

INQUIRY INTO ELDER ABUSE IN NEW SOUTH WALES

Organisation: NSW Elder Abuse Helpline and Resource Unit

Date received: 14/11/2015



Submission to the Parliamentary Inquiry into Elder Abuse in New South Wales

November, 2015

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Summary of Recommendations

1. The prevalence of abuse (including but not limited to financial abuse, physical abuse, sexual abuse, psychological abuse and neglect) experienced by persons aged 50 years or older in NSW
&
2. The most common forms of abuse experienced by older persons and the most common relationships or settings in which abuse occurs

Recommendation:

Carry out a national prevalence study that captures incidences of elder abuse across different agencies using the same MDS and descriptors.

3. The types of government and/or community support services sought by, or on behalf of, victims of elder abuse and the nature of services received from those agencies and organisations

Recommendations:

Funding research projects to build evidence about the effectiveness of new and existing programs.

Extend the role of the NSW Elder Abuse Helpline to include case management/coordination for elder abuse cases when required.

Make provision for elder-abuse specific counselling services that are:

- Easily accessible to older persons and their families that are experiencing family conflict.
- Easily accessible to older persons at risk of, or are, experiencing abuse, and their families.
- Tailored behaviour change counselling programs specifically for perpetrators of elder abuse.

Short-term emergency accommodation that is appropriate for the needs of older persons, with access to assistance to acquire future long-term housing.

Prioritised assessment and establishment of community services to enable independent living.

Older persons fleeing abuse, who have limited finances, to be prioritised by the Department of Housing and placed in appropriate long-term dwellings.

4. The adequacy of the powers of the NSW police force to respond to allegations of elder abuse

Recommendations:

Further training in identifying and responding to elder abuse for all frontline staff.

Increase the number of specialist trained police in elder abuse by rolling out the Vulnerable Community Support Officer position across NSW.

Police able to obtain search warrants on the grounds of suspected elder abuse.

Development of multidisciplinary Investigation teams consist of police and clinicians with aged care and elder abuse specialist skills.

Criminalisation of elder abuse with specific offences accordingly.

5. Identify any constraints to elder abuse being reported and best practice strategies to address such constraints

Recommendations:

All employees across all organisations that serve older persons participate in mandatory education that raises awareness about elder abuse, and to provide further training and resources that:

- **Address ageism;**
- **The rights of older adults;**
- **The types, prevalence and signs of abuse and neglect of older persons;**
- **Factors that may contribute to elder abuse; and**
- **Individual roles and responsibilities with regard to responding or reporting abuse.**

Further funding provided to the NSW Elder Abuse Helpline to increase capacity to provide training to frontline aged care workers.

Clinical training on indicators of abuse be developed for health care professionals and included in relevant organisational mandatory education.

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Clinical training on indicators of abuse be developed for health care professionals and included in relevant organisational mandatory education.

Provide further funding for EAHRU to expand campaigns and audiences reached.

Ongoing collaboration of like-minded services to pool resourcing in order to raise awareness of elder abuse, and services available for support.

CaLD-specific awareness and education that involves community consultation, especially key influential figures and targets key community access points, e.g. churches.

Bilingual and bicultural workers/ethno-specific organisations to deliver elder abuse training to their communities which would enable them to further examine the issues and complexities.

7. The effectiveness of NSW laws, policies, services and strategies, including the 2014 Interagency Policy Preventing and Responding to Abuse of Older People, in safeguarding older persons from abuse

Recommendations:

The 2014 Interagency policy is updated to include clear guidance on:

- Duty of care and reporting requirements under the *Crimes Act* (Section 316 of the *Crimes Act*).
- Common criminal offences related to elder abuse to be included (possibly as an appendix).

All organisations/agencies that serve older persons have elder abuse policies and procedures that are: based on best practice (e.g. Canadian example above), and aligned with the 2014 Interagency policy (or most recent, when updated). And policies are regulated/checked as part of accreditation standards (or relevant processes) for all agencies.

9. The consideration of new proposals or initiatives which may enhance existing strategies for safeguarding older persons who may be vulnerable to abuse.

Recommendations: Enduring Powers of Attorney and Guardianship

Requires a GP or trained clinician to sign off so as to provide 'activation', i.e. to confirm the older person no longer has capacity.

Mandatory education for all Guardians and PoAs regarding their responsibilities prior to appointment.

Maximise independence of the older person where possible by PoA and Guardianship decision-making abilities to be broken down into relevant sections to avoid a 'blanket rule' of lack of capacity, i.e. decision-making.

Establish a regulated system of accountability.

Registration of all EPoAs, PoA and Guardianships.

Change the name or provide clear clarification on PoA documents to avoid confusion with Guardianship.

Solicitors receive elder abuse training.

Create new offences for dishonesty for obtaining or using EPoA or Guardianship.

Recommendations: Carer's pension and payment

Applicants for carer's payments or pensions receive education regarding carer stress, service availability, and legal responsibilities.

Carers to receive education regarding carer's stress, service availability and legal responsibilities.

Screening of potential carer's capabilities to provide the appropriate level of care required. This may be the role of ACAT teams, hospital multidisciplinary teams or GPs accompanied by extra supports and skill training.

Screening recommendations:

Yearly screening for elder abuse to be conducted by GPs.

GPs to receive specialist training in elder abuse detection.

Education and awareness recommendations:

As per point 5 – EAHRU training options.

Submission context

The NSW Elder Abuse Helpline and Resource Unit (EAHRU) welcome the opportunity to make a submission to the Inquiry into Elder Abuse. EAHRU is a key, state-wide service providing information, support and referrals to anyone who suspects, witnesses or is experiencing abuse in a community setting.

The purpose of this submission is to give a voice to older persons in NSW who have, or who are, experiencing abuse, and those who are at heightened risk; additionally, to give insight into the issues, challenges and complexities involved in identification and intervention. Much of the submission is informed by both qualitative and quantitative data gained from EAHRU (July 2013 to Aug 2015).

Notes regarding data

- Information is often provided by individuals other than the older person experiencing abuse. Therefore, the data is vulnerable to incompleteness, inaccuracy, and subjective assessment.
- The data provides details about the calls received by the Helpline which does not necessarily indicate abuse incidences statewide.
- There are certain elder abuse instances where EAHRU is unlikely to receive notification, for example, sexual and/or physical abuse, which is more likely to be reported directly to hospitals or police. Furthermore, as many as 1 in 5 cases go unreported¹.
- Other cases where the older person does not have capacity may go straight to the NSW Civil and Administrative Tribunal (NCAT), having never been brought to the attention of EAHRU.
- The Helpline provides a free confidential and anonymous service. Accordingly, all data is de-identified. This means calls regarding the same older person, if taken by different staff members, may be entered twice which results in calls not necessarily representing 'abuse cases'.
- Conversely, the number of calls reported does not capture the total number of calls made to and from the Helpline. Repeat callers usually request to speak with the same staff member. If this is the case, the statistical information is updated but the call is not added to the call count.

¹ Totara, T., Kuzmeskus, L. B., Duckhorn, E., Bivens, L., Thomas, C., and Gertig, J., 1998, *National elder abuse incidence study: final report*, National Centre on Elder Abuse, American Public Human Services Association, Washington, D.C.

1. The prevalence of abuse (including but not limited to financial abuse, physical abuse, sexual abuse, psychological abuse and neglect) experienced by persons aged 50 years or older in NSW
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2. The most common forms of abuse experienced by older persons and the most common relationships or settings in which abuse occurs

Recommendation: Carry out a national prevalence study that captures incidences of elder abuse across different agencies using the same MDS and descriptors.

There are many different definitions of elder abuse; EAHRU adopts the ANPEA definition: 'elder abuse is any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse may be physical, sexual, financial, psychological, and neglect'².

There have been numerous studies estimating the prevalence of elder abuse, with 4–6% of older persons thought to be experiencing abuse, and in some circumstances, as high as 20%³. Research suggests that this number may indeed be higher with studies indicating that as many as one in five cases are not reported⁴.

As at August 2015, EAHRU has received 3,388 calls. 'Australian research has demonstrated that it is likely that many members of the community may not have heard the term elder abuse and/or are likely to only associate abuse with physical violence'⁵. There is still a general lack of professional and public awareness, underreporting and poor recognition of the issue⁶; however, calls to the Helpline are steadily increasing as awareness of the Helpline and recognition of elder abuse as a growing societal issue increases. On average, the Helpline has received 160 incoming calls per month in 2015, a 30% increase.

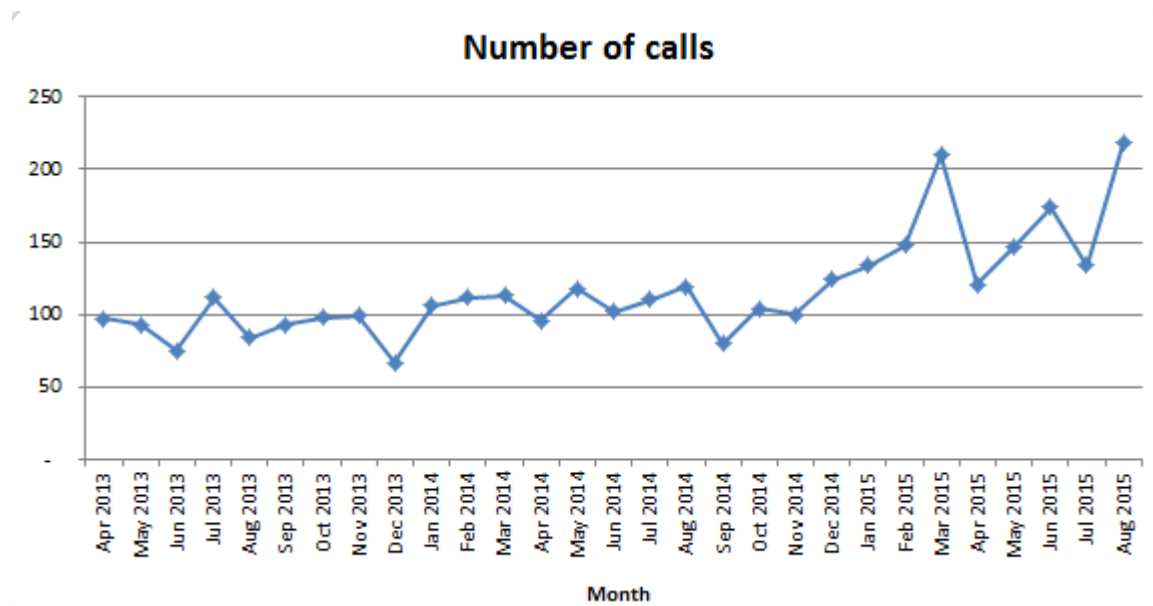
² ANPEA, 1999.

³ *Journal of Elder Abuse & Neglect*, 20:2, 108–125, 2008.

⁴ Totara, T., Kuzmeskus, L. B., Duckhorn, E., Bivens, L., Thomas, C. and Gertig, J., 1998, *National elder abuse incidence study: final report*, National Centre on Elder Abuse, American Public Human Services Association, Washington, D.C.

⁵ Bagshaw, D., Wendt, S., & Zannettino, L., 2009, Preventing the abuse of older people by their family members, *Australian Domestic & Family Violence Clearinghouse Stakeholder Paper*, 7, 2012-09-20T02:17:54Z, pps 1–16.

⁶ Kurrle, S., 2004, Elder abuse, *Australian Family Physician*, vol 33, no. 10, October, pps 807–812.



Abuse Types

The Elder Abuse Helpline recognises and collects data based on 5 abuse types with the following definitions:

Psychological Abuse (including social isolation): Infliction of mental stress through actions and threats that cause feelings of powerlessness; isolation; fears of violence; fear of or actual deprivation; and feelings of shame.

Financial Abuse: The improper use of an older person's property, possessions or finances by a person of trust.

Neglect: The failure of a caregiver or responsible person to provide the necessities of life. Neglect may be intentional or unintentional.

Physical Abuse: Any deliberate act resulting in physical pain or injury, including physical coercion and physical restraint.

Sexual Abuse: Any behaviour of a sexual nature that makes someone feel uncomfortable, frightened, intimidated or threatened. It is sexual behaviour that someone has not agreed to, and/or when another person uses physical or emotional force against them.

The most common forms of abuse reported to the Helpline were psychological abuse (57%) and financial abuse (46%), followed by neglect (25%), physical abuse (17%) and sexual abuse (1%). This data is consistent with various other studies that also found psychological and financial abuse to be the most prevalent abuse types⁷. However, research has found that

⁷ *Journal of Elder Abuse & Neglect*, 26:3, 207-290, 2014.

people aged 65 years and over are most likely to report psychological and financial abuse – non-physical forms of abuse⁸.

Abuse Type Calls to EAHRU	Number	% of calls
Psychological	1320	57%
Financial	1074	46%
Neglect	575	25%
Physical	398	17%
Sexual	33	1%

Complex abuse: The above percentages are not mutually exclusive, hence they do not add to 100%, highlighting what is termed ‘complex abuse’ which refers to more than one type of abuse being experienced at one time. Helpline data suggests that on average an older person experiences 1.6 abuse types. Helpline staff report that in many cases, psychological abuse coexists with other abuse types.

Age

Age of older person	Number	Percentage of Helpline calls
45-54	24	1%
55-64	116	5%
65-74	373	16%
75-84	772	33%
85-94	631	27%
95+	77	3%
Unknown	156	15%
Total	2324	100%

Age percentage calculated using known data (unknown factor removed)

Age of older person	Number	Percentage of Helpline calls
45-54	24	1%
55-64	116	6%
65-74	373	19%
75-84	772	39%
85-94	631	31%
95+	77	4%
Total	1993	100%

With 74% of callers aged over 75 years, Helpline data suggests abuse and age are positively related. Consideration needs to be given to the underlying factors that can be associated

⁸ Bagshaw, D., Wendt, S., & Zannettino, L., 2009, Preventing the abuse of older people by their family members, *Australian Domestic & Family Violence Clearinghouse Stakeholder Paper*, 7, 2012-09-20T02:17:54Z, pps 1–16.

with ageing that make the older person more vulnerable to abuse rather than age alone being considered the key factor. Older people in poor health, for example, have been found to be three to four times more likely to be abused than those in good health and that the abuse cuts across economic, social, religious and educational lines⁹.

Gender (not including blank/omitted data No=173)

Female	1536	71%
Male	598	28%
Other/unknown	17	1%
Total	2151	100%

Older women constitute a significant proportion of elder abuse calls made to the Helpline. Violence against women does not stop as women age. In fact, older women are at risk of abuse by a broad range of family members and carers. The violence may become more complex, compounded by issues such as poor housing options outside of the abusive environment, financial insecurity, and dependence on the alleged abuser(s). Accordingly, older women may need different responses to younger women¹⁰.

Relationships

The majority of abusers of older persons in Australia are close family members¹¹. Of abuse incidences reported to the Helpline, 71% were perpetrated by a family member. Sons accounted for 26% of alleged abusers, daughters, 21% and spouses, 12%. Many individuals remain ignorant of the fact that domestic violence is an issue for older persons just as it is for people under the age of 65 years. To illustrate this, a systematic review of forty-nine worldwide studies found, that 5.6% of older couples reported physical violence in their relationship in the last year. Furthermore, the Australian Bureau of Statistics (2006) reported one in four women who experience an incidence of physical violence is over 45 years of age. Friends and neighbours also account for 11% of alleged abusers.

Helpline calls: Relationship of the alleged abuser to the older person

Relationship of alleged abuser to the older person	Total	
	No.	% of calls
Daughter	499	21%

⁹ James, M., 1994, Abuse and neglect of older people, *Family Matters*, No. 37, <https://aifs.gov.au/publications/family-matters/issue-37/abuse-and-neglect-older-people>, viewed on 10 November, 2015.

¹⁰ McFerran, L., 2008, *The disappearing age: a strategy to address violence against older women*, Older Women's Network NSW Inc., Millers Point, Sydney.

¹¹ Kurrle, S. & Naughtin, G., 2008, An overview of elder abuse and neglect in Australia, *Journal of Elder Abuse and Neglect*, vol. 20, no. 2 pps 108–25.

Daughter-in-law	24	1%
Friend	121	5%
Grandchild	85	4%
Informal carer	28	1%
Neighbour	128	6%
No trust relationship	43	2%
Other relative	102	4%
Sibling	16	1%
Son	608	26%
Son-in-law	41	2%
Spouse/partner	286	12%
Unknown	32	1%
Worker	75	3%
Blank	236	10%
Total	2,324	100%

There are various theories regarding the underlying issues that may make an individual at risk of abusing an older person. Carer stress is one factor that has been researched more thoroughly with dependency and/or co-dependency thought to be the common denominator. Accordingly, abuse is 'most likely to occur, firstly, as the relations between the older person and the carer become more intimate and, secondly as the older person's daily needs begin to significantly distort a carer's time schedule and personal space requirements'¹². Calls made to the Helpline found that approximately 20% of alleged abusers in physical, neglect and psychological abuse cases were experiencing carer stress. (Note: the Helpline in no way suggests that carer stress excuses elder abuse.) Living with a carer has also been found to increase the risk of abuse of an older person¹³. In 37% of reported abuse cases to the Helpline, the older person was living with the alleged abuser.

¹² James, M., 1994, Abuse and neglect of older people, *Family Matters*, No. 37, <https://aifs.gov.au/publications/family-matters/issue-37/abuse-and-neglect-older-people>, viewed on 10 November, 2015.

¹³ Lachs, M. S., Williams, C. S., O'Brien, S., Pillemer, K. A., and Charlson, M.E., 1998, The mortality of elder abuse, *Journal of the American Medical Association*, 280, pps 428–443.

Percentage of alleged abusers where carer stress was reported or suspected

Psychological	Financial	Sexual	Neglect	Physical
18%	10%	11%	20%	23%

Community services

Community services' involvement may be a preventative factor for elder abuse. As reported to the Helpline, 48% of older persons experiencing abuse were not in receipt of community services compared to 26% that were. That is, there was less abuse instances reported for those who receive community services.

Receive Community Services	Do not receive community services	Information not provided
26%	48%	26%

3. The types of government and/or community support services sought by, or on behalf of, victims of elder abuse and the nature of services received from those agencies and organisations

Recommendation: Funding research projects to build evidence about the effectiveness of new and existing programs.

The NSW Elder Abuse Helpline and Resource Unit

One of the primary roles of the Helpline is to link/refer older persons or those calling about an older person experiencing abuse with services that can assist them. The Helpline works on an enabling- /capacity-building model in which callers are supported to make their own referrals if possible. As an agency, the Helpline has made 1376 referrals and suggested and supported callers to make a further 3480, totalling 4856 referrals.

Referrals made by the Elder Abuse Helpline (this is done when the caller is unable to make the referral themselves)	
ACAT	143
Community justice (mediation)	38
NCAT	112
Case manager	36
GP	226
Police	207

Community services	241
Centrelink	4
NSW Trustee & Guardian	20
Helpline (other state-based elder abuse helplines)	7
Legal services	71
DoCS	11
Housing services	30
Financial services	13
ATSI services	8
Health services	137
Emergency services	11
Other helplines (not elder-abuse specific)	25
Family members	11
MyAgedCare	3
Aged Care Complaints Scheme	11
FaCS	11
Total	1376

Referrals suggested (for callers who are able to self-refer)	
Police	425
Community justice (mediation)	499
NCAT	332
2014 Interagency policy	7
Emergency services	21
Health services	213
Community services	346
ACAT	247
NSW Trustee & Guardian	73
GP	321
Legal services	520
Financial services	95
Centrelink	24
Housing services	73
Aged Care Complaints Scheme	39
Manager	3
Aged care facility	20
Government agencies (not FaCS)	33
Other helplines (not elder-abuse specific)	76
COTA	16
DoCS	3
Family member	31

Qld Helpline	7
Corrective services	1
MyAgedCare	23
Public Guardian	9
WA Helpline	1
Utility providers	6
ACT Helpline	2
Scam Watch	4
Vic Helpline	6
Tas Helpline	1
Total	3480

Coordination and case management

It is evident from the above tables that older persons experiencing abuse often require multiple services types. The Helpline has found that callers – both community members and professionals – often require a stepped approach which includes support, capacity building and clear guidance through the stages and involvement of other services. The Helpline has also found that better outcomes are achieved when callers remain with one Helpline staff member throughout their interactions with the Helpline. They form a relationship of trust with the staff member who knows the history of the abuse and intervention plan, and are able to provide further information, support and referrals accordingly. Seniors Rights Victoria has labelled the support individual as an ‘anchor person’ which accurately describes the coordination role the Helpline has found is often required. The requirement for the Helpline to coordinate or case manage has further increased since the Commonwealth Aged Care changes resulted in the cessation of 65+ HACC funded case management. Accordingly, EAHRU recommends further funding to enable the Helpline to formally provide this vital coordination role and receive further funding, as call numbers increase, to do so (See the Bryant case study, under Police heading, which highlights the coordination role the Helpline performs).

Recommendation: Extend the role of the NSW Elder Abuse Helpline to include case management/coordination for elder abuse cases when required.

Counselling and mediation

Referrals that are made by the Helpline are made based on the wishes of the older person, when the older person is able to convey their needs/requirements. The Helpline approach is to always start with the ‘least invasive’ intervention possible, e.g. counselling and mediation attempted before the suggestion of a Guardianship application. Many calls to the Helpline

involve conflictual family relationships, which research has shown to be a high risk factor for elder abuse¹⁴.

As demonstrated in the tables above, the Helpline suggests mediation to many callers in the hope of restoring family relationships and achieve a better outcome for the older person. However, mediation and counselling services are not specifically trained to provide counselling around the issue of elder abuse and costs can be prohibitive. The Helpline often makes referrals to the older person's GP for informal counselling if there are no other appropriate options available. GPs are able to and do refer patients for free psychology sessions; however, the older person requires a mental health plan creating another barrier to service access.

Recommendation: Make provision for elder-abuse specific counselling services that are:

- Easily accessible to older persons and their families that are experiencing family conflict.
- Easily accessible to older persons at risk of, or are, experiencing abuse, and their families.
- Tailored behaviour change counselling programs specifically for perpetrators of elder abuse.

Accommodation: Emergency (short- and long-term)

In situations where an older person wants to and is willing to leave a situation of abuse, accommodation often presents as a barrier. The Helpline often seeks social admissions to hospitals to 'rescue' the older person from abuse only for the older person to be discharged and return to an abusive environment due to lack of appropriate short- or long-term housing options. One of the few options available is nursing homes which are often not appropriate or desirable for the older person who often chooses abuse over residential aged care.

¹⁴ Johannesen, M., LoGiudice, D., 2013, Elder abuse: a systematic review of risk factors in community-dwelling elders, *Age and Ageing*, 2013:42:292-298, doi: 10.1093/ageing/afs 195, published electronically 22 January, 2013.

Recommendations:

- Short-term emergency accommodation that is appropriate for the needs of older persons, with access to assistance to acquire future long-term housing.
- Prioritised assessment and establishment of community services to enable independent living.
- Older persons fleeing abuse, who have limited finances, to be prioritised by the Department of Housing and placed in appropriate long-term dwellings.

4. The adequacy of the powers of the NSW police force to respond to allegations of elder abuse

The Helpline has a close working relationship with the NSW Police Force. The role played by the current Assistant Sponsor (Vulnerable Communities – abuse of older persons) has been pivotal in establishing, maintaining and improving the working relationship between the Helpline and NSW Police.

The *Preventing and responding to abuse of older people: NSW Interagency policy, 2014* is used to determine whether to bring a particular case to the attention of the police. When a crime has been committed, the Helpline advises the caller to telephone police or makes the call on their behalf. If the Helpline is unsure whether the matter requires reporting, it will consult a senior police officer with knowledge and expertise in matters relating to the abuse of older persons for clarification and guidance. The Helpline encourages agencies to seek guidance from NSW Police where there is a genuine and realistic concern about harm to a person's safety. The Helpline also requests police to conduct welfare checks when there is significant concern for an older person. The working relationship between the Helpline and NSW police is integral to good outcomes for older persons experiencing abuse (see Case studies 2 and 3 following).

The Helpline has found that the level of response varies from exemplary to less than adequate at times, risking the possibility of further unnecessary suffering of the older person. When responses are less than adequate, the Helpline currently relies on the Assistant Sponsor to step in and make contact with the responding command to ensure an adequate follow-up response. This is not a punitive process, rather, one of continuous improvement that identifies education and training needs of involved staff. The Helpline also provides positive feedback to the Assistant Sponsor which is distributed to associated commands to encourage continued excellence. Although limited in number, the Vulnerable Community Support officers have been exceptional in their responses to instances of elder abuse.

Whilst being effective during the establishment phase of the Helpline, this position is limited in its application across NSW and is not a sustainable model. First response from frontline staff needs to be of a consistent high standard. For that reason, the Helpline recommends the following:

Recommendations:

- **Further training in identifying and responding to elder abuse for all frontline staff.**
- **Increase the number of specialist trained police in elder abuse by rolling out the Vulnerable Community Support Officer position across NSW.**

Welfare checks

Sometimes the Helpline receives calls from members of the community where there is an older person suspected of experiencing abuse by family members. In such cases, the calls often come from neighbours or friends of the older person who have called the Helpline expressing their concerns. In such cases, there is usually very limited information about the older person and no way for the caller or anyone else to talk to the older person about their situation.

The Helpline is often told by health services such as the Aged Care Assessment Team and community services that they cannot conduct an assessment or home visit without the consent of the older person. With family members intercepting phone calls and declining services, no other option is left other than to request a welfare check from police. In this situation, police are the only service able to check on the welfare of the older person but don't have, nor should they be expected to have, the clinical skills often required on such visits. However, this means that clinical indicators such as bed sores, malnutrition and dehydration are not detected and the older person remains at risk (assuming the police have been able to sight and talk to the older person in the first instance).

Police do not have the appropriate powers to enable them to enter a property in search for evidence of abuse. That is, if a family member, who may also be the alleged abuser, denies access and gives a reasonable explanation as to why the police officer cannot enter the property, and police have no evidence of abuse, they have no power to do so. (See Bryant case study following¹⁵.)

¹⁵ <http://www.abc.net.au/news/2015-03-25/couple-pleads-not-guilty-to-starving-and-abusing-80yo/6346714>

Recommendations:

- Police able to obtain search warrants on the grounds of suspected elder abuse.
- Development of multidisciplinary Investigation teams consist of police and clinicians with aged care and elder abuse specialist skills.
- Criminalisation of elder abuse with specific offences accordingly.

Couple pleads not guilty to starving and abusing 80yo

Updated 25 Mar 2015, 2:12pm

A Hunter Valley couple has pleaded not guilty to starving and abusing the 80-year-old man they were meant to be caring for.

Police say Bryan Merchant was found underweight and malnourished in his house at Holmesville in December last year.

Officers were called a tip off was made to the Elder Abuse Hotline.

Documents tendered in Toronto Local Court say he weighed just 40 kilograms and had not received medication for his diabetes or prostate cancer for nearly a year.

His son Bernard Merchant, 46, and partner Sandy Hall, 49, have pleaded not guilty to several offences, including domestic violence, intimidation, and failing to provide the necessities of life.

Court documents say Mr Merchant senior was often locked in his bedroom and he told police Hall once said, "I detest feeding you".

He said she also threatened to stab him and have him locked up in a dementia hospital.

The court documents say a specialist found Mr Merchant senior does not have dementia.

The 80-year-old victim alleges he was only allowed out of the house to withdraw money, which he would give to his son.

The court heard he is now recovering and living alone, after originally needing double portions of all meals to boost his 40 kilogram frame.

The pair is on bail and due back in court on May 6.



PHOTO: Documents tendered in Toronto Local Court say Bryan Merchant, 80, weighed just 40 kilograms. (ABC News: Dan Cox)

MAP: Holmesville 2286

Note: the son and partner (daughter-in-law) of the older person recently pleaded guilty and are due for sentencing in January. As the case has been through court, the Helpline is able to share information here. The account below is based on information provided to the Helpline and Helpline staff recollection.

The case highlights how great outcomes for older persons can be achieved and were ultimately achieved in this case; however, the older person's suffering was prolonged and nearly resulted in his death due to police and other services not having sufficient powers.

The following addition of Helpline information regarding the lead-up to the older person being removed highlights these issues, and how things might have been different if the suggested recommendations were in place.

Case study 1

The first call to the Helpline regarding concerns for the older person was taken in December 2013.

- Call to Helpline from a concerned neighbour who stated that the older person had been calling for help, throwing plastic bags over the fence with notes inside asking for help, expressing his fears and stating what was happening. The neighbour also heard verbal abuse and putdowns of the older person by his son's partner. The neighbour stated they had confronted the older person's son but were verbally abused.
- Helpline made referrals to the local ACAT team. For reasons unknown to the Helpline, ACAT did not conduct an assessment.

Opportunity for change: ACAT guidelines state that the older person or their carer has to agree to a referral which may be why they were unable to assist.

- With no other option, the Helpline called local police to conduct a welfare check.
- The son and daughter-in-law told police that the older person had dementia and wandered, therefore he required a lock on his door for his own safety. Police spoke to the older person in the presence of the alleged abusers at which time he stated he was okay.

Opportunity for change: With appropriate training, police officers would have been better equipped to identify abuse, and if accompanied by a person with clinical skills, they would have been able identify that the older person did not have dementia.

- The neighbour called the Helpline again with concerns. The neighbour was able to advise the Helpline of the pharmacy used by the older person previously as they had assisted by picking up the older person's medications.
- The pharmacy had enough concerns to disclose the older person's GP.
- The GP was relieved to receive a call from the Helpline and advised that a meeting they had held with the son and daughter-in-law regarding concerns for the older person had not gone well and that they had ongoing concerns.
- The neighbour called the Helpline again and stated they had recorded the older person being screamed at and mistreated. The neighbour also reported the older person had escaped and came to their place crying and scared. At the older person's request, the neighbour drove the older person to his brother-in-law's place; however, the older person returned home once again.
- Police were called again and were reluctant to conduct a second visit due to lack of previous evidence. Police requested the neighbour to go to the police station and make a report; however, the neighbour was reluctant to go as they feared retaliation. The Helpline is not aware of a visit occurring.

Opportunity for change: Again, if the police had more powers to investigate, they may have been more agreeable to a second visit.

- After some months, the Helpline received a call from the GP stating they hadn't seen the older person for many months and were concerned.
- With limited options, the Helpline once again called the pharmacy to see if any prescriptions had been filled. The pharmacy advised they still had the older person on their books but no prescription had been filled for some time.
- The Helpline put together a dot-point history to the Assistant Sponsor (Vulnerable Communities – abuse of older persons) asking for advice and assistance.
- A senior officer was appointed who spoke to a local geriatrician who sent their two most experienced workers, a nurse and social worker, to the older person's home with the police officer in attendance.
- They found the older person in his spare room, with little food and having to defecate and urinate in a bucket so he didn't wake or disturb the dogs.
- The following day, the social worker returned to the older person's home and the older person had a small bag packed with a few items and said he wanted to get out and never come back. The older person was found to not have dementia, regained health with appropriate care, and has since moved back to his home.
- The older person's son and daughter-in-law both pled guilty to failure to provide the necessities of life and the older person's daughter-in-law also pled guilty to intimidation.

Case studies 2 and 3

Caller to Helpline: Department of Housing staff member

Barry, a 74-year-old man, managed to catch a bus and walk, with a broken foot, to his local housing office. Crying, he told a staff member, Amy that his female carer/friend had pushed him that morning causing him to fall and hurt his foot. Amy called the Helpline to find out what could be done. The Helpline advised Amy to sit with Barry and talk to him about what he would like to do and what assistance he would like, including reporting to police as an option.

Amy, with consent from Barry, called the Helpline again following their chat

- Barry disclosed a history of abuse, and said he had been hospitalised a number of times and had not disclosed the abuse.
- He wanted to move out but didn't know where to go. He also did not leave the house with his wallet or any possessions and was too scared to go back and get them.
- Amy and the Helpline discussed possibilities for temporary accommodation whilst Amy worked on long-term housing options. Amy contacted a friend of Barry's who offered short-term accommodation.
- Barry agreed to police assistance.

Police assistance

- The Helpline called the local police station to ask for assistance, discussing the situation and agreeing on a likely action plan.
- Police went to the housing office, and after talking with Barry, drove him to get his belongings.
- Whilst there, Barry's carer/friend became abusive which resulted in police issuing an ADVO.
- Police assisted Barry to retrieve everything he needed from the property, including his car keys and car.
- Amy then assisted Barry to purchase basic necessities.
- Amy called recently to say Barry is doing very well, is happy, and is now in long-term accommodation.

Caller to Helpline: Police officer

An elderly Indian couple was abandoned on the side of the road by family members due to family and financial issues. Their son had flown them to Australia to help look after his dying wife. When the older couple could not manage the care needs of their dying daughter-in-law, the relationship broke down. A community member picked them up, took them home and called the police. The police then called the Helpline for advice.

Helpline's interagency coordinated response

- Mutual discussion and advice exchanged between police and the Helpline regarding the rights and wishes of the older persons.
- Helpline call – the Migrant Resource Centre who provided information regarding sponsorship and financial rights (no support available).
- Helpline call – Local Government Council Aged & Disability worker – advised the Helpline to link with local neighborhood centre.
- Helpline call – the neighborhood centre, who were linked with the local Indian community.
- They donated money for accommodation whilst raising money for the couple to return to India.
- The Helpline provided information to police to give their son regarding palliative care services.

Feedback following

- The attending police officer reports a new-found passion for working with vulnerable older persons and would like to be involved in future work with the Helpline.
- Neighborhood centre staff expressed a desire to be part of future elder abuse collaboratives/working parties.
- The older persons were very happy with the outcome.

5. Identify any constraints to elder abuse being reported and best practice strategies to address such constraints

Professionals that serve older persons

Research suggests that constraints may exist in the helping professions regarding the recognition and reporting of elder abuse. In part, this may be due to negative attitudes towards older people. When two groups of social workers viewed an identical vignette of domestic violence against a woman, one aged 77 years old and the other 37 years old, results found that the abuse was considered significantly less serious when the victim was older¹⁶. Research also revealed that Australian GPs perceived elder abuse as significantly

¹⁶ Yechezkel, R., & Ayalon, L., 2013, Social workers' attitudes towards intimate partner abuse in younger vs. older women, *Journal of Family Violence*, 28(4), 381-391. doi: <http://dx.doi.org/10.1007/s10896-013-9506-0>.

less severe, compared with the perceptions of older Australians¹⁷. Moreover, studies found that Australian psychologists and counsellors felt that older people with signs of depression (a sign of elder abuse) are less likely to respond to psychological treatment, and are not considered as preferred clients¹⁸. Anecdotal evidence from Helpline interactions with professionals also suggests that professionals, at times, underplay the extent or magnitude of the abuse as a result of attributing the abuse to incorrect attitudes and perceptions of ageing, e.g. interpreting nervous/anxious responses or hearing loss as cognitive decline.

Based on the above research, elder abuse education is urgently needed in order for frontline healthcare professionals to appropriately recognise and respond to cases of suspected elder abuse and abide by established policies and procedures. Best practice strategies to address the above constraints will require effective professional education that recognises the possible effect of underlying psychological factors (e.g. ageism) on the efficacy of such programs to improve professional responses to elder abuse. Current research at the University of New England is investigating associations between ageist attitudes, descriptive and injunctive professional group norms towards reporting elder abuse, and perceived behavioural control to effectively recognise and report elder abuse. These social-psychological variables may interact to predict the behavioural intentions of professionals to recognise and respond to elder abuse following elder abuse education programs^{19 & 20}.

Recommendation:

All employees across all organisations that serve older persons participate in mandatory education that raises awareness about elder abuse, and to provide further training and resources that:

- **Address ageism;**
- **The rights of older adults;**
- **The types, prevalence and signs of abuse and neglect of older persons;**
- **Factors that may contribute to elder abuse; and**
- **Individual roles and responsibilities with regard to responding or reporting abuse.**

Training provided by EAHRU encompasses all the suggested topics in the above recommendation. The Helpline provided awareness and training to approximately five

¹⁷ Helmes, E., & Cuevas, M., 2007, Perceptions of elder abuse among Australian older adults and general practitioners, *Australasian Journal on Ageing*, 26(3), pps 120-124.

¹⁸ Helmes, E., & Gee, S., 2003, Attitudes of Australian therapists toward older clients: educational and training imperatives, *Educational Gerontology*, 29(8), pps 657-670.

¹⁹ Franklin, M., Watt, S., Phillips, W., & Wark, S., 2015, Professional responses to elder abuse: a social psychology perspective, unpublished manuscript, Behavioural, Cognitive, and Social Sciences, University of New England, Armidale, Australia.

²⁰ Registered Nurses' Association of Ontario, 2014, *Preventing and addressing abuse and neglect of older adults: person-centred, collaborative, system-wide approaches*, Toronto, ON: Registered Nurses' Association of Ontario.

thousand individuals over the past two years. The Helpline has developed various training options:

Face to Face Sessions: Improving Skills in Recognising and Responding to the Abuse of Older People

During this training session, participants:

- Explore the societal context of elder abuse and the rights of older people.
- Identify elder abuse types and signs.
- Examine the complexity of elder abuse, and barriers to recognising and reporting, including ageism.
- Understand duty of care and appropriate action to take when elder abuse is disclosed, witnessed or suspected.
- Understand the manager's role in responding to reports of alleged elder abuse.

Free E-learning accessible via the Helpline's website with the same learning outcomes as outlined above

Train the trainer for managers/supervisors/trainers: Improving Skills in Recognising and Responding to the Abuse of Older People

This session prepares managers to deliver training in elder abuse to frontline staff in their own service/program. Participants receive a training package which includes a Facilitator Guide, Facilitator Notes and participant training resources such as case studies to help test and apply learning. The Facilitator Guide can be adapted to meet the specific training requirements of your organisation/service.

The demand for face-to-face training from the Helpline outweighs the Helpline's resources.

Recommendation: Further funding provided to the NSW Elder Abuse Helpline to increase capacity to provide training to frontline aged care workers.

Recommendation: Clinical training on indicators of abuse be developed for health care professionals and included in relevant organisational mandatory education.

The EAHRU has also developed targeted awareness and educational resources for professionals. These include the postcard-sized Elder Abuse Suspicion Index (EASI) ©, a diagnostic tool developed for use by physicians, fact sheets regarding PoA and Guardianship, appropriate posters, and brochure pens distributed to health professionals across NSW. (See Appendix 1 for details.)

Community

Public awareness and education are essential factors required to increasing reports of and prevent elder abuse. A world-view environmental scan on abuse and neglect of older persons found that among developed countries, better awareness was one of the most important changes needed to effectively address abuse and neglect²¹.

As mentioned previously, many individuals have not heard the term elder abuse, and if and when they do, it is often only associated with physical abuse. Community members not only need to have an understanding of the issue in order to be able to recognise it, they also need to know there are effective services and systems in place that they can access for support. Increased community awareness has already been achieved via various targeted awareness-raising activities by the EAHRU; however, there is opportunity and plans to expand these campaigns.

In 2015, to coincide with World Elder Abuse Awareness Day (June 15), EAHRU launched the #PositiveAgeing #FreeFromAbuse promotion via EAHRU social media, posters, postcard-style ads and bus advertising. These were created with the purpose of individualising and personifying the message: ageing should be a positive experience afforded to all. Since commencement of this awareness campaign, the EAHRU has received a 50% increase in calls. EAHRU is unsure how much of this increase is due to the campaign; however, we believe raising awareness empowers older people to make calls to the Helpline. The current expansion of the awareness campaign addresses elder abuse head-on by not shying away from the subject. (See Appendix 2 for details.)

Whilst partnering with other agencies, where possible, the EAHRU has found there are many organisations passionately conducting awareness-raising activities. Whilst intentions are good, further collaboration between organisations to 'share the load' would avoid replication of resources and provide a consistent message to the community whilst building community confidence of services to report abuse if detected.

Recommendation: Provide further funding for EAHRU to expand campaigns and audiences reached.

Recommendation: Ongoing collaboration of like-minded services to pool resourcing in order to raise awareness of elder abuse and services available for support.

Older persons

There are many reasons as to why older persons do not disclose/report they are experiencing abuse. These include, but are not limited to:

²¹ Registered Nurses' Association of Ontario, 2014, *Preventing and addressing abuse and neglect of older adults: person-centred, collaborative, system-wide approaches*, Toronto, ON: Registered Nurses' Association of Ontario.

- Feelings of shame or embarrassed that their family member – often a son or daughter – are the perpetrators.
- Reliant on the alleged abuser for informal care.
- The fear of placement in residential care if they leave the abusive situation (see recommendations for housing options).
- Inadequate finances to ‘start over’.
- Fear of retribution.
- Fear of isolation – being cut off from family and cultural communities²².

CaLD groups

Older people from CaLD groups are at risk of abuse and experience added barriers to reporting such as limited English and a lack of knowledge regarding their rights. Aged-care workers’ lack of cultural knowledge can also contribute to difficulties in identifying abuse, and even when identified, members of CaLD communities most often prefer to remain at home, thus living with the abuser(s). The high incidence of (undiagnosed) dementia and depression in CaLD communities also puts them at heightened risk. Of great concern for many CaLD older persons is the fear of being shamed by, and excluded from, their communities if they were to report abuse. The below comment from a bilingual worker who attended a joint forum held by the EAHRU, Multicultural Health and Fairfield Council, highlights some of the above points:

‘Whilst one is expected to respect people’s cultures, this often brings tension in regard to the safety of the older person. Some families do not see it as a form of abuse to take over every aspect of their elder parents’ life (money; social; access to community). I have been shouted at whilst enquiring about the wellbeing of a parent and the conversation got so twisted that I have doubled what I suspected. When working with children, I just reported as required. The abuse I mostly experience is neglect – failing to take the family member to the doctor, and food...once talking to the family, they were not aware of such an impact on their family member and shocked it would be considered abuse. Appointments and dental care improved.’ (Bilingual, multicultural community worker)

The Helpline has found it essential to collaborate with CaLD services to raise awareness of elder abuse amongst older CaLD groups. However, moving forward, more organisations including EAHRU need to collaborate and raise awareness using a more targeted and structured approach.

²² Bagshaw, D., Wendt, S., & Zannettino, L., 2009, Preventing the abuse of older people by their family members, *Australian Domestic & Family Violence Clearinghouse Stakeholder Paper*, 7, 2012-09-20T02:17:54Z, pps 1-16.

Recommendations:

- CaLD-specific awareness and education that involves community consultation, especially key influential figures and targets key community access points, e.g. churches.
- Bilingual and bicultural workers/ethno-specific organisations to deliver elder abuse training to their communities which would enable them to further examine the issues and complexities.

6. Identifying any strength based initiatives which empower older persons to better protect themselves from risk of abuse as they age

Initiatives	Details
<i>Planning ahead tools – Get it in black and white</i>	A government initiative that provides information and advice for future legal, health and financial decisions ²³ .
<i>Age friendly communities, e.g. Coffs Harbour and Melville</i>	<p>The age-friendly community/city movement is an example of an approach that addresses the social determinants of health, and may help to prevent abuse and neglect of older adults who live in the community.</p> <p>The Public Health Agency of Canada (2012a) states that: ‘In an age-friendly community, the policies, services and structures related to the physical and social environment are designed to help seniors “age actively.” In other words, the community is set up to help seniors live safely, enjoy good health and stay involved’²⁴.</p>
<i>NSW Elder Abuse Collaboratives</i>	<p>EAHRU has actively worked with local communities to support the establishment of elder abuse interagency collaboratives comprised of a cross-section of key staff. The collaboratives:</p> <ul style="list-style-type: none"> • Provide a coordinated approach to prevent, reduce and respond to abuse of older

²³ <http://planningaheadtools.com.au/>

²⁴ Registered Nurses’ Association of Ontario, 2014, *Preventing and addressing abuse and neglect of older adults: person-centred, collaborative, system-wide approaches*, Toronto, ON: Registered Nurses’ Association of Ontario.

	<p>people.</p> <ul style="list-style-type: none"> • Improve staff capability to work with older people experiencing abuse such as staff training and promoting 'reflective practice'. • Create awareness of elder abuse and response options in the community that promote inclusiveness and empowerment of older people. • Promote positive ageing messages. • Address local concerns of older people when developing local plans. • Develop local resources and practices in responding to abuse of older people that are shared in the community, such as key messages in council rates notices, and using other community forums and avenues.
<i>Commonwealth Home Support Program</i>	Commonwealth Home Support Program, which may include centre-based respite, social support programs to support healthy ageing, and independence via social connectedness.
<i>Telecross</i>	A program by Red Cross that promotes older people's independence and safety in the home by phoning them daily at a time of their choice.
<i>Staying Home Leaving Violence</i>	<p>The Staying Home Leaving Violence program aims to prevent homelessness by working with NSW Police to remove the perpetrator from the family home so that women and children can remain safely where they are.</p> <p>The program places accountability firmly on the shoulders of the violent offender and ensures women and children are not driven to homelessness or uprooted from their families, friends and schools.</p> <p>It also provides a range of support for victims such as safety planning, improving home security, assistance in managing finances, support for children, and helping women throughout the complicated legal process.</p> <p>The service operates in 23 Staying Home Leaving Violence locations across NSW.</p>

<i>Vulnerable Persons officers</i>	The NSW Police Force has established several new positions of specialised police officers with training to address elder abuse and other concerns for older people, and to make appropriate referrals.
<i>Centrepay</i>	A Department of Human Services program that supports older people's independence and empowerment by organising payment of their bills using BPAY.
<i>Financial Literacy Programs for Older People</i>	<p>The Australian Bankers' Association promotes financial literacy programs for older people.</p> <p>These programs empower older people to protect themselves from financial abuse.</p>
<i>Education and awareness</i>	EAHRU education and awareness activities to specific cultural and other groups as outlined in other sections of this submission.
<i>The Aged Rights Service (now known as the Seniors Rights Service) education program</i>	<p>Provides legal education workshops and development of tools to older people which can prevent abuse occurring.</p> <p>One example is the Legal Issues playing cards as part of a Community Inclusion Grant from the Community Relations Commission.</p> <p>Furthermore, workshops are held periodically about a range of consumer issues such as unfair contracts, elder abuse, financial issues, planning and other concerns.</p>

7. The effectiveness of NSW laws, policies, services and strategies, including the 2014 Interagency Policy Preventing and Responding to Abuse of Older People, in safeguarding older persons from abuse

Interagency policy

'When considering how to respond to abuse and neglect of older persons, nurses and other healthcare providers need access to policies and procedures that clearly outline their role and responsibilities. Numerous studies have found that nurses and other healthcare providers lack knowledge and clarity about roles and responsibilities,

including legal responsibilities and procedures for reporting abuse and neglect of older adults²⁵.

Many professionals call the Helpline seeking guidance not only on how to respond to abuse but on their responsibility, if any, to report. The feedback we have had from callers is that the policy is too general and does not provide them with enough information or guidance to make a decision on how to move forward.

Helpline staff are confident and well-versed in providing guidance around policy issues; however, at times, agencies lack the confidence to act without clear written, overarching policy. Improvement opportunities for the Interagency policy include: expanded duty of care information; what constitutes a crime; what constitutes serious harm; privacy and confidentiality; and reporting to police.

Agencies are also concerned about breaching trust and worry their client will cancel services. The Helpline is concerned that reporting due to this reason may be further hindered in 2017 when all Commonwealth Client Directed Care clients' money transitions with them when and if they choose to change organisations.

The Helpline has also found many organisations do not have their own elder abuse policy which, if present, would provide individuals with position-specific guidance when responding to elder abuse.

A best-practice guide from Canada states that all policies and procedures should:

- Be compatible with the law and professional practice standards;
- Be made explicit to staff;
- Provide explicit directions, responsibilities and contact information, where reporting is mandated by law;
- Outline what to do when no reporting is required;
- Align with principles; and
- Be reviewed and updated²⁶.

²⁵ Registered Nurses' Association of Ontario, 2014, *Preventing and addressing abuse and neglect of older adults: person-centred, collaborative, system-wide Approaches*, Toronto, ON: Registered Nurses' Association of Ontario.

²⁶ See 25.

Recommendation:

The 2014 Interagency policy is updated to include clear guidance on:

- Duty of care and reporting requirements under the *Crimes Act* (Section 316 of the *Crimes Act*).
- Common criminal offences related to elder abuse to be included (possibly as an appendix).

Recommendation:

- All organisations/agencies that serve older persons have elder abuse policies and procedures that are: based on best practice (e.g. Canadian example above), and aligned with the 2014 Interagency policy (or most recent, when updated). And policies are regulated/checked as part of accreditation standards (or relevant processes) for all agencies.

8. The possible development of long-term systems and proactive measures to respond to the increasing numbers of older persons, including consideration of cultural diversity among older persons, so as to prevent abuse

Other sections of this submission address this ToR.

9. The consideration of new proposals or initiatives which may enhance existing strategies for safeguarding older persons who may be vulnerable to abuse

There are many good initiatives and systems that are designed, and in most cases do, safeguard older persons from abuse. However, there are times when these exact initiatives are misused to enable abuse to occur, and also make responding to abuse difficult.

EAHRU staff met to discuss changes to current initiatives or suggest new proposals that staff feel would make a big difference for both older persons and individuals (community members and professionals) in identifying and responding to the abuse of older persons.

Helpline case studies: Enduring Powers of Attorney and Guardianship

Hospital staff denies family access to visit or phone their dying older mother with whom they had had a close relationship with up until the past 6 months in which time the alleged abuser had befriended their mother. Access was denied based on instruction from the alleged abuser who had gained PoA (not Guardianship with an access order, which should be required) sometime in the months before the older woman's death.

Son calls the Helpline with concerns for his father's health. The caller's brother (alleged abuser) has Guardianship and EPoA and is acting upon these documents despite the older person still having capacity. The alleged abuser is able to continue spending his father's money and blocking access to services.

Recommendations: Enduring Powers of Attorney and Guardianship

- Requires a GP or trained clinician to sign off so as to provide 'activation', i.e. to confirm the older person no longer has capacity.
- Mandatory education for all Guardians and PoAs regarding their responsibilities prior to appointment.
- Maximise independence of the older person where possible by PoA and Guardianship decision-making abilities to be broken down into relevant sections to avoid a 'blanket rule' of lack of capacity, i.e. decision-making.
- Establish a regulated system of accountability.
- Registration of all EPoAs, PoA and Guardianships.
- Change the name or provide clear clarification on PoA documents to avoid confusion with Guardianship.
- Solicitors receive elder abuse training.
- Create new offences for dishonesty for obtaining or using EPoA or Guardianship.

Carer's payment case study

Angelina is a 93-year-old lady who is being cared for by her daughter, Maria. Maria receives a carer's pension. Concerned family members stated that Angelina is often left in soiled continence pads and only showered twice a week. The family also reported that despite Maria not managing, she had declined community support referrals, and had recently discharged Angelina from hospital so that her carer's pension was not affected. Maria also declined respite for the same reason.

Recommendations: Carer's pension and payment

- Applicants for carer's payments or pensions receive education regarding carer stress, service availability, and legal responsibilities.
- Carers to receive education regarding carer's stress, service availability and legal responsibilities.
- Screening of potential carer's capabilities to provide the appropriate level of care required. This may be the role of ACAT teams, hospital multidisciplinary teams or GPs accompanied by extra supports and skill training.

Screening recommendations:

- Yearly screening for elder abuse to be conducted by GPs.
- GPs to receive specialist training in elder abuse detection.

Education and awareness recommendations:

- As per point 5 – EAHRU training options.

Appendix 1 – EAHRU resources (professionals)

Elder Abuse Suspicion Index (EASI) © (front and back)



ELDER ABUSE SUSPICION INDEX (EASI)

EASI questions: questions 1–5 asked of patient; question 6 answered by doctor. Within the last 12 months:

1	Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	Yes	No	Did not answer
2	Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?	Yes	No	Did not answer
3	Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	Yes	No	Did not answer
4	Has anyone tried to force you to sign papers or to use your money against your will?	Yes	No	Did not answer
5	Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	Yes	No	Did not answer
6	Doctor: Elder abuse <u>may</u> be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?	Yes	No	Not sure

The EASI was developed to raise a doctor's suspicion about elder abuse to a level at which it might be reasonable to propose a referral for further evaluation. While all six questions should be asked, a response of "yes" on one or more of questions 2 to 6 may establish concern.

© The Elder Abuse Suspicion Index (EASI) was granted copyright by the Canadian Intellectual Property Office (Industry Canada) February 21, 2006. (Registration # 1036459) Available at <http://www.ricenet.ca/tools-easi-elder-abuse-suspicion-index>

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Infographic poster and brochure pen (detail)

1 in 20
older people experience abuse
every year

Only 1 in 5
cases are reported

If you suspect something, say something.

NSW
elderabuse
helpline & resource unit



NSW
GOVERNMENT

1800 628 221
Anyone can make the call

NSW
elderabuse
helpline & resource unit

www.elderabusehelpline.com.au | 1800 628 221

EAHRU Financial abuse fact sheet

Financial Abuse

What is financial abuse?

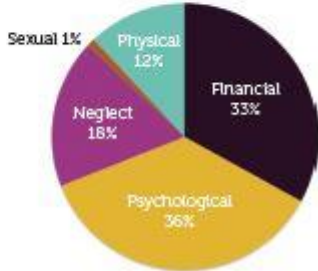
Financial abuse is defined as the illegal or improper use of an older person's property or finances by a person of trust.

Occurrence

Calls to the NSW Elder Abuse Helpline reflect national and international trends, with financial abuse being one of the most common forms of abuse against older people. Psychological abuse often coexists with financial abuse.

Abuse Types

(based on Helpline data)





Abuse Type	Percentage
Financial	33%
Psychological	36%
Neglect	18%
Physical	12%
Sexual	1%

Signs	Examples
<ul style="list-style-type: none"> • Insufficient funds to pay bills and meet basic needs i.e. electricity, food & clothing • Cancelled aged care services • Missing/stolen belongings • Social isolation/withdrawal • Stranger unusually befriending older person • Disparity between living conditions & money • Hovering carer i.e. carer constantly speaking for older person 	<ul style="list-style-type: none"> • Misuse of money or property by a Power of Attorney or person of trust • Belongings being sold without permission • Person of trust threatening and/or coercing the older person to change names or details on wills and assets • Older person being denied access to, or control of their funds • Unauthorised use of older person's bank accounts (ATM, internet)

Responding to Financial Abuse

- Discuss concerns with older person or Power of Attorney (if not alleged abuser), if older person does not have capacity & suggest options/avenues of support
- Assist/suggest older person contact their financial institution, obtain transaction details & have safeguards put in place e.g. two to sign for all bank transactions
- Suggest older person seek legal advice
- Contact the Elder Abuse Helpline & Resource Unit if you're unsure of what to do or need assistance with developing an action plan

EAHRU Power of Attorney and Enduring Guardian fact sheet

Powers of Attorney and Enduring Guardianship

It's important to know the difference

The NSW Elder Abuse Helpline & Resource Unit receives calls regarding suspected abuse of older people living in the community in NSW. Many of these calls are related to alleged financial, psychological, physical, sexual abuse, and neglect.

Many instances of financial and psychological abuse result from the misuse of Powers of Attorney and confusion between the roles of an attorney and an enduring guardian.

Things to Consider	Power of Attorney	Enduring Power of Attorney	Enduring Guardian
Can only be appointed by Older Person while they have capacity.	✓	✓	✓
Manages finances & assets on behalf of older person, according to older person's wishes (e.g. paying bills).	✓	✓	
Useful if older person is overseas or unwell & needs finances managed by another person.	✓	✓	
Can be in effect whilst older person has capacity.	✓	✓	
Is effective when the older person loses capacity.		✓	✓
May decide where the older person lives.			✓
May decide what health care the older person receives.			✓
May decide what other kinds of personal services are received.			✓
Can consent to medical or dental treatment being carrying out.			✓

* Note: other decisions can be made by enduring guardians however they require a "special function" which must be clearly stated in the guardianship documentation. These special functions may include an "access function" which allows the enduring guardian to restrict specific persons, stated in the guardianship documentation, from having access to the older person. This is normally used when there is some discord in family or close relationships. However, without these special functions being specifically listed in the guardianship documentation, the enduring guardian does not have the right to restrict anyone access to the older person.

For more information about powers of attorney and enduring guardianships please see:

<http://www.tag.nsw.gov.au/what-is-a-power-of-attorney.html>

<http://www.publicguardian.justice.nsw.gov.au/agdbasev7wr/publicguardian/documents/pdf/accesssummaryweb2014.pdf>

Appendix 2 – Awareness raising resources (community)

World Elder Abuse Awareness Day bus ad



Expansion of awareness campaign – end 2015-2016



'My money
is of greater
value to
my children
than I am'

**Taking your parent's
money is abuse**

NSW
elderabuse
helpline & resource unit | **1800 628 221**