relationship with him. The abuse affected his relationship with his friends, they talk occasionally but things are not the same. Francois grieves the loss of the relationships he thought he had with his wife and with Luca but prefers to focus on the healthy relationships he has with his children and grandchildren.

Appendix G: Inventory of resources

This appendix contains a compilation of resources currently available to and in use by professionals, service providers and volunteers who are working with older people in Western Australia.
Most of these resources are produced by Western Australian government and non-government agencies and are tailored to WA social and legal contexts. Some exceptional resources that were produced for a national audience have been included.

Organisation	Title	Who Uses This Resource?	Brief description Other notes
Advocare	Elder Abuse - Self Assessment tool	Older people	Five yes or no questions for older people to assess if they may be a victim of elder abuse based on past events.
	Elder Abuse Protocol: Guidelines for Action (2017)	Staff and professional who working with older people	Published by APEA:WA Short (23 page) pdf resource providing clear information and guidelines for action. Includes: definitions, intervention principles, examples and signs of abuse, risk factors, abuse referral and support agencies.
	Preventing Financial Abuse	Older people	Dot point guidelines for older people on the steps they can take to prevent being victims of financial abuse.
	Elder Abuse Infographic	Public	Infographic to spread awareness about the types and prevalence of elder abuse. Also includes risk factors and prevention strategies.
	Examples of Elder Abuse	Public	Detailed list of specific examples on how each type of elder abuse can manifest.

	Help stop Elder Abuse Posters	Older People and those close to them	Posters encouraging older people to speak up when abuse is seen.
	Elder Abuse protocol flowchart	APEA staff and professionals	Five step guide providing a framework to guide elder abuse responses.
	Reportable Assaults Flowchart	APEA staff and professionals	Clear flowchart for staff to easily determine if there has been a reportable assault.
Chorus	Customer Protection Guideline	Chorus Staff	Guideline outlining the roles and responsibilities of Chorus employees when confronted with possible elder abuse. Includes: identification, assessment, referral, documentation.
Citizens Advice Bureau	List of Community Legal Centres – WA as of September 2021	Community	A list of all community legal centres in WA. The list outlines: organisation, catchment area, services, fees, website, number, address.
COTA WA	'Elder Abuse is Everyone's Business' short video	Community	Short public awareness campaign video explaining financial abuse and ageism.
	At Home Guide	Community	Digital and printed booklet providing advice to support older people to stay healthy and live well. Includes information about abuse of the older person.
	Interruptions to Daily Living Guide	Community	Digital and printed booklet providing advice for older people shielding at home to avoid Covid-19. Includes information about abuse of the older person.
Department of Communities	WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019-2029	Everyone with an interest in this issue – the public, professionals and practitioners, older	10-year strategy document (2019-2029) Highlights four priority areas: • Raising awareness and early identification. • Prevention and early intervention.

		people and those close to them	• Integrated and coordinated response. • Data and evidence.
Elder Abuse Action Australia	Elder abuse services and resources	Elderly and those close to them	Link to Compass for resources on Elder Abuse separated into categories to understand, prevent and respond to elder abuse. Includes information on: Aboriginal and Torres Strait Islanders, ageism, carers, COVID-19, financial abuse, general information, legal & financial resources, mental health, policies, research reports, real examples and a collection of useful tools.
Office of the Public Trustee	Financial Elder Abuse Prevention	Community	Video, available through Youtube, raising awareness of Elder Abuse in Australia. The video provides a definitions, statistics and examples of Elder Abuse within the Australian context.
Kimberley Jiyigas	No More Humbug Animation - English	Community	An animation video in English explaining 'humbugging' - the financial exploitation of elders in remote Aboriginal communities.
	No More Humbug Animation - Kriol	Community	An animation video in Kriol explaining 'humbugging' - the financial exploitation of elders in remote Aboriginal communities.
	No More Humbug Report	Community	A research report about the financial abuse of Aboriginal elders in the Kimberley.
	No More Humbug Poster 1	Community	Humbugging awareness poster.
	No More Humbug Poster 2	Community	Humbugging awareness poster.

Law Society of WA	When a Client's Capacity is in Doubt: A Practical Guide for Solicitors	Legal professionals	Step-by-step guide to identifying when clients, including those with age-related disability, may not have mental capacity to give instruction, when and how to refer for clinical assessment and seek substitute decision-maker.
Legal Aid WA	What is elder abuse? – video	Community	A short video that defines the six main types of abuse and introduces the Seniors Rights and Advocacy Service.
	What is elder abuse? – fact sheet	Community	A pdf fact sheet that defines the six main types of abuse and introduces the Seniors Rights and Advocacy Service.
My Aged Care	NSAF User Guide	Community	The 'National screening and Assessment Form' user guide. Outlines information about the assessment process.
NARI - National Ageing Research Institute	#OKorNotOK Financial Abuse – short film	Service providers & community	Short film that exemplifies best practices responses to elder abuse with dementia in the context of Financial Abuse.
	#OKorNotOK Physical Abuse – short film	Service providers & community	Short film that exemplifies best practices responses to elder abuse with dementia in the context of Physical Abuse.
	#OKorNotOK Neglect – short film	Service providers & community	Short film that exemplifies best practices responses to elder abuse with dementia in the context of Neglect.
	#OKorNotOK Financial Abuse – tip sheet	Service providers & community	A written resource to accompany and elaborate on the '#OkorNotOK financial abuse' short film.
	#OKorNotOK Physical Abuse – tip sheet	Service providers & community	A written resource to accompany and elaborate on the '#OkorNotOK physical abuse' short film.

	#OKorNotOK Neglect – tip sheet	Service providers & community	A written resource to accompany and elaborate on the '#OkorNotOK neglect' short film.
Office of the Public Advocate (OPA)	Advance Health Directive and Enduring Power of Guardianship - Brochure	Community	A brochure outlining the hierarchy of decision makers, and information about Advance Health Directive and enduring Guardianship.
	Are you worried about a vulnerable adult who needs help making decisions? - Brochure	Community	A brochure defining guardianship, processes of electing guardians, and outlining the sorts of decisions that guardians need to make. The brochure also outlines that role that OPA can play on behalf of an older person who cannot make decisions for themself.
	Protecting and promoting the rights of adults with a decision making disability – brochure	Community	A brochure outlining the roles of the State Administrative Tribunal and the Office of the Public Advocate in supporting adults with decision-making disability.
	If you can't make your own decisions, who will make them for you? - Brochure	Community	A brochure providing information sheet on three main strategies for future planning in case one loses capacity: Advanced Health Directive, Enduring Power of Guardianship, Enduring Power of Attorney.
	Information Sheet 8: Enduring Powers of Attorney	Community	A question-answer styles information sheet discussing Enduring Power of Attorney, including definitions and lawful appointment processes.
	Information Sheet 9: Enduring Powers of Guardianship	Community	A question-answer styles information sheet discussing Enduring Power of Guardianship, including definitions and lawful appointment processes.
	Information Sheet 10: Planning for the Future	Community	A question-answer styled information sheet responding to question about why, what and how

			planning for the future is important. The sheet concludes with reference to further resources.
	Authorised Witnesses for Statutory Declarations	Community	A list of informal descriptions of legal descriptions of people who are authorised to witness declarations in Western Australia.
	A Guide to Enduring Power of Attorney in Western Australia	Community	An extensive guide informing both the 'donor' and the 'attorney' on understanding and completing an 'Enduring Power of Attorney.'
	A Guide to Enduring Power of Guardianship in Australia	Community	An extensive guide informing both the 'appointor' and the 'enduring guardian' on understanding and completing an 'Enduring Power of Guardianship.'
	Enduring Power of Attorney Information Kit	Community	This document provides a general understanding of Enduring Power of Attorney. It can be used to guide the completion of the EPA form.
	Enduring Power of Guardianship Information Kit	Community	This document provides a general understanding of Enduring Power of Guardianship. It can be used to guide the completion of the EPG form.
	Enduring Power of Guardianship sample of a completed form - Plenary	Community	Sample of a completed Enduring Power of Guardianship form, plenary – all functions authorised.
	Enduring Power of Guardianship sample of a completed form - Limited	Community	Sample of a completed Enduring Power of Guardianship form, limited – only specified functions authorised.
Older Person's Right Service (OPRS)	Older People's Rights Service Calendar 2021	Community	A one year calendar with information on common and relevant legal concerns for older people.
	OPRS Information Brochure	Community	An informative flyer outlining the sorts of services OPRS provide.

OPAN	Review of OPAN Elder Abuse Advocacy and Prevention programs: final report	Prevention program managers	Review of the OPAN Advocacy and Prevention Programs Compares four key areas: • Comparing models of advocacy and prevention. • Special needs groups. • Alliances and partnerships. • Elder abuse data collection.
	National Elder Abuse Prevention and Advocacy framework	Prevention program managers	Framework for prevention and advocacy Comprised of five categories: • Elder Abuse definitions and guiding principles. • Preventing elder abuse. • Responding to elder abuse. • Quantifying elder abuse. • Building capacity.
	National Elder Abuse Conference 22-23 July 2019	Prevention program managers	Audio recordings and PowerPoint presentations used in the elder abuse conference.
RACGP	RACGP White Book Chapter 10.1 – Elder Abuse	General practitioners	A framework for GPs to identify the level of evidence and grade of recommendation of elder abuse.
St John of God Health Care	Responding to Elder Abuse Policy and Procedure	SJoG Staff	A detailed policy document outlining the steps for responding to suspected or alleged elder abuse. Includes a simplified flow chart to guide the process.
	Family and Domestic Violence Assessment Outcome Recording	SJoG Staff	Form for SJoG to report alleged or suspected family violence.

	Safety and protection of children, young people and adults at risk	SJoG Staff, volunteers and contractors	A detailed policy document, part of mandatory education for SJoG staff, outlining the processes caregivers must follow when responding to abuse, or reporting a reasonable belief of abuse.
Umbrella	CVS Orientation Training Manual	Volunteers at Umbrella	Internal document used for training volunteers. Note that elder abuse section of Umbrella's staff training manual is the same as the text in CVS orientation manual.
WACHS	Approved Provider Compulsory Reporting of Assault on Older People Policy	Health service staff and managers	Outlines policy, roles and responsibilities of the care providers when confronted with assault on older people.
	Abuse types and indicators	Health service providers, carers	Document explains the types of abuse and the signs that an older person may be a victim.
	Guide to assessing risk for the older person	Health service providers, carers	Checklist for care workers to assess risk for the older person.
	Red flag indicators	Health service providers, carers	Includes indicators and signs to identify a victims and potential abusers.
	The modified caregiver strain index	Health service providers, carers	A checklist to score the strain on caregivers.
	When to refer for a capacity assessment	Health service providers, carers	Examples and explanations of when an older person should be referred to assess their capacity to make decisions.
	Checklist for Health Care providers	Health service providers, carers	Guideline for response to suspected elder abuse.

	How to document alleged suspected abuse	Health service providers, carers	Guidelines and tips for documenting alleged suspected abuse.
	Responding to Abuse of the Older Person Guide	Health service providers, carers	Flowchart Guide for response to elder abuse, including referral pathways for emergencies as well as state-wide referral and support services.
	Responding to Abuse of the Older Person staff responsibility	Health service providers, carers	Flowchart guide for the responsibility of staff outlining when action should be taken and what to do.
	Responding to Abuse of the Older Person Managers responsibility	Health service providers, carers	Flowchart guide outlining the steps to be taken when staff inform a manager of alleged abuse or assault.
	Reportable Assault	Health service providers, carers	Flowchart guide for determining where to report an identified alleged reportable assault.
	Communicating with someone you think may be experiencing abuse	Health service providers, carers	Guidelines and principles to follow when talking to someone that may be experiencing abuse. Identifies how to build trust and identify further action they can take.
	Capacity and Consent	Health service providers, carers	Guidelines for elder abuse response based on their capacity and consent to taking action.
	Understanding the difference between symptoms of dementia and neglect	Health service providers, carers	Identifying key differences between dementia and neglect, including signs and examples of each.
	Alleged Abuse/Assault in an Acute setting	Health service providers, carers	Flowchart guide for responding to alleged abuse or assault in an acute setting, including referral pathways to report to.
	Identifying, Preventing and Responding to abuse of older people policy	Health service staff	Policy outlines the definitions, roles and responsibilities of staff when confronted with elder abuse as well as guidelines for identifying, assessing

			risk and response. The document also explains how to document elder abuse and respond to capacity and consent.
	Abuse of the older person report	WACHS staff	Form for WACHS employees to report suspected/alleged abuse of older people.
WA Health	Responding to the Abuse of Older People	Health service providers	A step by step guideline on identifying, assessing, referring and support for elder abuse. Also includes: risk factors, the possible signs of abuse, special groups, flowchart, useful contacts, safety planning.
WAPHA	Draft strategy to respond to the abuse of older people (elder abuse)	WAPHA managers	Draft 4-year strategy document (2019-2023) Highlights two key points: • Elder abuse needs to be considered by any health practitioner seeing elderly patients. • The patient's capacity to make decisions is a key component of elder abuse response.
	Recognising, Responding and Reporting the Abuse of Older People. Online Learning Modules	Direct care workers and managers	Free online training modules – available to all, no password protection or paywall. Training modules for staff and managers present eight scenarios featuring different forms of abuse. Dynamic presentation of scenarios and in-resource testing to support active learning.
	Health Pathways	GPs and healthcare workers	Online resource used by clinicians to refer patients through the primary, community and acute healthcare system.

Appendix H: Provisions of WA Criminal Code potentially relevant to elder abuse

This table documents provisions of the WA Criminal Code that could potentially be used to prosecute perpetrators who have abused an older person.

Conduct/offence	Part	Section/s	
Assaults and violence to the person	XXX	S313 Common Assault S317A Assault with intent S 318 Serious assault	*Victim aged over 60 is a circumstance of aggravation S 313(1)(a); 317A(d).
Offences endangering life or health	XXIX	S 297 Grievous bodily harm S 301 Wounding and similar acts	*Victim aged over 60 is a circumstance of aggravation S 297(3); S301(2)(a).
	XXVIII	S 279 S 280 Manslaughter S 281 Unlawful assault causing death	*Note that differing criteria in **s279(1)(a)** Intention to kill; (b) Intention to cause a bodily injury of such as nature as to endanger or be likely to endanger the life of the person killed or another person; and(c) the death is caused by means of an act done in the prosecution of an unlawful purpose, which act is of such a nature as to be likely to endanger human life.
Duties relating to the preservation of human life (Omission or failure to act)	XXVII XXIX	S 262 Duty to provide necessaries of life S267 Duty to do certain acts S 304 Act or omission causing bodily harm or danger	*See discussion below.
Sexual offences	XXXI	S 323 Indecent assault S 325 Sexual penetration without consent. S 327 Sexual coercion. S 330 Sexual offences against incapable person	*See discussion below.

Offences involving money or property Financial abuse (stealing, misappropriation)	VI Div 1 (Stealing and like offences) XXXVIII (Robbery) XL (Fraud) Chapter XLVI Div III Forgery Chapter LI Identity crime	S 473 Forgery and uttering Ss 490 – 492 Identity crime	
Psychological or emotional abuse	XXXIIIA Threats	S 338A Threat with intent to gain. 338B Threats 338C Statement or act creating false apprehension as to the existence of threat or danger	*These sections could also be relevant to other forms of abuse, for example, threats in combination with physical abuse.

Appendix I: Thematic compilation of survey responses to suggested measures question

Survey respondents were asked ‘What measures do you feel would reduce the abuse of older people in Western Australia?’

The responses provided are grouped thematically in the table below.

The responses are unedited and no corrections have been made.

Survey Responses Thematic Table	
What measures do you feel would reduce the abuse of older Western Australians?	
Theme	**Feedback**
Public education and awareness	
	Increasing public awareness
	Increased understanding of what abuse of older people is, and the impact of ageism - for both older people, their families and service providers.
	More awareness campaigns, not just at local government level (which I know many LGAs do) but at state level - more commercial adverts etc.
	Greater education for the general public, both perpetrators and victims are susceptible to'making excuse' due in part to a lack of understanding that these behaviours constitute abuse.
	Combatting ageism.
	Increased recognition of individual social responsibility in reporting.
	More publicity on the matter.
	Continued public education to try and normalise older people reporting 'loved ones' abusing them.
	Greater media focus on the issue - education for the general public describing the various forms of abuse which exists and how to respond effectively to this.
	Continue a public campaign on TV & radio.
	More awareness amongst the general community to help ID and connect people with the right supports and advocacy.
	General awareness that abuse is not accepted.
	Increased public awareness of rate of occurrence and of methods to identify and report occurrences and potential occurrences.
	TV awareness campaign highlighting the types of abuse. Many older people don't even recognise they are being abused.
	Guest speakers at groups like the Red Hatters, Zonta and Soroptomists for women or at Men's Sheds for the men.
	Primary prevention programs.

	A handy hotline number in large print on a card that can be kept in a wallet or purse.
	Education.
	Better education to general population.
	Better Education.
	More public awareness.
	Greater community education, both about what elder abuse is (especially financial and social) but also regards what services (eg advocare) are available and how to access.
	Public Awareness and Educational campaign.
	Having TV case scenarios like the Family violence ones. It brings the issue into the discussion stage.
	Education of abuse from early age in the Health programmes in schools. The current curriculum has the opportunity to add this to the topics but are reluctant to do it.
	Improved awareness, not just for staff in organisations but to the greater public. Greatly misunderstood by the community, poor perception of the frequency it can occur, and lack of knowledge around abuse not just being physical or financial.
	Community education/awareness.
	Educating the general public as to what constitutes abuse of an older person and the potential affects of their actions on the older person.
	Public awareness.
	Make it common knowledge that older people do not have to hand over their affairs to family or carers, that they still have a right to manage their own affairs and implement supports to enable this to happen if the older person needs help.
	Education to the general population about this form of abuse and education around just because it is not intentional doesn't mean it is not abuse/neglect.
	Being new to the health and aging field there is also a lot of confusion about EPA and EPG whereby family believe they have authority prior to the family member losing cognitive capacity. More education in the public arena about putting these measures in place as we age so individual's wishes are known prior to them losing cognitive capacity.
	Awareness in multiple levels - community, healthcare services and other services.
	Education for community and staff.

	National campaign to end ageism.
	Community Education.
	"Greater awareness of abuse of the older person within the community.
	Making the community / public aware of what the definition of abuse is.
	More public awareness of the various types of elder abuse.
	Community education nationally to capture all aged groups across Australia not just WA. Educating family children and adults as well as all business . educate the older persons and younger vulnerable person. with clear instructions on how to report and the flow chart on how it would travel to get results. not just get guardianship for the victim. from the abuse hotline.
	More awareness.
	Education.
	More general public information/education.
	Educating population by including elder abuse topics in social studies in mainstream education and raising awareness among students- who are possible future perpetrators.
	Community education and awareness raising.
	Awareness.
	Media campaign to educate the public to enable them to recognise elder abuse and have the courage to speak up and report.
	Ongoing education and awareness of the issue.
	Greater awareness and education to the general public - so perpetrators know when they are crossing a line, and older people can recognise signs of abuse and learn how to protect themselves.
	Generalized advertising campaigns so the general public knows how to report it plus specific campaigns targeted at higher risk groups including campaigns that would use language or tools those groups would understand.
	A concerted media campaign similar to those run on TV and Radio regarding Domestic & Family Violence.
	Much more publicity.
	more public awareness and communication, including neighbourhood watch.
	Education for the community as a whole.
	Community Training and Education for all ages to develop a kinder, more compassionate society in general.

	Highlight Abuse of Older People to the wider community all year not just on Elder Abuse Week.
	Greater education about what constitutes abuse, how to recognise it and what to do about it.
	More ads on tv. Harsher penalties for anybody that harms the elderly.
	The public often turn away thinking it's none of their business. It's everybody's business.
	More awareness.
	To educate properly from a young age around finances so that older people have more choices and can support the help they require later on.
	Clearer understanding of what it [abuse] is and its impact on older people.
	Advertising campaigns (just like family and domestic violence campaigns), pointing it out, saying 'no' this is not right giving examples to the public about what this looks like, through actors and advertising campaigns, bring this hidden problem out of the shadows.
	it is a growing problem, and will get worse as the population ages.
	Education of community to recognise abuse.
	Training for community groups to recognise when and how an older person is being abused.
	Specifically designed training for community groups to recognise and report abuse.
	Raising the profile of this type of abuse will always be helpful and it needs to be seen as everyone's responsibility.
	Awareness campaign - may increase community reporting.
	Public Awareness Campaigns.
	Greater awareness through advertising.
	Greater awareness in the community so that it can be easily recognised.
	Better awareness around what elder abuse is.
	Stronger public messaging about older persons rights.
	Campaign of education in schools and workplaces and more information to general public on what older abuse means (not only physical, psychological but also lack of support, isolation and fragility.) and to be able to identify if there is a case.
	Increased public awareness via various forms of media, especially in relation to financial abuse.
	Community education, awareness that it is more common than most people believe.

	Bigger public awareness campaigns. Clearer broadcasts of organisations in place to assist victims both internally and externally.
	Improved awareness campaigns.
	More media advertisements to expose the community to what is classified as 'abuse of older people.'
	Increased community awareness of what constitutes abuse.
	Public campaign to reduce stigma for older people experiencing abuse.
	Educating people what is elder abuse is about.
	Greater public awareness.
	More public awareness and more support for older people who are suffering from abuse through advertising / school and TAFE programs GP programs etc.
	education to general community.
	Education of general population.
	More advertising on social media or TV in regards to all of this and making people aware.
	Campaign to change societal attitudes/awareness. Increased awareness of what elder abuse actually is and who and how to get support.
	Large and prolonged public health-type approach to combating ageism.
	Education.
	More public awareness.
	Increased public awareness, media attention, knowledge of referral pathways , knowledge of preventative measures to mitigate risk.
	Consider inclusion in education curriculum secondary & tertiary.
	Education.
	Maybe also an awareness for the general public about what this can look like and a national reporting line so concerns can at least be flagged and investigated.
	Greater training, education of the general public.
	Education on the abuse along with FDV, elder abuse should be included so that we are all aware of what is happening behind closed doors. This will help us to know what signs to look for it will also allow older Australians to be aware that they are in fact being abused and there is help for them.

	Education of the general population.
	More promotion.
	More education, more community discussion to reduce taboo and increase awareness, easier access to organisations who can advocate/help.
	Education for the public on what to look for.
	Communication of what constitutes abuse within communities.
	Increased awareness around definition.
	More knowledge about what abuse is within the wider community.
	Communication. More needs to be done to help people understand how they can unintentionally cause abuse.
	Greater awareness that it exists and advocacy for the responsibility of everyone to do what they can to stem cases of abuse. Much like the antiviolence to women campaign.
	Greater awareness of the many forms of abuse of older people.
	Promotion of the existence and types of older person abuse.
	More public awareness of the issue provided by tv advertisements, aimed at times when older people and families will be viewing television. Education is key to making people aware.
	Community education and awareness re: abuse of older Western Australians.
	Advocare information and support promoted widely & more often such as TV & radio, magnets for every household etc.
	It seems to be well promoted in June re: World Elder Abuse Day. We just need to get better for the other 364 days.
	Education.
	Community education, community 'ownership' of the wellbeing of older citizens.
	Increased awareness of definitions and give common examples people can relate to and identify similar behaviour. This would also help to reduce the stigma around reporting.
	More general knowledge/awareness.
	Greater awareness of the behaviour being criminal.
	Increased education to community.
	More public education about abuse of aged people.
	Increased public awareness of what is abuse and pathways to help resolve issues.

	Greater community awareness, and publicity, of abuse of older people.
	Education - Start teaching young people about the abuse of older people in schools.
	Public awareness and education with clear avenues to direct issues.
	Publicity of perpetrators.
	Getting the public to open their eyes to what is going on in their neighbourhoods.
	Greater public awareness of the different types of abuse of older Western Australians.
	"More public awareness.
	Having more education sessions for seniors also for children in school. It's really important to educate all people from different age group as it's two ways both for elderlies and their family.
	More awareness and education that this is actually happening to our elderly, in schools and other age care facilities.
	Lifting the profile on abuse to older people.
	Awareness of what abuse is.
	Increase awareness in the community.
	Public education and advertising of this to make people aware.
	Education, information.
	Education for the wider community and how to report concerns.
	Education of staff, volunteers and the general public.
	Increased awareness and a willingness for community to seek help when they see abuse, rather than wait for someone else to deal with it. Additionally having support services more visible (eg adverts on TV etc). Additionally being able to identify in early stages (and maybe through GP screening when person visits them).
	In my area, more education to the general public, about reporting incidents of elder abuse.
	Creating awareness that incorporates defining abuse, older people's rights and where and how to get help would be a good start.
	Advertising, information, FREE service, public training.
	Public education.
	Education on social media and TV about what is subtle family abuse.

	Better public and professional awareness. Through social media campaigns and information sessions for volunteer and community services organisations.
	Educate the public how to look for older abuse in their workplaces.
	General Public information increased making it easy for reporting by retail outlets , volunteers once general public are more aware of why this is needed. Professionals e.g. RNs know their responsibilities.
	Awareness-raising and education among the population in general leading to enabling people to prepare for older age by becoming self-reliant financially and socially and knowledgeable about the nature of abuse and conditions that may lead to its occurrence.
Reporting and referrals	
	Clarity with reporting processes
	Clear reporting pathways for when abuse is identified.
	More referral pathways
	Obvious and clear referral pathways
	Encouraging older people to self report
	Mandatory reporting of abuse
	Clear pathways and management strategies to capture and report these abuses.
	Better reporting methods
	Confidentially to ensure no repercussions on reporter
	Encouraging victims to report with support for their concerns.
	A pathway for reporting and follow up action taken
	Make the elder abuse hotline more visible via advertising
	Reporting
	More awareness of the pathways to reporting of elder abuse
	More concise definitions of what constitutes abuse and exactly how and who it should be reported too both within work places and society in general. I currently know what to do if I witnessed it as part of my job but have no real idea if I were to witness it out side of work exactly how or to whom i should report it.

	Clearer and additional referral pathways. Provider being able to report suspected or known abuse rather than the older person having to report it. In most cases the older person will not report it because they are frightened of the repercussions.
	When we have concerns that a person is being abused, there should be someone that we can report this to that will investigate or at the very least make an enquiry with the person. We have spoken to agencies in the past who have told us that they can only act if the party phones them and reports it, but the party being abused won't admit that there is an issue.
	Widening the reporting process to enable services to report.
	This would include on how to respond and services you can contact.
	We need more education about what constitutes abuse and how and where to report it.
	More reporting.
	Reporting to Advocare or OPAN is always recommended but many times the family stop the perpetration to avoid detection or reporting then shift services. Provider report, but are not heard if the family or the individuals do not agree to proceed with any reports.
	Increased public awareness and clarity about where to report incidents and where to seek assistance.
	Standard online reporting system that feeds into a government based department.
	Pathway for older Australians to report abuse incidents.
	Improved education in relation to elder abuse and the opportunities and pathways to report concerns.
	Plus there needs to be more community education and knowledge and the Community need to know that they can report this if they suspect it is going on. At the moment I don't believe anyone can report it except for the actual person experiencing this....and that's NEVER going to happen!"
	Easier reporting mechanisms.
	Anonymous reporting.
	More training on recognising abuse of older people and then having a clear and logical pathway to follow to respond to that abuse.
	Victim support through public awareness and clear reporting mechanisms to improve reporting of offences and evidence gathering for prosecutions.
	More publicly available information and educational strategies. Clear information about where people can go to get information/report abuse. More awareness of such abuse by police and frontline health workers.

	Increased public knowledge about reporting and support pathways.
	Knowledge of reporting lines and referral lines for support.
	I have had someone disclose elder abuse to me and I was unsure of how to help her- this was very challenging.
	Good pathways for referreal and management of suspected abuse.
	Increased public awareness and advertising about abuse of older people and what people can do if they suspect abuse of an older person.
	Clearer reporting pathways would help too.
	Reporting procedures to enable older abuse.
	Education on reporting procedures, and making reporting easier/less restrictive.
	Increased means to report abuse.
	Clearer pathways to report and more publicised definitions.
	Making it easier for observers of abuse to report their concerns and then for follow-up to occur with the victim in a way that does not jeopardize the relationship of the victim and the perpetrator if the perpetrator is the only person the victim can call on.
	Clearer reporting guidelines, standardised assessments to report the abuse as often the paperwork on incident forms are excessive with over-complicated instructions that consume time. It needs to be a simple easy procedure that someone who may not be confident in English could understand and complete.
	Clear pathways to enable reporting of incidents to relevant authorities.
	For providers to be able to report effectively cases they suspect and have tools to deal with them efficiently.
	Mechanisms for reporting and dealing with cases once identified.
	Pathways to seek help.
	Outcome of reported abuse needs to be provided back to the reporter to ensure that the circle is all informed of the outcome.
	Mandatory reporting.
	Clear understanding of what constitutes Abuse of Older people, strategies, policies and procedures for reporting.
	Clearer avenues for accessing help.
	Mandatory reporting.
	The creation of uncomplicated processes to report and process reports of abuse.

	Better reporting avenues and access.
	Be confident to report incidences of abuse.
	Carers often feel obligation to watch this treatment and are unsure who they could report their concerns too. A home care provider is limited in its ability to provide economical support greater than the 12 hours per week allocated by the government.
	Easily accessible abuse of older persons reporting system in the workplace - for staff, family members AND the residents themselves.
	Clear referral pathways including ability to appropriately escalate rapid care for high risk situations.
	Reporting the abuse, a system that allows for this and follow up , welfare checks etc.
	More awareness of the issue internally and across the FDV sector, including the ability to refer and receive appropriate pathways for older persons to address their victimisation, including protection and greater perpetrator accountability.
	Clear reporting pathways.
	Mandated reporting and a clear authority that can investigate concerns - like child protection; legal solutions in civil law being highlighted and widely circulated to inform broader community of what can happen; media and use of language when older people abused, neglected etc - naming it up in all media outlets and having some standards on reporting on the issue; criminal convictions on people being assaulted over 60 years and raising profile of these cases - also charges of financial abuse to be played out as a deterrent.
	Mandatory reporting and a following up procedure if abuse is reported to the authorities by service providers. Too often abuse concerns are raised with the family and it goes no further that that for fear of ""upsetting"" the main care giver (aka the abuser).
	Mandatory reporting.
Resources, training and supervision for service providers	
	To provide screening tools for health professionals to use that may alert them to the risk of abuse being perpetrated, and to share that risk with others involved in the care, put strategies in place to prevent abuse and frequently review with the older person and the people involved in their care to ensure they are effective and the older person is safe.

Difficult to say but within Health, greater awareness of the signs and more tools much like there is for FDV screening.
Better trained nursing home staff.
Screening tool in older adult services, screening to be done after rapport built with client and without the spouse present.
Better screening tools.
Training.
More training.
More training.
More resources.
Removal of social barriers, review of current policies and introduction of new ethical standards, policies for a further person centered care in our residential structures and in organizations providing current assistance to elderly persons.
Constant training and performance reviews of staff working with our elderly.
Proper allocation of qualified staff resources to avoid stress and deficiency in the assistance provided.
Better screening tools.
Everyone recognizes physical and sexual abuse. Getting psychological abuse and financial abuse actioned on is almost impossible. The perpetrators are smart and it takes them many, many years in most instances to groom their victims. By the end the victims don't even recognize that it is occurring and will say they agreed to it when questioned.
The majority of care given to older people is done by workers with very minimal training (often a certificate 2 or 3 at best - 6 months or less training and often only 80 hours of clinical placement prior to commencing unsupervised work). The profession/s are not regulated and there is no requirement to demonstrate ongoing PD / currency. Often they are unsupervised and have minimal support. Particularly in the community. However, it is not much better in aged care facilities. Many don't even have an RN on all shifts. Often when they do have an RN they have minimal experience or their time is stretched to too many residents to adequately supervise what is going in behind closed doors (shower, manual handling etc). And this is just the tip of the iceberg!
Better training and monitoring of staff in care facilities.
Aware of improved, rapid, point of care screening tools to identify at risk or patients currently experiencing abuse.

	Improved awareness / education around duty of care and breaching confidentiality in high risk situations.
	More resources (financial/human).
	Better screening, identification of financial abuse and the signs around this when dealing with family violence, stealing and assaults.
	More oversight on care givers. I think that some aged care facilities, as they are run for profit, run on insufficient staff, which puts care givers under added or unrealistic pressure, which may lead to abuse. So while the care givers may sometimes be the perpetrators, it may not be their fault as such, they may be trying to do the best that they can while trying to meet unrealistic goals. So the care organisations as a whole need to be put under more scrutiny and held to account when they are effectively causing the issues in the name of profit. So more staff, trained appropriately and paid well enough to do their job is probably the best way to improve things.
	Training for agencies and volunteers.
	Standardised and validated screening tool for early identification.
	Increased sector awareness / knowledge and screening.
	Better screening/check in procedures with older persons.
	Screening tools.
	Staff being accountable to report and follow through when working with the families.
	I believe further training for carer staff is needed especially in aged care homes. Often they are blamed by society but burn-out is a real feeling within the home as most staff members have certificate IV in health which takes about 6 months to complete. There are no ongoing developmental workshops, inspirational speakers and daily check-in with these workers. They are treated as if they are another number by the professional health workers in the setting. This creates a very dull culture. The professional health staff members will boss these individuals around on a daily basis. The culture needs to change in the sense that everyone needs to be treated equally and a balance between health professionals equal to the carers who provide care assistance and support. It is always very un-organised and this leads to a very high turnover rate. Australian residential aged care needs to show that the care staff are valued and consider work to rest ratios also. I feel because of the high demand of the care staff the lack of appropriate work to rest ratio and the culture of health professionals contribute to a poor lack of care for residents unintentionally. If they were to foster a better working environment it would benefit everyone and create team cohesion. Sorry long answer but check out the first 1 minute of this video and how inviting it is, Australian needs to learn from the Japanese way of life in aged care.

	I believe that staff in care facilities need to have an overhaul in training that fully supports them in reporting other staff members, family or volunteers if they are a witness to an incident, or are told about an incident occurring prior. I also believe that staff need to be monitored, and an increase in staffing / patient ratio, as some abuse comes about from exhaustion and frustration from the staff.
	Screening tools can help with early intervention.
	Workplace policies and procedures to address this issu[e].
	Care giver training for relevant staff in aged care facilities.
	More safeguards in aged care centres - external audits, screening questions, CCTV systems installed and regularly reviewed externally.
	More education/training for local govt.
	Training for all staff working with aged people around rights and responsibilities.
	Qualified staff.
	Training for some Agencies around the way to approach and support the elder person.
	More awareness embedding within existing systems identifying and responding to violence, abuse and neglect.
	Sufficient training in identifying the signs of abuse and more advocacy services for older individuals so that they are provided support if abuse occurs.
	Specific training of staff.
	Training and education of staff in the aged care industry.
	Proper and clear organisation policies on abuse of the elderly.
	Staff do need better training on who they can speak to when such instances occur to assist them in further decision making.
	Mandatory educational training on abuse of older people for ALL STAFF IN AGED CARE - including domestic workers.
	Training, screening and clear pathways to support services.
	Giving aged care providers greater power to report abuse to Police.
	An increase in pathways to care would result in an increased presence of an informed workforce in the homes to detect abuse early. The current increase in Home Care should go a long way towards increasingly assessing people at risk.

	By having an independent carer ask each resident in a retirement home a set of questions regarding family, staff and public interaction relationship/treatments.
	More effective reporting and investigation procedures in age homes.
	Video monitoring.
	Aged care facilities to be rated on provision of dignified services for older people.
	Most abuse in our facility from dementia residents to others, it is usually verbal and sometime physical. Nore [More] staff to engage with dementia residents would see less outbursts of aggression/abuse. Staff to resident ratios are very poor in Aged Care Facilities.
Personal education & awareness for older people	
	Public relations campaign hi lighting the issue of contributing financial to your children's home or granny flat attached to their property.
	To empower older people to access support and help recognise when they are at risk of abuse or when abuse occurs. Through raising awareness with older person's peers they will look out for one another.
	Financial counselling that is free for older people to access to ensure they understand financial abuse and are supported in putting legal safeguards in place.
	Community awareness, older people's education in this space, easy to follow and identify reporting pathways, advocacy and support for older people.
	Although the client may be at risk, they are scared of the impact of reporting these incidents. There needs to be a way to empower them to try to stop the abuse.
	Education to the cohort of people who are most at risk of abuse.
	Increased training and awareness in community among elderly clients (make it compulsory for all Age Care recipients?)
	Older people need to understand what behaviour is encompassed by the definition of abuse and they need to be able to recognise if it is happening to them, rather than something that they just have to put up with. They need to know there is a safe place in which to discuss abuse and to seek a remedy for it if they think it is happening to them.
	The Older People's Peer Education Scheme by NSCLC and SCALES was highly successful. Something like this would be fantastic.

	I think older people need to become more aware of what constitutes abuse and then need more advocacy services in dealing with it.
	People don't understand their rights.
	Education of both the older persons, and the family group involved.
	Education of older people to recognise when they feel uncomfortable with how they are treated, reassurance that they can speak up, support to do so, appropriate responses when they do.
	Awareness, advertising campaigns both on social media and TV, directed at everyone, including Older People so they can recognise if they are being abused. It would alert people to what is and isn't appropriate, if they are unsure. It is important that the 'actors' in the campaign aren't your traditionally 'old people', as abuse can occur when people are elderly, but still physically active and participants in the community, not just people who are house bound.
	Education and awareness to older people.
	Professional guidance regarding rights relating to financial and social issues well before individuals are in a vulnerable position.
	Targeted and general counselling of the elderly through contact with government and non-government agencies to promote aware of what behaviours constitute elder abuse.
	Providing education programs/workshops to help empower older people so they know how to identify abuse and how to respond to it, without fear of repercussion e.g. often older people will not report abuse as they are afraid of the abuser no longer providing care or perhaps afraid of becoming homeless or ending up in a nursing home.
	Greater understanding for older Australians.
	Easy to access advice for finance/other matters.
	More education/funding for our elders/older people to be aware of issues and the fact that they don't have to put up with abuse.
	Education of older people, especially on emerging technology to prevent financial abuse, and on the standards which they are entitled to live in/be treated by care homes/carers/family (to prevent physical abuse/neglect).
	More information given to the older community on what their rights are.

	Some kind of TV ad campaign 'It's Not Okay' - with examples of what elder abuse can look like. I think many of the elderly people I've spoken to shy away at the thought that the thing their unhappy about could be so serious to be called 'abuse' - especially if they're not being hit or raped. For eg pressure to sign anything, encouragement that doing X thing will benefit them and not taking 'no' for an answer (friendly, pressure, persistent, coming back to it over and over, wearing them down, guilt trips, gas lighting), moving them out of their house, 'inheritance impatience', access to their finances without very good cause, missing money and anger or refusal to discuss it/blaming the elderly person for spending it and forgetting and shutting down investigations, changing or installing locks on the home, preventing from leaving or going or seeing or talking to people etc.
	Comprehensive and easy to understand educational programs for older people, their families and carers.
	Older peoples understanding of what constitutes abuse - providing them confidence to report/disclose.
	Education and awareness for older persons of the assistance available to them, and what constitutes abuse. Many of them may not even understand that what their family/friends are doing to them is classified as abuse.
	Education at the time of ACAT and RAS.
	Educatio.n
	Communication to the elderly to help them to understand how to get help if it ever happens to them.
	We need to educate our elders about elder abuse.
	Empowerment Strategies.
	Informing and encouraging older people to share their stories, to seek assistance and to ask for help - especially to protect them from the perpetrator/s.
	A simple banking system that is secure and easy to understand for older people.
	Education in a format suitable to the Senior population. Easy, prompt responses and action to resolve.
	Specialised education for older communities themselves (targeting services like seniors, centres, aged care facilities, retirement villages etc.)
	Training of older people about their rights.
	More advertising aimed at older Australians so they feel comfortable to speak out.
	Increased information provided to older people to make them aware of what is not acceptable and where to find support/advice/assistance.
	Knowing there is support available if they need to remove themselves from the situation if required.

	Placing the older person at the center of their issues.
	Educate old people to report abuse incidents.
	Education of older Western Australians.
	More empowerment for people experiencing elder abuse. Feeling safe to divulge.
	More open and simple information regarding what elder abuse is for people experiencing abuse.
	Online education for older people.
	More education, training. Support for abused.
	Older people being given a voice to enable them to state their concerns.
	Education and support for older people.
Service provision and service design	
	Services providing assistance advocating for the older person to take action - sometimes services put older people off by the way they explain that they will need to report to police or take legal action against their loved one. In future generations this may not be such a big issue but for our current older people it is quite often against their personal principles to dob in a family member - they are quite often prepared to suffer the pain rather than expose that they are being abused by a family member. I think a stronger rights for the abused perspective needs to be taken.
	Strict and more regular overseeing by management.
	More accountability of regulatory bodies.
	Building Partnerships with organisations that engage with Elders to identify the abuse in early stages and to discuss options with other service givers.
	Giving aged care providers greater power to report abuse to Police.
	Support services for older adults experiencing abuse.
	Doctors and other helpers able to give the time and interest with good open questions.
	Always be aware of what is going on in people's home.
	Have services and advocates in the community that can support and respond to the abuse.
	Services available to older people for support.
	Having more than one caregiver for those with dementia or other mental disabilities.
	Increased police participation as a deterrent to would be thieves.

	Awareness and additional advocates for vulnerable individuals.
	Specialised legal support.
	Greater services/resources.
	A better state system for regulating nursing homes and the care provided.
	Better/more support agencies/social workers for older people experiencing abuse.
	People who have seen or suspect abuse need a safe place to discuss what they have seen or suspect and to know that it will be followed up in a timely and appropriate manner.
	Affordable services and alternatives if their current arrangement is abusive.
	Prioritization of older peoples and support for them in multiple facets.
	Agencies receiving reports need to be trained on what their options are.
	If there were dedicated Services to assist people to stay in their own homes- not the measly amount of support offered now.
	Systematic engagement and screening of older Australians.
	Having somewhere confidential that older people feel safe in going to, whether it be a phone call or a centre. Somewhere where they feel they would be supported and things followed up. Access to trained people in the field, but at the initial stages it could just be having reporting steps in place at the first port of call for them.
	The primary service Advocare seems to be a 'toothless tiger'.
	Addressing the carer issue/ providing more supports in the home to reduce stress on carers.
	Ensure that the older Australians have a suitable carer.
	Better support services for older people.
	Increased support for people living in communities with cognitive impairments.
	Person centered care, maintaining quality of life, health promotion and promotion of advocate structures to assist, support our aging population, via policies and more strict laws and regulations.
	Ability to triage and fast track incidents.
	Power to increase service provision on basis of vulnerability (as needed) - priority due to risk to safety.
	Increased community access and provision of services which increase interaction with all age groups.
	More support services available to the older community.
	More financial assistance to the older community to assist them in being more independent.

	Streamlined suite of service availability to address the range of legal and psycho social issues arising.
	More easily accessible support services in general for older people and their families / caregivers, so that people are already connected to workers who could identify abuse or have abused reported to them, and also reduce the stresses that may contribute to underlying causes of abuse.
	A forum or panel or aged care helpline which provides prompt action or advice providing the ability for anyone to report concerns for an aged care client or loved one or acquaintance.
	Free and expanding legal services for older WA people.
	Easier navigation of supports for people to understand their rights and where to get support for issues.
	Clear avenues for victims to gain local assistance - that do not necessarily involve needing legal proceedings.
	There are many forms of abuse and Advocare can only do so much.
	A dedicated tribunal to reach findings about if/when/how elder abuse happens, which could then be used to seek remedies without having to make formal Court applications / report to police / obtain orders. A non-punitive forum for addressing these issues might make older people more comfortable with taking steps to protect themselves and their assets.
	An agency that has legal and supports to advocate and really make a difference, there is enough lip service. they need protecting.
	Easier and more expedient access to services and greater publicity of these services.
	Access to Support sessions with qualified organisations.
Legal reponses - investigation and prosecution	
	Prosecuting cases of abuse.
	Abuse of older people needs to be seen like any other form of family or domestic violence - it is not on! We need to take the separation of it as a separate issue away. Older people are vulnerable to abuse due to both primary and secondary ageing but it is not any different principles that lead to the abuse so why do we separate it as an issue.
	Police should be advised ASAP of any abuse.
	Funding organisations to advocate, investigate and act to protect the victims.
	It being recognised and promoted as being part of domestic and family violence.
	Legalise and criminalise the abuse of older persons as in US and some areas of Europe.

	Better supports to protect them from the perpetrators (often family members).
	Lower the threshold for managing misconduct in the public sector to manage cases when allegations are made. the current level of evidence required often leads to an inability to substantiate claims particularly of physical abuse.
	More acceptance of information supplied by elderly, at present disregarded because of senility issues. All elderly are not necessarily mentally slow, though bodies may be. They tend not to be a nuisance.
	Legal assistance to bring perpetrators to justice.
	Making it easier to report incidents and harsher penalties when abuse is proven.
	Have a government agency hold a statutory power to investigate such as child protection.
	MY BIG ONE - Introduce similar legislation to the US where anyone who misappropriates or steals from someone cannot inherit from their estate, similar to the slayer laws disallowing someone to inherit from someone they have murdered. I believe this would be a huge deterrent to family members who are impatient to inherit which is where the large proportion of financial abuse occurs in my experience.
	Criminal charges being an outcome for any investigation of physical, psychological, financial or sexual abuse of an older person.
	A better legal framework for prosecuting perpetrators especially family members.
	consequences, consequences, consequences.
	Legislative intervention - specifically, codifying the presumption of undue influence and reversing the onus of proof in cases where significant assets are transferred by the older person for little or no consideration. In those cases, the beneficiary ought to be required to prove (at least) that the older person (a) had capacity, and (b) obtained independent legal advice prior to the transfer.
	Perpetrator accountability.
	Perpetrators being appropriately punished by Courts to send a clear public message.
	People in positions of trust no committing offences.
	Stronger perpetrator accountability outcomes.
	Stronger legal ramifications for offenders.
	Clearly defined what is an older person so enforcement is possible.
	Stronger penalties for perpetrators.

	Referral or assistance offered to the victim via victim support for the older person from the court system following a criminal offence involving the abuse of an older person.
	More police patrols in areas that the older people live in.
	More harsh punishments for the intruders that abuse our older people.
	Stiffer penalties for the abuser.
	Prompt investigation of reports of abuse.
	Assessment of so called carers re Centrelink as often they are abusive family members.
	Police becoming involved.
	Publicise convicted perpetrators.
	Laws.
	Police able to act and the courts to follow through with penalties.
	Investigative powers.
	So difficult when the perpetrator is a trusted carer/family member. Even identifying a problem is difficult.
	We need laws to protect older Australians a jail time offence.
	Strong punishments for perpetrators.
	Harsh penalties /more education for those charged with abuse of older Australians.
	Special elder abuse unit with the Police.
	Perpetrator responses
	Outcomes for abusers.
Rights and Advocacy	
	Models of service that embed human rights perspective rather than disease model of ageing,
	Increase advocacy services and powers.
	More advocacy services.
	Advocacy in the community, home support and age care facilities.
	Empowering older people and promoting the rights of older people, including people with cognitive impairments to make decisions for themselves.

	Ageism - changing the negative narrative.
	More collaboration with FDV sector.
	Legislative changes.
	Treating abuse towards the older person in a similar way to current domestic violence - refuges and other forms of protection.
	Addressing ageism.
	Clarity of adequate advocacy support.
	Education - Human Rights.
	Media Awareness - Human Rights.
	Advocacy - Human Rights.
	Protection from corporates abuse via the lifestyle, age care facilities charges leaving them not able to sustain basic living standards let alone enjoy social activities.
	Remove older people from vulnerable situations.by providing supported housing where a safe space can be provided ie. secure housing center [centre] that has restricted access from abusers. Some level of financial management. Limit amount of money a person can carry in cash (with agreement from older person.
	Free advocacy for older people (both in terms of reporting and going through the legalities but also in dealing with repurcussions [repercussions] of reporting - loss of housing, councelling [counselling] etc).
	More services entering homes, Villages, etc to have 'eyes' on the problem, less money based activities by agencies and more provision of counselling, group work and other supports.
	General awareness, make the issues transparent to more parties, proper advocacy and early interference.
	Respect for rights even though risk factors are present.
	Trusted financial assistance available on a weekly basis to ensure food, power and clothing.
	More support and advocacy, with less empty promises and reassurance that something will be done.
	Involve Financial Counsellors as part of ACAT assessments and as part of at home care packages. An annual visit from a financial counsellor for older people might identify red flags and deter perpetrators.
	More organisations accountable.
	Better security.
	More Advocacy.

	Do not remove their access to money, such as removing ATMs from a small community.
	Older Adult Safeguarding - Accountability for safety of older adults who may be vulnerable to abuse due to reasons of dependency on others for reasons of health, physical frailty and the requirement for service provision that limits there ability to access information and support independently.
	Older people need to have mechanisms in place that are easily accessible and easy to follow in order to know who and how to report abuse through organisation they can trust. Where they do not have capacity to do this themselves, care workers require mandatory training in order to recognise and escalate suspected abuse. This training should be undertaken annually and should be a prerequisite for employment in the sector.
	Policies.
	Listening more.
	Training about appropriate management strategies to assist in legal situations that present particularly when the work role involves dealing with and assisting perpetrators.
	Access and oversight of legal practitioners in care homes.
	Financial and legal support to assist the old person to stay independent as much as possible and to be able to express themselves, their opinions, feelings and needs, being in control of one's life, maintaining active and alert, living in a clean, safe and comfortable environment, that can be their home or a residential structure; reinforce their abilities, without barriers and intervention and manipulation of other people). Creation of a specific and reliable legal, social and health support network structures.
Funding and resources	
	Financial help for disadvantaged older people.
	More funding.
	Affordable living.
	Increased funding to include broader assessment process that allows for better identification of at risk individuals.
	Increase in the allocation of funds for research in health, social care and health care and investing constantly in education of staff, health care workers, volunteers and medical practitioners.
	Funds.
	More funding for pro bono / community-based legal services which are accessible to all within the community.

	More funding and official bodies to help deal with this issues especially as we have an aging population.
	Increased awareness and better funding by state bodies.
	More funding for counselling and groups.
	More funded advocacy services.
	Increased Service Providers and Government Funding.
	Reducing the reliance on private companies or voluntary organisations to provide support to older people suffering abuse and increasing funding and staffing to government led support and responses.
	More resources.
	Possibly an option for the elderly who receive Centrelink is to have an option to select food vouchers, rental vouchers, synergy vouchers that are prepaid for them prior to receiving their money.
	Increased staffing levels.
	Older people in the community should be entitled to free devices to help keep them safe.
	Stronger allocation of funding and resources that are available across the community, metro. regional and remote.
	Better funding for front line services.
	Increased funding and duration of funding to service sector/ community legal centres for legal advice, advocacy support and community education services.
	Allocate more government resources to findings from the Royal Commission.
	Expressing concern to the Office of Public Advocate is an option but investigations can take up to 6 months to commence, many older people may well be dead by then.
	A great deal more training of workers in all aspects of abuse and awareness of the mandatory requirements needing to be followed. This all requires increased funding in the Aged Care Sector even after the recommendations of the Royal Commission have been handed down. Aged Care requires a huge injection of funding still. My concern is that these recommendations will go the same way as many other Royal Commissions and be the proverbial 'straw man.'
	Increase funding for appropriate services.
	My Aged Care Packages to increase and faster timeframe for services. Vulnerable older people reliant on unpaid carers.
	Proper funding for My aged care. This inept system requires vulnerable elders to be dependent on abusers or in constant risk situation.

	Increased funding in this area - More training for all staff and families.
Professional education and awareness	
	Training for bank staff, post office staff and other government employees who may observe abuse but not know what to do about it.
	Stronger legal and financial recognition of abuse of older people and greater awareness of the abusive effects of ageist practices within government (particularly health) and non-government (particularly business and community) organisations.
	Continue to train health professionals on how to recognise older person abuse using stories and real life data, how to report abuse, support agencies available and how to participate in putting strategies in place to ensure safety and prevention of abuse.
	More training of staff in this sector also in independent living accommodation situations such as retirement villages.
	Education to the stakeholders who are most likely to see/identify.
	More awareness, advertised, education to staff.
	Training of GP's and other health professionals, particularly home care support workers, and also bank staff being trained to identify unusual patterns or financial transactions (unusual to the older person's normal transactions).
	More training.
	Training specific to support services to enable recognising and responding to abuse of older people.
	More training/education.
	Education and training for people who are going to identify these needs.
	More government participation and information in defining what older abuse is.
	Qualifications such as nursing and caring to implement abuse of older persons learning into their degree/certificate.
	Optimise staff education/training.
	GP training for identification/screening; older adults feel more comfortable disclosing to GP rather than health professionals they do not have a rapport with.
	More education in workplaces, more resources to improve and increase community services that can assist. A dept for elder abuse would be great (similar to Child Protection).
	Better education to health care workers and community re: abuse of older people including in the context of FDV.

	Better education around appointing someone with POA/ EPA or EPG.Way of registering these documents. Better ways of knowing that client completed above paperwork whilst fully understanding what they were signing.
	Proper training for people working with our Elders to recognise and act on Elder Abuse.
	Better public awareness, specific training of Carers or those working / volunteering in the Aged Care sector.
	Educate those of us who see people in their homes, care homes etc every day. It's amazing what we see but can do little about.
	Having GP's collect data and report as part of medical support to older community members - if GP's could incorporate questioning as part of constant support to their patients, they would raise the awareness and then likely identify issues which could be referred (although patient confidentiality might be an issue here).
Respect and inclusion to reduce ageism and abuse	
	More respect.
	Better training for all aged care workers in respecting clients.
	Respect and celebration of older adults-general community & particularly younger generations.
	Respect for knowledge born by time and experience.
	Public education to tackle ageism and foster inclusivity and deep respect for older persons.
	To enlist our aged population to support our towns and cities- child-care, schools, governments, businesses etc- otherwise all their life experience and the teaching they can offer us all will be lost.
	Respect and celebration of what elderly people are able contribute to society and pathways for them to continue to contribute - e.g. adequate transport, care in the community and in care homes and activities in the community that are meaningful and productive (using their, wisdom, skills and knowledge). These need to be evidence based and family centred.
	So life is purposeful and socially interactive.
	There is a lot of research and evidence for integrative communities and neighbourhoods with a range of families at different stages of life instead of segregation and institutionalisation.
	Change in societal attitudes towards older people within a 'western culture' - seeing older people as valued, with wisdom, experience and much to contribute as opposed to a financial and social burden.
	Greater community contact and support.

	More socially inclusive initiatives; more opportunities for intergenerational experiences; better supports for care at home.
	Increasing opportunities for older people to connect with the community e.g. more social groups for older people etc.
	More social inclusion.
	Intergenerational opportunities from early school years - reduce social stigma, promote respect between age groups.
	Also need to teach young children about careering elders is our main responsibility.
	Cultural change is needed. Negative stereotypes of older people and older people not valued by our society.
	Community leaders reminding all to respect others.
	Improving WA society's view of older people.
	Respect for older people in the Australian community.
	Honouring the wealth of knowledge older people possess with more inter-generational engagements.
	Educate the younger generation to respect their elders.
Legal responses - Future planning, Powers of Attorney and Guardianship	
	Having better training in the non-medical industries about what rights a power of attorney or guardianship actually gives - I have seen far too many cases of a person with an EPG being permitted to make financial decisions for a person who is not even deemed incapable.
	Power of attorney being put in place.
	Compulsory independent legal advice before parties sign an EPA or EPAs.
	National Register for EPA and EPG.
	Reform to Enduring Power of Attorneys, greater community education to older persons.
	Make a national register for Enduring Power of Attorneys.
	Make a legislated Will Bank for Wills to be registered and recognised.
	Provide community education courses on how to be a donee and an executor or administrator of an estate with practical tips not just overarching ideals.

	Better processes in changing or making POA / EG documents. Better education for GP's, specialists and solicitors in making these documents.
	Better accountability with management of money by the POA assigned. They should not be allowed to coerce their victims into ""gifting"" or ""loaning"" them large amounts of money. The gerontologist should not have the perpetrator in the room when questioning their victims. Solicitors should not have the perpetrator in the room when drafting up POA / EG documents.
	Establishment of a National register for enduring power of attorney and guardianship, enabling independent review / monitoring of donees?
	Tightening up in the banking sector when EPA/ POA's are appointed. There needs to be more checks and balances to ensure that financial abuse is easily reportable and make it harder to access financial assets.
	More general population information is required plus, measures to ensure families/carers are aware of expectations within EPA/Guardianships as most of our cases involve misuse of POA's.
	Residential homes must also be accountable if they believe EPA's are being misused and not align with abusers for fears of complaints.
	Donee of EPA/Administrator - Independent third party (professional) appointed with family/ person, especially when single or the survivor of couple. More likely to be abused if alone.
	Financial Advisor advocacy service for all elderly people, not matter what wealth they have. Note: Wealthier clients continue to see Financial Planners in Retirement Vs Centrelink OAP tend to see no one; they have no help with paying daily living bills/needs. Once a person is single & no longer has to file an Income Tax Return, they fall off the radar. These people can be asset rich, income poor/exempt income and at risk of being manipulated by carers, cleaners, gardners, neighbours, friends etc.
	Wills - mandatory safe custody of document.
	Restrict access to publicly available financial information Eg: Landgate records showing what property a person owns; has their spouse died; when purchased; how much paid; who & contact details of Donee of EPA.
	Register of Enduring Power of Guardianship & Attorney documents - for medical professionals to independently access. This will help Doctors know who to liaise with for medical/life style & financial decisions etc. I've seen a case where the Doctor listened to an interested third party, who withheld information about who the appointed EPG was. The EPG would have taken all steps to maintain quality of life, whereas the third party influenced the Doctor; and did nothing proactive to extend life. The person, who died, had been in hospital for about a week. The medical & nursing staff were mislead to understand that the patient had no family or close friends. This was wrong. I believe

	this happened because the third party knew they were a major benefactor of the patients' estate worth several million dollars. The patient died with cousins and close family friends unaware they were in hospital.
	We use the public guardian system and this is good, but can take an extended period to get a court hearing.
	Compulsory independent legal advice before any amount of money larger than $x is transferred to children
Addressing barriers to reporting abuse	
	People feeling comfortable to report what they witness.
	The onus of reporting abuse of older Western Australians need to be taken solely away from the victim of abuse. A victim of abuse will more often than not want to report their abuser for fear of retribution or will not want to get the abuser into trouble. I have encountered this situation many times whereby the older person will not take the matter further for fear of the repercussions to them. If, an outside party, such as their care provider was able to make a report of abuse, it may result in the community being aware that someone other than victim can report abuse and prevent further abuse.
	Reports of concern are often from friends, family members, neighbours. The older person needs to be the client. This is often a barrier due to reluctance of older person to take action - fear, family ties and responsibilities; capacity - dementia, health issues.
	Those being abused may fear reprisal from the abuser so remain silent.
	Many older people are so grateful for the care they are willing to tolerate abuse.
	Not sure what the answer is. I have heard of a son who was taking drugs and living with his elderly mother forcing her to hand over her Centrelink payments to him each fortnight so he could buy drugs leaving her with nothing to spend on food/pet food or bills. She was too frightened to report him for fear of being physically abused and instead went without food and asked her neighbours for a little food for her and her dog. Many elderly are forced to hand over their money to family members each pay day.
	The elderly are too scared to self report any abuse by family members for fear of getting them into trouble or jail or whatever and the repercussions that they themselves will experience. There is NO way an abused person is going to ring up the ""Elder Abuse"" hotline themselves and report any abuse. There simply needs to be an anonymous reporting system like ""Crime Stoppers"" or a ""Mandatory Reporting System"" like for sexual abuse.

	Older people rely on carers and family members and fear that if they report abuse this care will be taken away and they will have to fend for themselves, or taken out of their home and placed in residential care. They do not want to cause trouble within the family. Advertising and distribution of mailouts may assist by know what is available and that their phone call will be taken seriously.
	More support for the individual. Currently older people are reluctant to disclose due to a number of reasons including: Concerns about accommodation, embarrassment, loneliness, options available, family relationships.
	A better system to work with people who suffer abuse. People who are in this unfortunate situation are actually scared to open up and do something about, no matter what ag
	Providing people with strategies and mechanisms to report abuse, especially when the perpetrator is a close family friend or family member. Most abuse is unreported because the abuser may be the only person the victim can rely on in their older age.
	Ensuring that the older members of our community feel confident, safe and protected to report incidences of abuse, with clearer information provided to them on advocates who can assist in this area. They will often not want to let family know, and often pride stands in the way of allowing them to gain the assistance they require.
	It's a hard one as I imagine that there is a lot of shame and embarrassment for older people regarding this. It's a sensitive topic to discuss with client's especially when other family members may be involved.
	Encourage - Encourage old people to report their abuse. Old people don't report abuse against themselves due to the perpetrator is a young family member.
	I personally have spoken with older people that are caught up in this abuse, they will not go to the Police to report the incident. They will not dob in their relatives. They will just put with the abuse. Police cannot do anything without a complainant. It becomes a vicious cycle.
	Especially required for those aged persons living at home. families have reasons they want mum or dad to stay at home and it may not always be in the best interest of the client. it may take 20 falls before family accept mum needs a nursing home placement due to her multiple health conditions. They want mum to stay in the family home so they don't have to sell it.
	Empowering older or vulnerable people to speak up if they witness or are victims of abuse. As with domestic violence some older people fear reprisals or excuse perpetrators.
Case management	

	A case management service that can work alongside the person to inform, empower and protect the older person.
	Better system of assessment and placement of carers in older people living in some cases alone.
	More resources such as specially trained social workers to support those experiencing abuse with enough staff to have an effective case management workload.
	Case managers need to be assigned to help navigate an often murky pathway to the help that's needed.
	Ensure that the older Australians home are suitable and not allow them to just live with their families. Families are the major cause of Abuse of older Australians. An assessment needs to be conducted and the elderly person interviewed separately.
	Ensure the carer that the elderly person will be monitored regularly, so that if abuse occurs, they can be sorted immediately.
	Recipients of carer payment and people with disability to be screened annually.
	Better coordination of services through Home Care providers.
	A system that regularly communicates (whether by home visits, phone, or through a health service such as a GP) with the older person, keeping track and documenting evidence of abuse or neglect. An advocate or service available to provide immediate and relevant safety planning and case management.
	Checks of older people with recognized guardians rather than relying on formal complaint processes, especially for immobile and non-verbal persons.
	Checks and balances for older persons in the care of family members.
	Recognition that older people suffer and have options for them to be able to leave the situation and be cared for as they should.
	More compulsory screening of elderly people - via GPs and Centrelink.
	Processes for medical/care staff to recognize when a person requires complete care so that formal processes can identify guardians/administrators rather than allowing informal care to continue.
	Simplify service provision and reporting procedures and provide case workers for people who are reticent about reporting abuse because of potential time and bureaucratic barriers.
	Working with the whole system (eg. family/legal/health) to support older person to safely navigate and establish solutions in their best interest while maintaining connection with their support structures.
	Better powers that allow for the government to take legal action in a timely manner. E.g SAT hearings fast tracked.

Family and carers' education and awareness	
	Training workshops for carers and family
	To increase awareness of family members/carers of older people as to what abuse may be, as family may not recognise when they may themselves be at risk or unintentionally not be upholding the rights of the older person they care for.
	Support primary care givers and reduce stress levels of those with carer responsibilities.
	I have family members who think that they are doing the right thing by their loved one, when actually they are taking away the loved one's dignity of risk, their right to socialise and make decisions, provided that there is not a significant cognitive deficit. I observe these situations regularly.
	A better understanding of the problem and what to do about it by the people it is obvious too.
	If people valued and looked after their own older people properly and didn't put them into care so quickly- model- Japanese people.
	More education and support to older people and their carers - however carers are perpetrators as well so more education and checks completed by external agencies.
	Public campaign to targeted at different types of perpetrators and acknowledging the complexities- with clear directions for carers about where to seek help.
	Education, Awareness to the public and agencies and transparency of information sharing.
	Educate to recognize and to dissuade 'entitlement' abuse by relatives/friends or carers.
	Increased education to staff, volunteers, familiess [families]and representatives.
	Increasing knowledge among families and unpaid carers who may not have had training in this area.
	Improved education and help for families.
	Education for families.
	Perpetrators of abuse need to be educated about their behaviours not necessarily penalised. occasionally they just don't understand that what they are doing is abusive.
	Educating potential perpetrators that there are consequences/laws for their behaviours toward older Western Australians.
Regional, rural and remote WA	

	There needs to be in-person services offered in the regions. Older people I've worked with have simply not been comfortable in talking about personal matters with someone on the phone in Perth that they will never actually meet.
	Greater access to social workers across the region.
	I have tried to refer older people for assistance but from what I have experienced it is very difficult to get help/non-existent, particularly in regional areas.
	More community involvement.
	More policing in the rural and remote areas.
	More services being supported in the Rural and remote areas.
	Increased resources /remote and rural.
	More investment in resources for on the ground active/local face to face response and support. Inadequate for SW to only receive helicopter support/advice/consultancy - This client group requires face to face and responsive flexible supports.
	Increased social work/advocacy in the rural areas to assist those in need.
	Employment - Employ locally, limited work positions in the area, which are normally taken up by persons from out of town.
	More Education in the rural and remote communities. Making banks accountable for allowing family to change pass words and internet banking has cause a big increase in financial abuse in the rural and remote communities. The older person can not do this but the banks are closed so having to remember information to access their bank details is hard if they have the equipment other than a phone. They share with family with good faith to assist them then the family cross the line and take from the bank. I think making people stand outside in a queue to do their banking in the heat of the Northwest, because the bank is only open 2 -4 hours is a form of Elder abuse, in these towns.
Targetting social isolation	
	Have older people connected and visible in the community.
	Working with persons who are older to build resilience, social supports to reduce isolation.
	To include older people in work, community, family and political matters.

	More support services available for older people creating greater visibility in the community and less potential strain on family members who may be undertaking caring and support roles. Less chance of individuals being isolated and falling through the cracks.
	Reducing social isolation, getting them involved.
	Decrease social isolation to increase independence.
	Loneliness - lack of family or friends to support the client increases poor health outcomes. Setting up homecare for 12 hours a week does not equal the 168 hours in a week -12 that the client is alone.
	Older Australians participating in group social support are empowered by Support Workers to speak out confidentially and referrals then can be placed to advocacy. GSS reduces isolation and connects people to people for positive outcomes.
	Alot of the time abuse is caused by family members resulting in said abused elders not reporting as they are fearful of isolation/losing their loved one; they need to be provided with a stronger support system external to family so that if they are having to migrate away from their loved ones due to abuse, total isolation doesn't occur.
	Increased focus on addressing social isolation of older persons.
Centralised/coordinated reporting and case management model	
	Specialist multidisciplinary team to deal with complex matters.
	Every issue in Aged Care relates to the systemic "bandaid" approach from the legislature. When the State was systemically involved there was a much more timely response between the application for needs and the activation of direct services being introduced according to the older Australians' needs. There is a greater disconnect when all assessment/review/action is in the hands of one commonwealth entity.
	Agencies - Agencies should have a reporting system when dealing with abuse of older people. This system should be linked to all agencies within a community that deals with old people. Inter Agency Meetings should be held monthly within communities to sort out the abuse. Any young person that commits these offences should be brought before the courts.
	Local and recognized one stop hubs located in the community who offer support to seniors living in the community, staffed by qualified social workers/psychologists/legal and financial advice support and representation. These teams could be co - located within a community services or with another agency offering support to seniors.

	An external agency similar to CPFS for children to assist not advo care. if it is mandatory to make a referral for all kinds of abuse to this agency and if the agency have clear pathways to support, it may help. Workers screened more efficiently.
	There is not enough legislative support for vulnerable elders. There is no lead agency (with any teeth).
	Central reporting and investigation unit.
	A single organisation that abuse of older people can be reported to and followed up.
	Dedicated organisation to investigate and support older adults suspected of abuse.
	There is scope for and a lack of specific counselling/support organisations that are able to respond or investigate the safety of older people in general. The provision of counselling/support for older people both in the community and in the residential setting would be able to recognise and identify if abuse is occurring. This may lead to increased reporting and therefore a possible reduction of abuse in the age group. This type of organisation could be accessed by referral: professional, self or family, aged care worker or other person who has information related to unfair treatment or abuse of human rights. There also needs to be more advertising on all forms of media and a more clear pathway to reporting of abuse. There also needs to be some capacity for abuse of people with cognitive impairment to be recognised. Dialogue in the industry and other related areas should be open and transparent, similar to FDV. I believe that violence is violence and abuse is abuse regardless of the whom the victim is.
Culturally and linguistically diverse older people	
	Community awareness programmes in several languages.
	Increasing cultural awareness training.
	Victims are often very reluctant to report members of their own family out of shame or fear of consequences, especially when it's their own children or there is a specific cultural stigma (esp ATSI or CaLD).
	Development of best practice models/resources for CaLD and ATSI clients.
	Availability of supporting resources in print or via technology in CaLD languages.
	Educate in culturally acceptable social behaviors towards others
	Better use of interpreters for older people where English is not their first language.

Research and definitions	
	Better understanding of the abuse of older people - data collection, reporting.
	Greater understanding of factors that affect a person's sense of enablement.
	Defining areas of abuse e.g. financial, physiological, neglect etc.
	Anonymous survey in WA aged care asking our older persons re. abuse or perceived abuse and then highlighting the results to public.
	Much of the abuse is so well imbedded in practice that culture accepts it as normalised.
	I also believe calling it elder abuse is good because Indigenous Australians respect their Elders. This highlights their worth in our communities, Indigenous or not.
	More government awareness.
Family support and carer stress	
	Improving respite options for carers who are experiencing carer stress i.e., the new 'Carer Gateway' organisation is not working! Carers need respite. Counselling about increasing self-care is nice, but not always sufficient. When a carer gets to a point that they contact 'Carer Gateway' for respite it is usually because they are in crisis and in need of a break. And if they don't receive a break, this can inadvertently increase the likely hood of abuse toward the older person.
	Respite or independent day programs for older persons to attend, creating a break for family members and access to support for older persons in need.
	Increasing carer support.
	Additional supports for carers (carer stress.
	Increased support for family care providers.
	Better support for older people & carers.
	If it's unintentional neglect, maybe more support for carers would help. I don't really know, sorry.
Responses to address root causes for perpetrators	
	Reduction of AOD use.

	Reduction of gambling.
	Provide more assistance to those perpetrating, i.e. more drug and alcohol counselling, increase Centrelink payments. Find more jobs for people.
	Clear, non-criminal remedies.
	Eradicating Cycle of abuse from an early age, Support for families with aggressive influences to nip aggressive response before it can be ingrained in younger generation as it eventually carries through to adult hood.
Communication between staff and families	
	Open disclosure and open communication.
	Transparency between family members and service providers.
	Openness and Transparency among management teams, floor staff, visitors and residents on the topic of abuse of older people - this will enable conversations about prevention, trustworthiness and advocacy within the organisation.
	Family involvement; more knowledge of the role of advocacy and more support when family members are in the role of advocating for the older persons.
Structural factors that increase vulnerability	
	Addressing structural factors such as poverty, disadvantage, housing issues when persons are young to prevent vulnerabilities when older.
	Going to the police is not likely to be productive.
	Homelessness.
	Providers are unable to take action themselves and the new SIR is only interested in worker abuse not family!
Digital citizenship and access to services	
	Even calling through a Callcentre is difficult and not user friendly. Companies and Government Departments should have designated phone lines for older people and this should be #1 on the list not #6 or #7.
	Being told that it is "on the Website" or "do it online" is in itself being disrespectful of older people. Just because they did not grow up with this technology does not mean that they are stupid, they have a different way of doing things. Too often computer training courses are taught by younger people who have no patience with older people and take over. More training in how adults learn would be an advantage.
	Older people believe they do not have the IT skills to navigate complex areas and have to rely on younger people who then have access to all their personal information.

Aboriginal older people	
	Greater access to Family Domestic Violence supports across the region that offer face to face services for Aboriginal and Torres Strait Islander people.
	Also have heard of the elderly aboriginal people having many extended family come to stay with them long term and not contribute towards any money for food or rent so the elderly person ends up using all their pension money to buy and supply food for all those uninvited guests staying with them. Culturally it is almost impossible for an aboriginal person to say 'no' to anyone about anything so they are often taken advantage of.
	Elder abuse in remote Aboriginal communities, where we work, is a consequence of historical and ongoing cultural disruption, poverty, welfare dependence, and limited opportunities for education, employment and purpose. Until these drivers are meaningfully addressed, and our communities transformed into places of hope and opportunity, elder abuse will remain an ongoing problem. Service responses are important to help people in the here and now, but they will not solve the problem or reduce abuse.
Examples of abuse	
	When a son says don't treat mums' dental abscess (which is causing pain), because she is old and won't be around much longer.
	When a neice [niece] says can't you just make sure aunty dies soon because we are flying overseas this week and we could get all the financial affairs in order before we leave.
	When daughters come to the nursing home and take the TV from their mother's room and get in the care without organizing any funeral.
Mental wellbeing assessment and care	
	A "mini mental" assessment as a stand-alone assessment on mental acuity by GPs with no further references or use of other screening tools is ridiculous, but widely practiced. Secondly there should be more than one done on different days and times of the day. With reference to dementia capacity can vary drastically with many variables. So many times, I hear family members saying 'mum / dad / partner etc aced the test and the minute they walked outside the door they didn't even remember / know how to do x, y, z!'

Appendix J: Other Australian states and territories: South Australia, New South Wales and the Australian Capital Territory

South Australia

Following the recommendations of the ALRC, and the subsequent *Final Report of the Joint Committee relating to Elder Abuse*,[327] South Australia was the first Australian jurisdiction to implement an adult safeguarding regime.

Relevant legislation

Under the *Ageing and Adult Safety Act 1995* (as amended by the *Office for the Ageing (Adult Safeguarding) Amendment Act 2018*) the Adult Safeguarding Unit (ASU) has statutory responsibility for receiving and responding to reports of actual or suspected abuse of vulnerable adults (as defined).[328]

Commencement and organisational structure

The Adult Safeguarding Unit (ASU) commenced operations on 1 October 2019. For the first three years of operation the ASU was to be limited to apply only to people over the age of 65 and Aboriginal and Torres Strait Islander people over 50. However, in the wake of the controversial Ann Marie Smith case,[329] from 1 October 2020 the ASU's service now extends to involving all vulnerable adults (as defined) over the age of 18.[330]

The ASU is housed within the South Australian government's Office of Ageing Well which is, in turn, under the broader departmental umbrella of the South Australian Department of Health and Wellbeing.[331] The agency is comprised of a Director of the Office of Ageing Well and other Public Service employees assigned or appointed to assist the Director.[332] In 2019-2022 the ASU's staff was comprised of 4.5 FTE.

The ASU takes strategic advice from the Adult Safeguarding Advisory Group (ASAG). The ASAG is comprised of representatives from government and non-government organisations. Furthermore, the Interagency Phone Line and Adult Safeguarding Unit Implementation Workgroup provides a forum for ASU and key external service providers to discuss the ongoing development of the phoneline, foster referral pathways and assist the ASU in relation to complex matters.[333]

Overview of the legislative framework

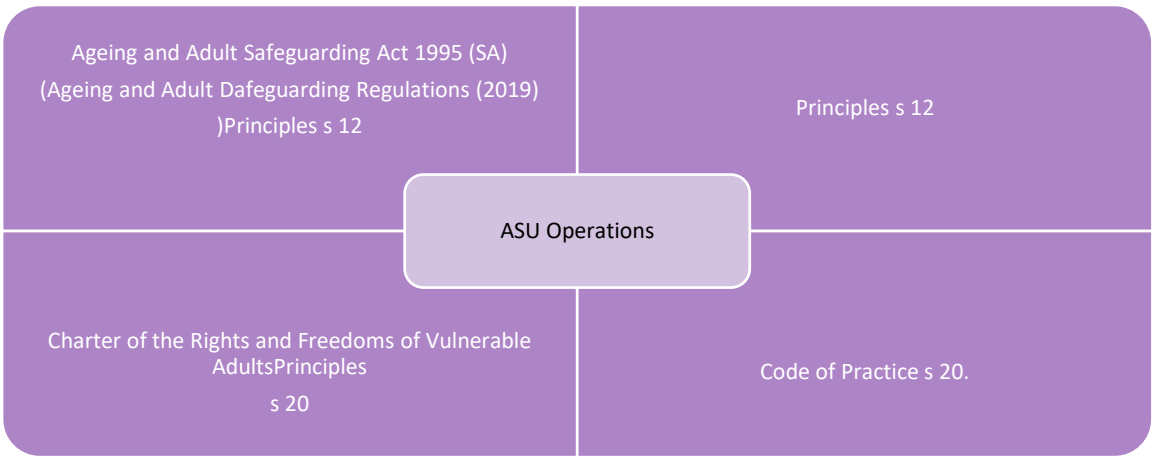
The adult safeguarding regime in South Australia is regulated by Part 3 of the *Ageing and Adult Safeguarding Act 1995.* The ASU promotes a rights-based approach to the support and

[327] South Australian parliament *Final Report of the Joint Committee relating to Elder Abuse.*; SA Office of Ageing Well, 2018.
[328] Ageing and Adult Safeguarding Act 1995, p.10.
[329] Pestrin & Keane, 2021.
[330] SA Health (Office of Ageing Well), 2021.
[331] This is a point of distinction with the NSW model.
[332] Section 14. Such persons can also be appointed an authorised officer so as to carry out the investigative functions of the Act: s 18.
[333] South Australia Adult Safeguarding Unit, 2020.

safeguarding of all vulnerable adults. The functions of the unit are listed in s 15. The functions stated are expansive and include activities that include promoting and advocating for the rights and interests of vulnerable adults in South Australia,[334] promoting and assisting in the development of coordinated strategies for prevention and early intervention of abuse of vulnerable adults,[335] receive, assess and regulate reports of suspected abuse of vulnerable adults, including coordination with, or referral to, other state authorities and other, persons or bodies.[336] The ASU also has a date collection and information dissemination function.[337]

The ASU's operations are further guided by Principles,[338] the South Australian Charter of the Rights and Freedoms of Vulnerable Adults[339] and a Code of Practice.[340] Regulations to the legislation have been introduced to support the operation of the principal act.[341]

Guiding Principles of ASU Operations



Rationale

The principles adopt a rights-based approach with a focus on early intervention and prevention. They emphasise that, with the exception of circumstances of serious and imminent harm, the primary consideration is to ensure the vulnerable adult's autonomy is respected and maintained rather than safeguarding the person from abuse.[342] Furthermore, the Principles provide that safeguarding measures should be the least interventionist and least intrusive to avoid eroding the vulnerable adult's rights.[343] The Charter does not create legally enforceable rights or entitlements. However, the ASU must, in carrying out the Unit's functions or exercising its powers, have regard to, and seek to give effect to the Charter.

[334] 15(1)(a).
[335] 15(1)(c).
[336] Sections 15(1)(c)-(g).
[337] 15(1)(h)-(n).
[338] Part 3, Division 1, s 12.
[339] Part 2, Division 1, s 20: The Charter does not create legally enforceable rights or entitlements. Nevertheless, when carrying out the Unit's functions or exercising its powers, the ASU and other State authorities must have regard to, and seek to give effect, to the Charter.
[340] Part 4 Division 2, s 21; South Australian Adult Safeguarding Unit, 2020.
[341] *Ageing and Adult Safeguarding Regulations 2019 (SA).*
[342] Principles: s 12(c).
[343] Principles s12(j).

Underpinned by human rights principles, 'a rights-based approach informs both the administration of the Act and the operation of the ASU.'[344]

The Code of Practice sets out in practical terms how the ASU will operate, including the interface with other organisations.[345]

Reporting suspected risk of abuse of vulnerable adults

In implementing the safeguarding functions of the ASU, the Act seeks to balance an active protective role for the ASU with one that respects vulnerable adults' right to self-determination. The Act uses the consent of the vulnerable adult as the principal means by which to promote the important human right of autonomy.[346] The Unit enjoys considerable powers of investigation.[347] The ASU also coordinates responses to reports of abuse in circumstances where the input of multiple agencies is necessary to support the vulnerable adult.

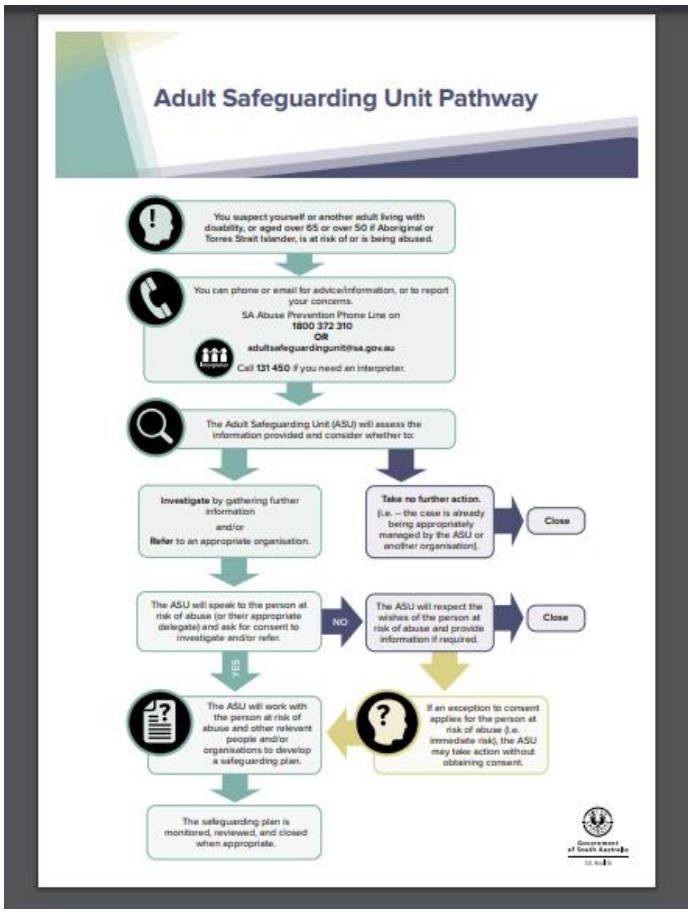
The Act sets out requirements for receiving and responding to reports of suspicions or actual abuse, referring, and investigating matters as well as consent and information sharing requirements.[348]

Part 4 Division 3 of the legislation regulates reporting suspected risk of abuse of vulnerable adults. After receipt of a report and an initial assessment stage,[349] the legislation directs that the ASU should not take action unless the vulnerable adult to whom the report or notification relates consents to the action being taken'.[350] Upon assessment of a report three options are open to the ASU being:

1. Take no further action
2. Carry out an investigation, under s 25.
3. Refer the matter to an appropriate State authority or other body or person, under s 26.[351]

[344] South Australian Adult Safeguarding Unit, 2020, p.5
[345] South Australian Adult Safeguarding Unit, 2020..
[346] Section 24.
[347] Section 26.
[348] Section 22.
[349] Sections 22 and 23.
[350] Section 24(1).
[351] The ASU must choose at least one of these avenues, and may pursue other avenues, including seeking Court orders.

Generally, carrying out an investigation or making a referral requires the vulnerable person's consent. Unusually, this appears to extend beyond referrals that directly affect the vulnerable adult to include the 'further referral of matters' covered under Division 5 of the Act. These include provisions that allow the Director to report matters to the appropriate professional body,[352] make complaints to the Ombudsman, [353] and make complaints to the Health and Community Services Complaints Commissioner.[354]



Consent of the vulnerable adult should be obtained before action is taken by the ASU although this is subject to some limited exceptions, including where such action is authorised by court order. [355] The other circumstances are the Director approves taking such actions and:

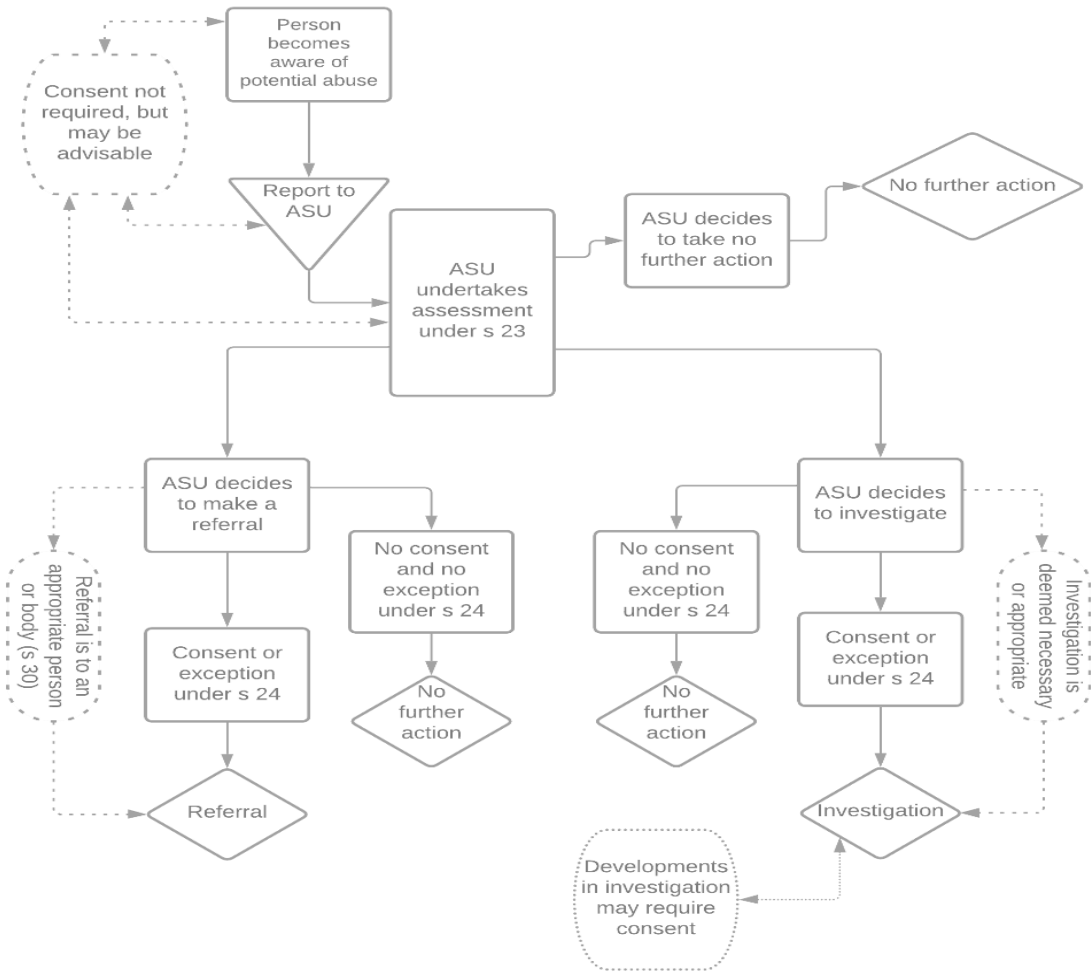
i. the vulnerable adult's life or physical safety is at immediate risk; or
ii. the risk of abuse to which the report relates consists of an allegation that a serious criminal offence has been, or is likely to be, committed against the vulnerable person; or
iii. the vulnerable adult has impaired decision-making capacity in respect of a decision to consent to action of the relevant kind being taken; or
iv. the Adult Safeguarding Unit has not, after reasonable inquiries, been able to contact the vulnerable adult; or
v. in any other circumstances declared by the regulations to be included in the ambit of this paragraph.

Note that in relation to (v), Regulation 8 states that such circumstances are those in which it is, in the opinion of the Adult Safeguarding Unit, necessary or appropriate that action of the relevant kind be taken without first obtaining the consent of the vulnerable adult.[356] Clearly,

[352] Section 27.
[353] Section 28.
[354] Section 29.
[355] Section 24(3).
[356] Regulation 8 *Ageing and Adult Safeguarding Regulations 2019 (SA).*

this is an expansive provision providing the ASU with a considerable degree of discretion to take action without consent.

Figure 10.1.3 below shows processes of ASU assessment and action under s23 and s24.



Source: Livings et al., 2022

Powers of the ASU to investigate and take action regarding abuse of vulnerable adults

Section 19(1) of the Act provides the ASU with a suite of powers one or more of which can be utilised by authorised officers[357] to in the course of an investigation under section 26. It is instructive to list the powers:

> (a) enter and remain on any premises, place, vehicle or vessel (and for that purpose require a vehicle or vessel to stop)
> (b) inspect any premises, place, vehicle or vessel

[357] Section 18 (1) The following persons are authorised officers for the purposes of this Act: (a) the Director; (b) a member of the Adult Safeguarding Unit who is authorised by the Director by instrument in writing for the purposes of this paragraph.

(c) use reasonable force to break into or open any part of, or anything in or on, any premises, place, vehicle or vessel
(d) require any person (whether on particular premises or otherwise) who has possession of books of account or any other records relevant to a vulnerable adult to produce those books of account or records for inspection
(e) examine, copy or take extracts from such books of account or records
(f) remove and retain such books of account or records for so long as is reasonably necessary for the purpose of making a copy of the book of account or record
(g) take photographs, films, audio, video or other recordings
(h) require any person who is in a position to provide information relating to a vulnerable adult to answer any question put by the authorised officer on that subject
(i) require any such person to state their full name, address and date of birth
(j) give such directions as may be reasonably required in connection with the exercise of a power conferred by a preceding paragraph or otherwise for a purpose related to the administration, operation or enforcement of this Act.

An authorised officer may only use force where a warrant has been issued by a magistrate or the authorised person believes on reasonable grounds that the circumstances are such that the harm or risk of harm to the vulnerable person necessitates immediate action. In these circumstances, the Director is required to authorise the use of force.[358]

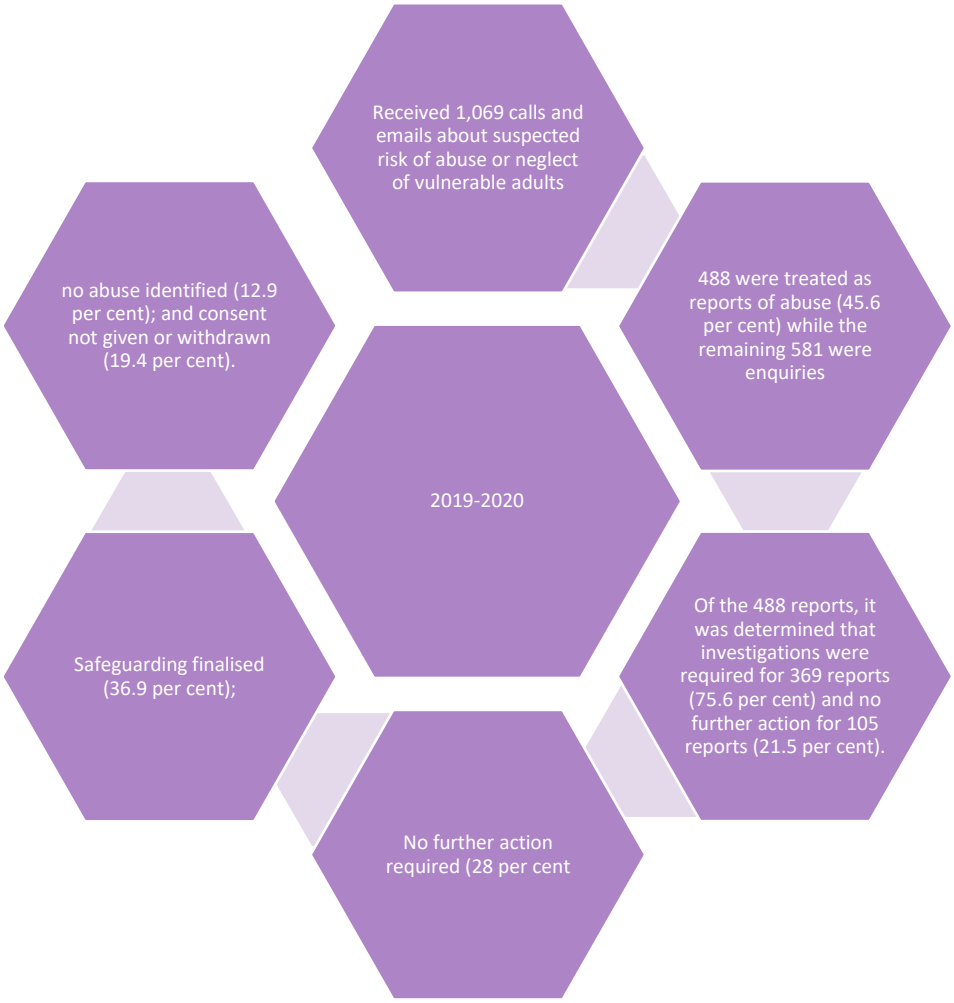
Court orders can also be obtained by the Director where the Director, presumably informed by authorised officers, reasonably suspects that a vulnerable adult is at risk of abuse; and is of the opinion that the making of such orders is necessary or appropriate to protect the vulnerable adult from such abuse; to properly assess whether the vulnerable adult has been abused, or is at risk of being abused; or to allow the exercise of powers or the performance of functions under the legislation. Furthermore, an order can be made in any other circumstances with the permission of the Court.[359]

Protections and defences

The legislation provides a sweeping good faith defence for ASU personnel who undertake investigations. Therefore, where the ASU takes action Section 51(1) provides that no liability attaches to the Director or any other person for any act or omission in good faith in the exercise or purported exercise of powers or functions under this or any other Act. Similarly, s 51(6) states that where a person acts in accordance with the legislation, or as required or authorised by or under the legislation, cannot by so doing be held to have breached any code of professional etiquette or ethics, or to have departed from any acceptable form of professional conduct.

[358] Section 19(2).
[359] Section 31 (1). S 31(2) The regulations may make further provision in relation to an application under this section (including by limiting the circumstances in which an application, or application of a class, can be made).

Overview of operations



New South Wales

Like South Australia, the ALRC 's final report was influential in the establishment of the NSW model. However, there were also several inquiries reports and inquiries by the NSW Parliament, Ombudsman and the Law Reform Commission into matters of abuse of older people and people with a disability.[360]

Relevant legislation

The Ageing and Disability Commissioner Act 2019 (NSW) establishes the Office of the Commissioner. The legislation is supported by the Ageing and Disability Commissioner Regulations 2019.

Commencement and organisational structure

The Ageing and Disability Commission, an independent agency of the NSW government, commenced operation on 1 July 2019. The Commission's activities are headed by the Ageing and Disability Commissioner who is responsible for better protecting adults with a disability and older people from abuse, neglect and exploitation from people they know or in the wider

[360] NSW Government, 2020, p.10.

community. The Commissioner is appointed by the Governor and is not subject to control or direction by a Minister. Furthermore, the ADC is a separate agency. The ADC is contained within the organisational structure of the Department of Communities and Justice. The Commissioners functions can be delegated in appropriate circumstances.[361]

The Elder Abuse Hotline and Resource unit (EAHRU) is incorporated within the Commission.

The Commissioner's remit extends to adults with a disability (18 years and over) and older people (65 years or over or, if Aboriginal or Torres Strait Islander, 50 years and over. Upon the Commissioner's appointment,[362] persons may be employed in the Public Service under the *Government Sector Employment Act 2013* to enable the Commissioner to exercise the Commissioner's functions. At the time of writing there are 15 full and part time continuing members of the interdisciplinary team.[363]

The Commissioner is advised by the Ageing and Disability Advisory Board in relation to any matter that the Board considers appropriate or that is referred to the Board by the Commissioner.[364] The ADC is in the process of establishing additional advisory bodies including an expert reference group, an ageing reference group and a disability reference group.[365]

Overview of the legislative framework

After the preliminary provisions of the legislation, s 4 of the legislation sets out the objects and principles of the Act. Unlike the South Australian scheme, there are not a series of extraneous documents that purport to assist interpretation of the legislation. The objects are stated succinctly in s 4(1) as:

(a) to protect and promote the rights of adults with disability and older adults, and

(b) to protect adults with disability and older adults from abuse, neglect and exploitation.

Furthermore, there are 5 principles to which the Commissioner and other persons must have regard to when exercising functions under the legislation. The purpose of the principles is to provide guidance in the administration of this Act, and they do not create, or confer on any person, any right or entitlement enforceable at law. When exercising such functions, the Commissioner or any other person must have regard to the wishes of the vulnerable adult. Section 4 (2) states:

(2) When exercising a function under this Act, the Commissioner or any other person must have regard to the objects of the Act and the following principles—

[361] Section 11, *Ageing and Disability Commissioner Act 2019 (NSW).*
[362] Section 5. See to ss 6-9.
[363] NSW Government, 2020.
[364] Section 29.
[365] NSW Government, 2020, p.15.

(a) adults with disability and older adults have the right to respect for their worth and dignity as individuals and to live free from abuse, neglect and exploitation

(b) adults with disability and older adults have the right to respect for their cultural and linguistic diversity, age, gender, sexual orientation and religious beliefs

(c) adults with disability and older adults have the right to privacy and confidentiality,

(d) adults with disability and older adults have the right to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports and services,

(e) families, carers and other significant persons have a crucial role in the lives of adults with disability and older adults and it is important to respect and preserve those relationships

The appointment of the Commissioner and miscellaneous administrative duties are discussed in Part 2 while Part 3 outlines the functions of the Commissioner. These functions are described as general functions (Division 1) and Investigations and public inquiries (Division 2). Part 4 discusses the work of the ADC in relation to the Community Visitors program. The obligations to produce annual reports and special reports is established in Part 5.

Rationale

Like the South Australian model, the NSW ADC also has responsibilities in relation to community education. Oversight of the Community Visitors Scheme is also an ADC responsibility.

Importantly, the Commissioner is independent and is not subject to Ministerial direction and control in exercising its investigation functions. This is a significant departure from the South Australian model. See figure 10.1.5, Summary of functions of the ADC.[366]

Functions of the ADC				
Raise awareness of abuse, neglect and exploitation of older people and adults with disability in their family, home and community.	Respond to and in appropriate circumstances investigate reports of alleged abuse, neglect and exploitation of an older person or an adult with disability caused by someone such as a family member, partner or neighbour.	Provide support, advice and information to ensure an older person or adult with disability is protected from abuse, neglect and exploitation.	Provides advice to government to improve systems and services that can protect and promote the rights of older people and adults with disability.	Has oversight of the Official Community Vistotors Scheme which visit supported accommodation services and assisted boarding houses in NSW.

[366] NSW Government, 2020. Table utilises information from the ADC Fact Sheet.

Reporting suspected risk of abuse of vulnerable adults

The Commissioner has strong powers of investigation including the power to initiate investigations on the office's own motion or following a referral or complaint; the power to apply for and execute a search warrant, and seize evidence, as part of an investigation; information gathering and sharing powers.[367]

A person may make a report to the Commissioner about an adult with disability or older adult if the person has reasonable grounds to believe the adult is subject to, or at risk of, abuse, neglect or exploitation and circumstances that the person has reasonable grounds to believe will result in the abuse, neglect or exploitation of an adult with disability or older adult.[368] The person themselves may also make a report.[369] Furthermore, the Commissioner can, upon its own initiative decide to deal with a matter as a report.[370]

Reports need not be in writing.[371] A defence is available for reports made in good faith.[372] Preliminary findings are made in order to decide how to deal with a report and the Commissioner can request further information.

The ADC has produced a comprehensive toolkit that provides resources to inform persons reporting and responding to abuse.[373]

Powers of the ADC to investigate and take action regarding abuse of vulnerable adults

Upon receipt of a report the Commissioner may do one or more of the following:

a) conduct an investigation
b) make a referral to another person or body
c) decline to take action on the report.[374]

Conducting an investigation

In order to conduct an investigation, the Commissioner must obtain the consent of the adult with disability or older adult.[375] Consent is not required in circumstances where:

(a) the adult is incapable of giving consent despite having been provided with the appropriate support for the purposes of making such a decision, or

(b) it is not necessary to obtain consent due to the seriousness of the allegation or the risk to the personal safety of the adult, or

[367] See generally Part 3, Division 2.
[368] Section 13(1)(a)-(b).
[369] Section 13(2).
[370] Section 13(6).
[371] Section 13(3).
[372] Section 13(4).
[373] NSW Government, 2020.
[374] Section 13(5).
[375] Section 13(11).

(c) any other circumstances prescribed by the regulations exist.[376]

Referrals

In some circumstances, the Commissioner *must* refer a report or part of the report to various agencies[377] or, in circumstances where there is evidence of a criminal offence, to the Commissioner of Police or the DPP.[378] The Commissioner may continue to remain in consultation with the other agency/ies throughout the matter.[379] The legislation provides for the exchange of information with agencies pursuant to the course of the investigation.[380]

It is worth commenting on the mandatory nature of referrals, especially in relation to the police.

Powers of the ADC

Like South Australia, the ADC enjoys a diverse selection of powers to assist in investigations. This includes requiring compulsory attendance at meetings, production of documents and obtaining search warrants. The search warrants can authorise representatives of the Commissioner to enter the premises specified in the warrant and do any or all of the following—

> (a) examine and inspect any part of the premises for evidence of abuse, neglect or exploitation of an adult with disability or older adult,
>
> (b) take any photographs, films, audio, video or other recordings as the Commissioner or staff member considers necessary,
>
> (c) require documents to be produced for inspection,
>
> (d) examine and inspect any documents,
>
> (e) copy or take notes from any documents,
>
> (f) for the purpose of further examination, take possession of, and remove, any documents or other things,
>
> (g) require the owner or occupier of the premises to provide the Commissioner (or staff member named in the warrant) with any assistance or facilities that are

[376] Ibid.

[377] Section 13(8) (a) the Health Care Complaints Commission under the Health Care Complaints Act 1993,

(b) the Commissioner of the Aged Care Quality and Safety Commission under the Aged Care Quality and Safety Commission Act 2018 of the Commonwealth,

(c) the Commissioner of the NDIS Quality and Safeguards Commission under the National Disability Insurance Scheme Act 2013 of the Commonwealth,

(c1) the Children's Guardian under the Children's Guardian Act 2019,

(d) any other person or body prescribed by the regulations.

[378] Section 13(9).

[379] Section 13(1).

[380] See generally s 14.

reasonably necessary to enable the Commissioner or staff member to conduct an investigation,

(h) require any person in or about the premises to answer questions or otherwise provide information.

Protections and defences[381]

The legislation provides for a variety of protections and defences These protections can be usefully grouped as:

- Restrictions on providing information.
- Good faith defences for Commissioner and the commissioner's employees and contractors. [382]
- Protection of whistleblowers - good faith defences for people and employees making reports to the Commissioner.[383]

The identity of a person making a report cannot be disclosed except in limited circumstances.

[381] 13(4)Defence…(4) If a person, acting in good faith, makes a report to the Commissioner in accordance with this section, that person is not liable to any civil or criminal action, or any disciplinary action, for making the report.

S 15 The identity of a person who makes a report to the Commissioner in good faith, or information from which the identity of that person could be deduced, must not be disclosed by any person or body unless the disclosure is—
(a) made with the consent of the person who made the report, or

(b) necessary for the purposes of law enforcement, or

(c) necessary for any other purpose prescribed by the regulations.

Note— It is an offence under section 31 for a person to disclose any information obtained in connection with the administration or execution of this Act, except in certain circumstances.
15A Protection of employees or contractors who assist Commissioner
(1) An employer must not take or threaten to take detrimental action against an employee or contractor because the employee or contractor assists, or proposes to assist, the Commissioner with any function in relation to a report about the abuse, neglect or exploitation of an adult with disability or an older adult.
Maximum penalty—50 penalty units.

(2) In this section—employer includes—
(a) a person who engages a person as a contractor for services, and

(b) a person acting on behalf of an employer.

[382] Section 15A.

Australian Capital Territory

The ACT is the first Australian jurisdiction to introduce legislation that provides for criminal liability for the abuse of older people. The *Crimes (Offences Against Vulnerable People) Legislation Amendment Act 2020*, an amendment to the *Crimes Act 1900 (ACT)* came into effect on 21 April 2021. The relevant provisions are ss 36A - 36C. The amendments to the law introduce three new offences being:

- Section 36A Abuse of a vulnerable person
- Section 36 B The failure to protect vulnerable person
- Section 36C Neglect of a vulnerable person.

These offences seek to provide protection for adults with disability and older, vulnerable members of the community. Although the provisions do not replace existing provisions, the amendments add to the suite of criminal offences under the *Crimes Act 1900 (ACT)* that could address instances of elder abuse. The offences complement existing legislative and non-legislative protections. Section 36A addresses abuse of a vulnerable person while s 36C focusses on neglect.

The amendments are significant too because they address specifically abuse occurring in aged care facilities within the ACT and have an interesting extra-territorial operation that could catch management of aged care providers in a broader net. Section 36B incorporates a new offence targeting institutional failures to protect people within their institution from serious criminal offences.

The legislation passed easily at the ACT Legislative Assembly last year receiving tri-partisan support, meaning the three major parties all accepted the new proposal. The amendments came into effect just recently, on 21 April 2021.

It is interesting that the legislation was met with a considerable amount of opposition, particularly from the ACT Law Society and the Law Council of Australia.[384] The conundrum is that, despite claims from the ALRC and other bodies for some time – and, on the surface, the applicability of criminal laws to matters involving abuse of older people, criminal prosecutions in relation to the abuse of older people simply do not occur. The arguments opposing the legislation was that the amendments may make elder abuse more difficult to prosecute because by outlining the specific conduct for prosecution this may make it harder for perpetrators to be prosecuted if their conduct does not perfectly align .[385] Another argument against the criminalization of abuse and neglect is similarly to domestic violence laws victims may be less likely to come forth to report abuse. Furthermore, it was argued that the legislation would duplicate existing offences rendering the legislation ineffective because existing laws do not deter elder abuse.[386]

On the other hand, the amendments have received support due to the deliberately broad definition of a vulnerable adult and the broad range of potential offenders caught within the

[384] ACT Law Society, 2020.
[385] Michael Kukulies-Smith (ACT Law Society).
[386] ACT Law Society president Chris Donohue.

legislation's net. The inclusion of criminalizing neglect of the vulnerable adult increases the scope of offenders who are able to be held criminally liable, thus deterring complacency of aged carers and residential care facilities.

Furthermore, it is argued that creating a specific crime for elder abuse will increase the confidence of vulnerable adults being abused or at risk of being abused to report the abuse. Much of the abuse elderly and vulnerable adults face is not reported for fear that nothing can be done. By criminalizing the abuse in a specific and measurable way people are more likely to feel they will be heard and helped when coming forward with their own experiences.

The final positive for the new amendment and one of the contributing factors for its creation is the threat of time behind bars for perpetrators. The hopes in criminalizing the acts of abuse and neglect are that this will deter perpetrators from committing the crimes in the first place. Potential jail time has been shown to reduce the likelihood of offenders of committing crimes. However, in order for the criminalization of elder abuse to result in a measurable reduction of offences resources will need to be allocated to educating the community about the consequences of offending.

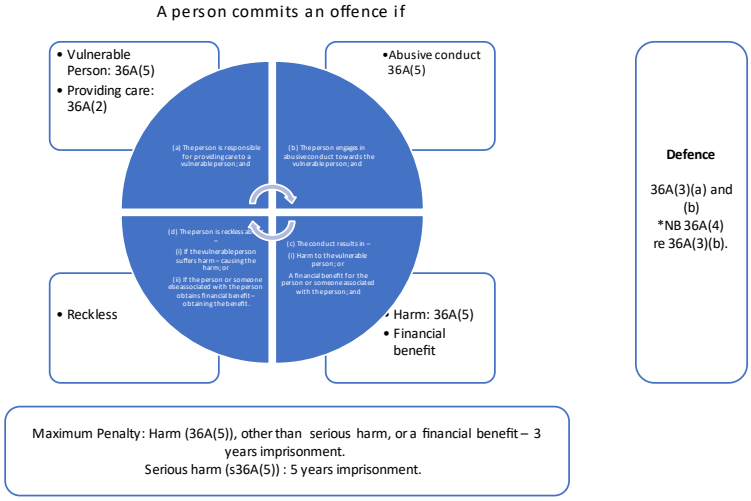
The legislation

The Act defines a vulnerable person as an adult with a disability, or someone aged 60 years of age or older to whom an element of vulnerability applies.

Abusive conduct can be both an act or an omission (failing to do something). Under the new legislation conduct will be classed as abusive when it has the effect of causing harm to the vulnerable person or a financial benefit to the abuser or someone close to them. Abusive conduct is of a violent, intimidating, threatening or sexual manner directed to the vulnerable or disabled adult.

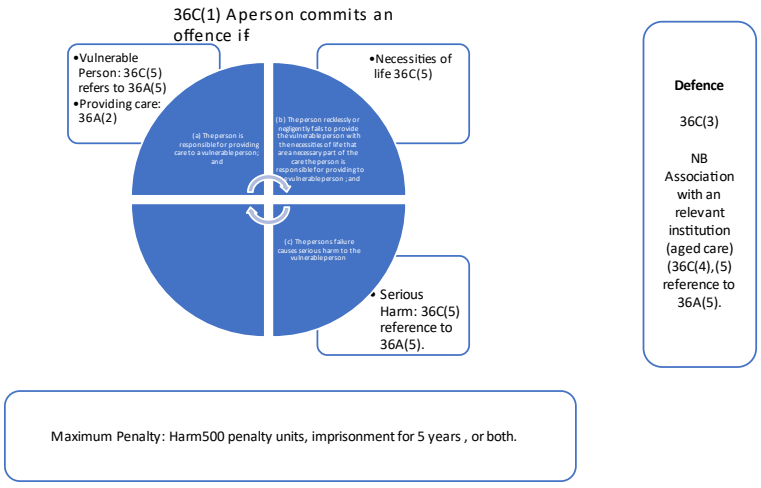
Conduct towards the vulnerable person that has the effect of isolating them, causing dependence on the abuser, limiting their accessibility to vital services, cause them humiliation or restrict their freedom may also be classed as abusive conduct if it is deemed not a necessary effect in the care of the vulnerable person. The maximum penalty for assault occasioning harm is three years imprisonment. The maximum penalty for assault occasioning serious harm is five years imprisonment.

Section 36A: A person commits an offence if:



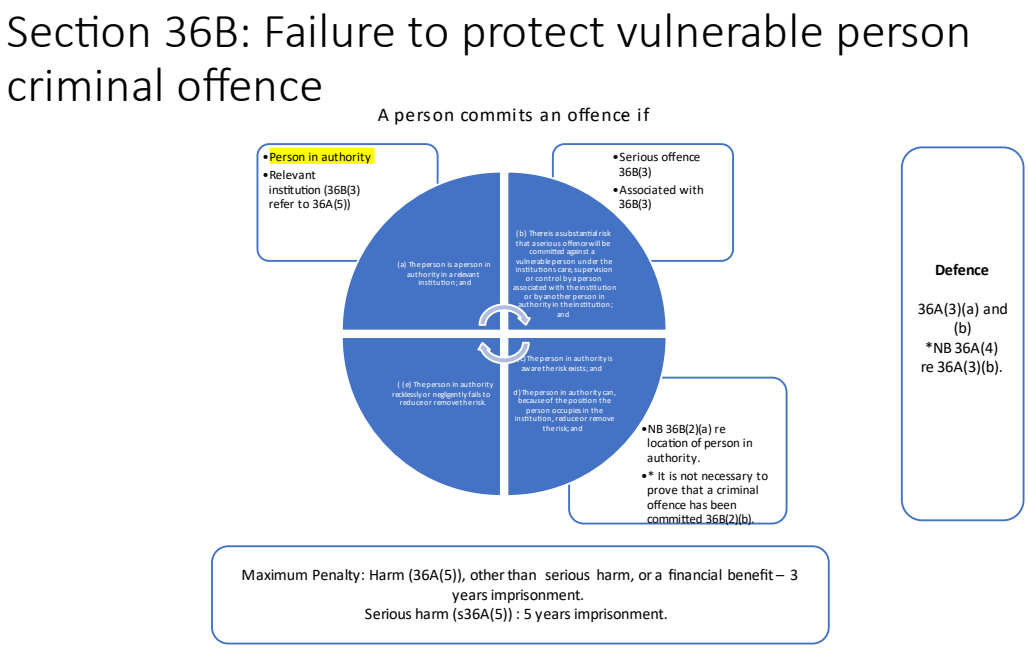
Neglect of a vulnerable person will target aged care workers, facilities and family members that do not take reasonable steps to ensure vulnerable adults are safe. Under the new amendment a person responsible for the care of a vulnerable adult must ensure that the 'necessities for life' are provided to the person they care for. A care facility can also be held liable for neglectful conduct of their employees. The maximum penalty for this conduct is up to five years imprisonment.

Section 36C: Neglect of a vulnerable person.



Section 36B provides that a person in authority in a relevant institution (for example, an aged care facility) will commit an offence if there is a substantial risk that a serious offence will be committed against a vulnerable person under the institution's care, supervision or control by listed persons associated with the institution and the person in authority can, because of the position the person occupies in the institution, reduce or remove the risk; and that person

recklessly or negligently fails to reduce or remove the risk. The provision may extend to some extra-territorial liability.



As part of the legislative development and approval process, Legal Aid ACT created and elder abuse task force, with a dedicated telephone information line. The majority of calls received were in relation to elder abuse, with a smaller number regarding wills and EPAs (which in ACT entail powers of attorney and guardianship). In the three years since it was established the number of calls received increased year on year. Additionally, in 2019 the ACT Law Society provided expert advice to the ACT government as well as recommendations regarding law reform surrounding elder abuse.

Implications for community and stakeholders

As the legislation has only recently been enacted it will take some time to see effects and implications on the community and adults it seeks to protect. Section 442C was also introduced in the amendment which provides the minister must review the operation of the new sections on the first anniversary of the amendment and provide a report. This ongoing review process is crucial in a smooth application of the new law.

One major positive implication of the new law being introduced in the ACT is the new legislation may pave the way for other states to follow suit. This is the first law of its kind within Australia and as history goes often once laws are successfully passed and implemented within the ACT other states follow.

The new law could cause negative implications for the ACT community if the state government does not ensure adequate resources are used to properly implement the legislation. If new call centres, staff, policing units and education for public and private legal

workers in relation to the new law are not provided then there may be issues with properly policing and implementing the changes.

One last negative implication the law could create surrounds the possibility for carers and aged care centres to opt out of accepting vulnerable adults with severe cognitive impairment out of fear of possible outcomes. The risks associated with unknowingly abusing or neglecting an adult may become a barrier to service providers and/or volunteers working with extremely vulnerable adults, which may have even more harmful implications to this group of people.

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