Submission No 37

INQUIRY INTO INQUIRY INTO ELDER ABUSE IN NEW SOUTH WALES

Name: Professor Susan Kurrle

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Submission to the General Purpose Standing Committee No. 2 on matters relating to elder abuse in NSW

Professor Susan Kurrle

Geriatrician, Hornsby Ku-ring-gai and Eurobodalla Health Services
Curran Chair in Health Care of Older People, Faculty of Medicine, University of Sydney

Introduction

Elder abuse is the last form of family violence to come to public attention. It tends to be a hidden problem with most abuse occurring within the family home, at the hands of family members or carers, or others with whom there is a relationship of trust. It is associated with increased rates of hospital admission and admission to residential aged care facilities, and also with increased morbidity and mortality. Until the late 80s very little was known about its occurrence in the Australian community, but over the last 25 years research throughout the country has confirmed the significance of abuse as a social, medical and legal problem.

Changes in responses to elder abuse

Over the past 25 years, State, Territory and Commonwealth governments have addressed the problem of elder abuse with development of specific policies on elder abuse and education and training programs. Most agencies dealing with older people now have protocols in place for management of elder abuse. There is no specific legislation relating to elder abuse and there is currently no mandatory reporting of elder abuse in the community. However from April 2007, the Commonwealth government has made it compulsory for serious physical abuse and sexual abuse in high care residential aged care facilities to be reported to police and to the Aged Care Complaints Scheme (Department of Social Services).

As a clinician and geriatrician in both urban and rural practice for the past 30 years, I have been seeing cases of elder abuse on a regular basis. The big difference between now and 25 years ago is that there is higher degree of awareness amongst health and aged care providers as to what is happening and so there is better identification and more confidence amongst many of the staff dealing with this issue. Use of the NSW Interagency Protocol for responding to abuse of older people is becoming more widespread. However we still have a long way to go particularly with raising awareness amongst older people themselves about this problem.

The improvement in health care professional awareness and knowledge is best illustrated by comparing two cases of elder abuse with which I have been involved.

Case 1 in 1989:

This case involved a 78 year old man who had been living alone and coping quite well until his daughter moved in with him. His local doctor noticed weight loss and bruising, and friends at the local club noticed withdrawal from social activities. He was investigated by his GP for depression and a possible

underlying cancer. His social situation was not considered, and no one asked any questions about the home situation. The possibility of elder abuse was not considered. He was referred to aged care services who, after a number of contacts with this man, including assessment for residential care placement, eventually found that his daughter had been physically, psychologically and financially abusing him.

Case 2 in 2015:

This case involved an 81 year old man, whose son moved in with him after the son's divorce. Friends noticed weight loss, depression, a change in personality, withdrawing from bowls and from his volunteering for Meals on Wheels. He was noted by his GP to have bruising, and appear quite depressed, and he was referred to the aged care team for "falls and frailty assessment and checking for elder abuse". When seen by the aged care team, he was asked the two elder abuse questions ("Are you afraid of anyone?" and "Has anyone hurt you recently?"), and admitted to "some problems" with his son. He said that he felt that he couldn't deny his son what he asked for, when he wanted money from his father. When he wouldn't write a cheque for his son, his son would push him or hit him. With this man's permission, an application was made to the NSW Civil and Administration Tribunal (Guardianship Division) for financial management to protect this man's finances and property. Assistance with housekeeping and shopping was organized for him and the GP arranged to visit regularly. His friends picked him up for bowls. All attempts to engage his son were unsuccessful and he has recently moved away.

The differences in the responses to these two similar cases illustrates that we have made progress in the past 25 years. GPs have a good awareness of elder abuse, aged care professionals are well aware of the issues, and the NCAT (Guardianship Division) is very useful in addressing elder abuse, particularly financial abuse.

Abuse within residential aged care facilities

I am aware that other submissions include information on prevalence and types of abuse so I will not include them in my submission. However I do want to draw attention to one area of elder abuse about which less is known, and this is the area of abuse occurring within residential aged care facilities. Whilst this may be outside the scope of this inquiry, it is NSW Police who often have to investigate these cases, and NSW Health facilities that often receive the victims of abuse from aged care facilities, so it is important that its existence be acknowledged. In elder abuse occurring in residential aged care, the abuser may be another resident, a family member or friend, or a staff member. Resident to resident abuse is becoming increasingly recognised as an issue, and people with dementia and associated behavioural and psychological symptoms are more likely to be involved both as victims and abusers.

Issues for the future

1. **Funding for a community prevalence study**

The true prevalence of elder abuse in NSW and in Australia is unknown. We can extrapolate from international research, and we have rates of occurrence for specific populations (such as those older people presenting to aged care services), but it is important for the future that we are more aware of how often elder abuse occurs in the older population generally, what forms it takes, in whom it occurs, and what actions are taken to address it. A prevalence study will be a large and relatively expensive exercise but its findings will be pivotal in the understanding of elder abuse, and will inform how we can address this problem in the future.

The NSW Government should consider funding a state based study, or contributing to a national study to estimate the prevalence of elder abuse in our older population.

2. **Ongoing and increased support and resourcing for the Elder Abuse Helpline and Resource Unit**

The Elder Abuse Helpline has now been operational for more than 2 ½ years and from a clinician's perspective it has been extremely useful in providing advice and support to older people and their family members, clinicians (particularly GPs), and other health and aged care providers. Its ongoing operation is essential to the appropriate management of older people who are subjected to elder abuse.

The NSW Government should consider providing a modest increase in resources to the NSW Elder Abuse Helpline and Resource Unit, to allow staff to provide more education and teaching to assist in raising awareness and improving care providers ability to respond to abuse cases. Informal feedback from GPs and practice nurses has been very positive in terms of assistance provided by the Helpline with difficult cases. The Unit can also provide education to older people to improve community awareness of the issues around elder abuse, and to empower older people to put in place measures to reduce the likelihood of abuse in the future.

3. **Education for medical professionals and acute hospital staff**

Generally the medical profession has been slow to be involved in the identification and management of elder abuse. This may relate to a lack of awareness of elder abuse, and a lack of scientific knowledge in this area with no evidence based guidelines on interventions and treatment available. Factors such as the sensitivity in managing elder abuse situations where both victim and abuser are patients, and the concern about involvement in legal actions also make this a very difficult area. However health care professionals in the acute hospitals, particularly medical and nursing staff in the Emergency Department, are at the front line of identification of elder abuse, and it is important that they are aware of elder abuse and how it may present. Appropriate funding for education and training about elder abuse, and the use of the Interagency Protocol, is necessary to improve knowledge and confidence in managing this difficult area.

The general practitioner is absolutely key to the identification and management of most cases of abuse and GP involvement is essential to ensure the best outcome for their patients. With the markedly increasing numbers of older people in the population there will be more cases of abuse. Whilst the role

of the GP may be outside the scope of this enquiry, it is essential that the NSW Ministry of Health engage with the Primary Health Networks associated with each Local Health District to ensure that LHD staff are well linked with these Networks around the issues related to elder abuse, including providing assistance with education.

The NSW Government should consider providing specific funding for education and training in elder abuse for acute hospital staff, through the NSW Ministry of Health.

4. Systemic abuse

The whole issue of "systemic abuse" is important to recognise. This is abuse that occurs as the result of the health or aged care systems that are in place. It may be beyond the scope of this Inquiry to address abuse related to Commonwealth funded services, but with respect to NSW Government services, examples include the use of physical restraints in acute hospitals, the use of chemical restraints (usually psychotropic medication) to manage patients with challenging behaviours, and the forced discharge of older patients to their home because of the need for hospital beds. All these actions cause harm to an older person within what should be considered a relationship of trust.

The NSW Government should consider a system of review and redress perhaps through a Health Ombudsman to allow these issues to be addressed.

5. Development of specific elder abuse prevention and management teams

Aged Care Assessment Teams (ACATs) which are Commonwealth funded have in the past usually worked with state based aged care services. ACATs were mandated to manage elder abuse in the 90's, and became skilled in identification and management of abuse, particularly in NSW. With the withdrawal of ACATs from case management and with their separation from aged care services which has been occurring over the past 12 months in NSW, there is an imperative to provide an alternative method of assessment and management within the health system.

The NSW government should consider the development of teams of health care professionals within each Local Health District's aged care services to assist in the identification, assessment and management of cases of abuse. This could be in partnership with the corresponding Primary Health Network for each Local Health District to allow for involvement of general practice.

6. Involvement of the NSW Police Force

Involvement of members of the NSW Police Force in cases of elder abuse has assisted in the assessment and management of many cases. The work performed by the NSW Police Vulnerable Community Support Officer has been invaluable in promoting awareness of elder abuse amongst members of NSW Police, and in providing advice and assistance in police management of cases.

The NSW Government should consider increasing the number of Vulnerable Community Support Officers across NSW to assist in education and training for NSW Police, and to assist members of NSW Police in dealing with cases of abuse.