SELECT COMMITTEE INTO ELDER ABUSE

INQUIRY INTO ELDER ABUSE

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
MONDAY, 14 MAY 2018

SESSION ONE

Members

Hon Nick Goiran, MLC (Chair)
Hon Alison Xamon, MLC (Deputy Chair)
Hon Matthew Swinbourn, MLC
Hon Tjorn Sibma, MLC

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Hearing commenced at 9.51 am

Mrs DEBORAH ROSE
Member Advice and Policy Officer, Aged and Community Services Australia, sworn and examined:

The CHAIRMAN: On behalf of the committee, I would like to welcome you to this morning's hearing. Before we begin, I do need to ask you whether you wish to take either the oath or affirmation.

[Witness took the oath.]

The CHAIRMAN: You will have signed a document entitled "Information for Witnesses". Have you read and understood that document?

Mrs ROSE: Yes, I have.

The CHAIRMAN: These proceedings are being recorded by Hansard and broadcast on the internet. Please note that this broadcast also will be available for viewing online after this hearing. Please advise the committee if you object to the broadcast being made available in this way. A transcript of your evidence will be provided to you. To assist the committee and Hansard, please quote the full title of any document you refer to during the course of this hearing for the record. Please be aware of the microphones in front of you and try to talk into them, ensuring that you do not cover them with papers or make noise near them. I remind you that your transcript will become a matter for the public record. If for some reason you wish to make a confidential statement during today's proceedings, you should request that the evidence be taken in closed session. If the committee grants your request, any public and media in attendance will be excluded from the hearing. Please note that until such time as the transcript of your public evidence is finalised, it should not be made public. I advise you that publication or disclosure of the uncorrected transcript of evidence may constitute a contempt of Parliament and may mean that the material published or disclosed is not subject to parliamentary privilege.

We do have questions that we would like to ask you this morning, but before we do, do you have any opening statements or remarks that you would like to make?

Mrs ROSE: I will make an opening statement. I am aware that you all have a brief description of ACSA and its role in the submission that has been distributed to you, so perhaps I will not go through that all, if that is okay. ACSA and its membership believe that any response to elder abuse must start from a position of recognising the inherent dignity and worth of all older people, irrespective of their disability or any other characteristic. Combating ageist stereotypes of older people will go a long way to setting a scene where older people are treated with the respect that we believe they deserve. ACSA believes that commonwealth and state and territory laws should be based on the position that the abuse of anyone, including older people, is not to be tolerated.

The CHAIRMAN: Thank you very much. At the outset I should just indicate to you that it has been the practice of this committee during each of the hearings that we have had to go through each of the 10 items in our terms of reference. We have specific questions with respect to some of them, but we invite you to make a comment, if you wish, on any of them.

I will start at the beginning, with the definition of elder abuse. I note that you have made some comment on that at page 5, I think it is, of your submission to the ALRC inquiry of 2016. Can you inform the committee how the element of trust in the World Health Organization's definition of elder abuse fits within the context of paid carers?

Mrs ROSE: The nature of the care that is delivered to older people in residential care and home care settings is such that they do develop a relationship with the person caring for them. The nature of the care provided is very personal. It does develop into quite a personal and close relationship, so in that way the paid carer does have a position of trust with the person that they care for.

The CHAIRMAN: Thank you. Do you have any other advice for the committee on what the definition of elder abuse ought to be?

Mrs ROSE: While the World Health Organization's 2002 definition is the most commonly used, and it is the one that ACSA refers to in our submissions, we believe that whatever definition is considered and developed needs to be nationally consistent. There are a few concerns in applying a blanket definition due to factors like differing context in relationships, which sometimes require different responses. There are different approaches to unintentional versus intentional abuse; for example, the difference between abuse that is assault, that is a crime, and verbal abuse by a non-paid carer—perhaps a family member—that may require support, education and assistance rather than a legal remedy. We believe that as part of the national plan, a review of the current most commonly used definition is appropriate to make sure that those things are considered.

Hon ALISON XAMON: I was hoping that when you talk about trust—I am interested in the context of your organisation that you represent—if you could elaborate a little bit on the issues of duty of care. There are obviously unique responsibilities that arise as a result of the employment relationship as well. Did you want to make any comment around that? Obviously, with issues of trust, that can pertain to family members and close neighbours, but when we are talking about issues of trust that arise with people who are employees, that also brings with it a separate and higher degree of responsibility because of that legal duty of care.

Mrs ROSE: Yes, it does. The only comment I would make there is the two levels of trust, being the relationship between the paid carer and the person they are caring for, which I have described, but also the strategies, such as staff training and commonwealth police clearances, to make sure that there is a person who is appropriate and can be trusted as far as possible in the delivery of the care by the organisation. The organisations have policies and procedures that guide staff and give them a clear understanding of what their roles are and what their duty of care is.

[10.00 am]

Hon ALISON XAMON: So the extent of that is perhaps something that we will be exploring a little bit more during the course of these hearings.

Mrs ROSE: Thank you.

The CHAIRMAN: The second term of reference asks the committee to identify the prevalence of elder abuse. You are probably aware that the federal government has commenced a research project on specifically that point, but is there anything in particular that you wish to draw to our attention in respect of prevalence? I do note that in your submission to the committee, you state as follows —

> It is also important that any proposals are proportionate to the risks involved noting that research shows the majority of elder abuse take place in the person's own home, with family members the most likely abusers and financial abuse being a particular issue.

Is there anything further that you wish to add in respect of prevalence?

Mrs ROSE: The comment that you have just read to me is, I think, made because, in light of a lot of recent media and other reports, we believe it is important that the issue of elder abuse is not seen as something that happens mainly in residential aged-care facilities, because it is a community-wide

issue and the prevalence studies show that. I have some figures in residential aged care. Approximately 95 per cent of older people live in private homes and approximately one per cent of people between the ages of 65 and 79 years and 15 per cent of people over 80 live in residential aged care. The research is clear that most perpetrators of elder abuse are relatives. Both international and Australian studies report that 90 per cent of alleged perpetrators of elder abuse are actually related to the older person.

The CHAIRMAN: Can I just check that I heard that correctly? Between the ages of 65 and 79, it is one per cent of Australians who are in residential aged care.

Mrs ROSE: Yes.

The CHAIRMAN: Once you get to 80, it jumps up to 15 per cent.

Mrs ROSE: Yes; 15 per cent of people over 80 years old live in Australian residential aged care.

Hon ALISON XAMON: In terms of when incidents do occur within aged-care facilities, is there any sort of national data collection of recording of those incidents or is it effectively dealt with by the individual facility?

Mrs ROSE: There are legal procedures that aged-care facilities have to follow, but only in the area of physical harm and sexual assault. It does not cover the other areas of elder abuse in the World Health Organization definition. For example, if a person living in residential aged care reports to the staff member that they have been harmed physically or sexually, and that includes rough handling, or if a staff member suspects that they are being abused or actually has seen them being abused, there is a process that they have to follow of reporting to the most senior person, whoever that designated person is, in the organisation, who then has to report that incident to the Aged Care Complaints Commissioner and their local police service within a period of 24 hours, and they need to keep records of those. That legislation does not apply to home care. In residential aged care, those statistics would be kept by the aged care commissioner.

Hon ALISON XAMON: Are you effectively saying that there is a mandatory component of reporting for sexual and physical assaults?

Mrs ROSE: Yes. It was introduced in 2007. Yes, it is legislated—mandatory reporting of physical harm and sexual assault.

Hon ALISON XAMON: Of course, there would be a vulnerability that perhaps the people who have the responsibility of making that mandatory report may never become aware of what is happening necessarily on the floor itself.

Mrs ROSE: Yes.

Hon ALISON XAMON: Can I just confirm that other forms of abuse that have been identified within the course of this inquiry—notably, financial abuse or straight-out theft or neglect, for example—are not subject to any sort of mandatory reporting provisions?

Mrs ROSE: Not legislated, no. Each organisation is required and it is tested and monitored by the Australian Aged Care Quality Agency. When those things occur, there is a responsibility of staff to report and there are procedures within the organisation for that to happen, but there is no legal mandatory reporting around those areas of abuse.

Hon ALISON XAMON: If you had a staff member who was routinely stealing from the residents, for example, and they then subsequently were caught and then dismissed, there would be no way that that would be automatically recorded anywhere, so we cannot really know how widespread that concern may be or not.

Mrs ROSE: That is true, particularly since it requires the organisation or the designated senior person—usually a senior person, a facility manager or a general manager—to report that activity to the police. Stealing is an offence anywhere in any setting. So organisations do report that to the police and there are instances where that has happened and the police have come and investigated that. But it does rely on those people to actually report it to the police.

Hon ALISON XAMON: I would imagine that within a fairly competitive environment, there would be a bit of disincentive to want to report matters if they had sort of been resolved at a local level. Do you think that that is a concern?

Mrs ROSE: It has been raised as a concern and I can certainly see the potential for that.

Hon ALISON XAMON: My concern is that there are some good quality facilities that perhaps are aware of, if you like, cowboy facilities that are not doing the right thing, that are not undertaking the right protections, who I imagine would be quite frustrated that an entire industry can be tainted, because you cannot readily expose if abuse is occurring in a particular site.

Mrs ROSE: Yes, there is frustration in the sector with that, most definitely, when one or two aged-care facilities get it wrong. Of course, as we know, it is reported widely in the media and that does taint, as you say, the whole sector and there is a lot of frustration and sadness. The very good work goes unreported largely. So there is that frustration.

Hon ALISON XAMON: Is the sector itself pushing for a wider array of mandatory reporting around abusive practices?

Mrs ROSE: The sector and ACSA itself is not supportive of mandatory reporting.

Hon ALISON XAMON: Why is that?

Mrs ROSE: We believe that it is ageist and that all cohorts of the population have a right to make choices and to make decisions for themselves. It is tricky because there does need to be some form of reporting. There needs to be a lot of education. There needs to be a lot of consistency around the way matters are dealt with, not necessarily just mandatory reporting.

Hon ALISON XAMON: But you would have probably a disproportionate number of people living within your facilities who perhaps have diminished legal capacity, so surely it would not be ageist to make sure that any abuses being perpetrated against them are being automatically reported?

Mrs ROSE: There are already processes in place for that to happen. From my own experience, facilities that have a concern about the welfare of a resident who has impaired cognition take action. If they feel that the enduring power of attorney or enduring power of guardian or family members are not acting in that person's best interests, they can and do go to the appropriate agencies to have that reviewed or to ask for a power of attorney or a power of guardian to be appointed. They do have the capacity and the processes in place to report that within their own organisation, because, at the end of the day, the accreditation process by and large monitors those things. Homes are required to show the processes they have in place to protect people with limited cognition or impaired cognition. So mandatory reporting is something that really needs to be considered more broadly. There are differing views in the sector about whether or not we ought to have mandatory reporting.

[10.10 am]

Hon ALISON XAMON: Because, really, we are talking about two different types of potential abuse here. We are talking about perpetrators who are employed within facilities who have a legal duty of care, and perhaps they need to be held to a different standard in terms of issues around mandatory reporting; and you have just raised a very interesting point as well, and that is about the

role that services can play as being at the front line in terms of being able to monitor and observe what is happening within an individual family dynamic. I am interested in elaborating on the second component in terms of what sort of training you would give staff. I assume that one of the things that you would want to give the residents who reside in those facilities is privacy. It is effectively their home. How would you go about picking up if there is a family who, for example, is putting pressure on a resident to hand over money?

Mrs ROSE: The only ways that you can pick that up is if the resident discloses that information to staff, or staff or others can witness this happening. Really, they are the only two ways it is picked up.

Hon ALISON XAMON: Do you ever find that residents have inexplicably run out of money to pay their fees and that is how you unpick that their money has been slowly whittled away?

Mrs ROSE: Not very often in my experience. From an ACSA perspective, at our organisation we do not hear of these issues very often, but they do happen and they can happen. I think the industry itself has got better at explaining up-front to family members the way that the fees and charges work and the expectation and the whole financial aspect of care, whereas in the past it was not very well explained. So people have a better understanding. There have been examples, in my experience, in aged care where perhaps a parent needs new shoes or their clothing is becoming old and ragged and inappropriate and there have been difficulties getting money from the family, for example, to pay for those things. There are those examples, most certainly.

The CHAIRMAN: I might move to the next term of reference. We have touched a bit on it already, talking about the forms of elder abuse. In your experience, what forms of elder abuse may be more likely to occur in a carer situation?

Mrs ROSE: Are we talking about residential aged-care facilities here?

The CHAIRMAN: Yes.

Mrs ROSE: Again, without having all of the data, I cannot give a very accurate picture. Anecdotally, though, in my experience, where there are carers involved or care staff involved, it can be rough handling. It is generally unintentional in my experience. What tends to happen is that because the legislation requires it to be reported regardless, you have people who are being cared for, they are having their personal care delivered, they are struggling, and they are resistive to care. Older people have very, very thin, fine skin and there are times when you can be turning a resident over, repositioning a resident, who will pull quickly and unexpectedly in the opposite direction and there is a skin tear. It is treated as rough handling; it is reported. It is quite well reported. The peer situation in aged care is quite strong, so other staff will report because nobody wants to see their residents hurt. But that is the most common and, unfortunately, there is an unintentional element of that as well.

Hon ALISON XAMON: Would any of that be aggravated by a lack of investment in appropriate occupational health and safety devices, such as lifting devices and the like?

Mrs ROSE: No, I do not believe so. Most homes invest quite well in that equipment. They really need to; staff will not work otherwise. These days, staff are very aware of the occupational safety and health rights, as well as their responsibilities. But even the very use of such equipment can cause problems. With the lifting devices, you know, a resident moves their legs, starts suddenly and bumps them against the edge of the lifting device and it can cause an injury. Really, that does not constitute rough handling. There is a certain degree of care that is taken, but, at the end of the day, there are instances in which, with all the best intentions, a resident will move themselves and bang their arm or their leg against a bedrail or a lifting device.

The CHAIRMAN: This feeds in nicely to the next term of reference, which talks about risk factors. With that particular example you are giving, it seems difficult to mitigate against that risk. It sounds to me as if it is, in many respects, a natural consequence of the need for physical interaction from time to time, and, obviously, there needs to be appropriate care taken in that physical contact, but one cannot always foresee when the resident is going to pull in the opposite direction with no notice.

Mrs ROSE: That is true. Look, most staff and managers of residential aged-care facilities now—11 years on from the reportable assault legislation—have become quite aware and quite knowledgeable about the different types of injury that can happen to a resident. You would be concerned if a resident was continually showing bruising for no apparent reason, for example, whereas if somebody bangs themselves against a piece of equipment or falls out of bed and hurts themselves, those things are an unfortunate consequence of frailty and life in residential aged care. But those matters are dealt with through incident reporting and every organisation is required to have a very robust incident reporting process and it is monitored by the quality agency in terms of accreditation. It is quite closely monitored.

The CHAIRMAN: We have heard quite a bit about carer stress and how that can be a significant factor. We just welcome any comment that you have might have in respect of that and strategies to mitigate those risks.

Mrs ROSE: The term "carer stress" in my understanding pertains mainly to unpaid carers in the community, so it might be a son or daughter. Carer stress is more prevalent than it perhaps was even several decades ago. We have this phenomenon of working women—the sandwich generation, as they are called. You have mum or dad requiring care living at home, it might be that there is the adult son or daughter, usually daughter, providing that care, and that daughter also has school-aged children, so there is a lot of stress involved. They may also be working full or part time, so is a lot of stress for those people. Also, the increased prevalence of dementia has influenced carer stress. We all know the statistics on prevalence and the increase in people with dementia, and even at a younger age, early onset dementia is becoming more prevalent. The behaviours associated with dementia put stress on carers looking after an older person at home.

Hon ALISON XAMON: Did you want to elaborate a bit more on that—the behaviours?

Mrs ROSE: They are behaviours basically related to a lack of cognition, so when you have a dementia that is in a stage of memory loss, that is frustrating but more manageable, but as a dementia progresses, behaviours may and often do become aggressive; there is aggression, there is resistance. It is difficult to communicate with the person who has that condition in a way that you or I would communicate to anybody else. The rational explanations and discussions do not mean anything because the person with advanced-stage dementia has a reality that is different to everybody else's, so you are not dealing with a person who can have something explained to them. There are behaviours like attempting to abscond from their own home, being lost, resistance to care, hitting, punching, biting, throwing food around—those sorts of behaviours. There is constant wandering, day and night, so carers become very tired themselves, as well as dealing with the stress of managing those behaviours. There are the issues of incontinence that often accompany that. It is very difficult for carers.

[10.20 am]

Hon MATTHEW SWINBOURN: In the identifiable cases of abuse in a residential care setting, what were the risk factors? Is it identified from an organisational point of view what the risk factors are for abuse in that setting specifically? I am talking here about your residential aged care where you have had instances of abuse, and I suppose in that instance there is always going to elder abuse. Is

there an identification of what the risk factors are, what leads to the point of that happening? For example, is there a lack of training or low staff ratios or a number of other things? Has there been any analysis of that to see whether we might end up with a toxic culture within the workplace of failing to report particular instances that results in an escalation of abuse to the point at which there is some sort of bad outcome?

Mrs ROSE: There has not been any specific research and analysis done on that, but the accepted thinking, or the major risk factors that are identified by organisations and staff themselves, is definitely where there are staffing issues—where there are staffing issues that do not match the level of care need of the resident. So, if you have very high care residents, carers become tired. They are very full-on to care for. Staffing ratios definitely are a risk factor. If there are not enough staff to safely deliver the level of care required by the resident, it is a risk factor. As you said, lack of training of staff—manual handling training, for example; again, organisations usually have mandatory manual handling training. It is monitored by the quality agency, so staff understand what their responsibilities are and how to go about the task of manual handling so they do not injure residents and themselves. But if there is a lack of that training, yes, that would most definitely be a risk factor, because manual handling has become a very technical task, so if you do not know what you are doing, you can injure residents, which is unintentional, but it still injures residents, so it could be seen as abuse insomuch as it can be considered of residents.

Hon MATTHEW SWINBOURN: In terms of your quality assurance stuff, which I think is done through the federal department, is that done through spot checking? Is that done without warning and that sort of stuff? In the past I understood that it was done on a scheduled basis, so you knew when they were coming. Is it now the case that they will just turn up and conduct their quality assurance or some aspect of that in that manner?

Mrs ROSE: Yes, there are both. Accreditation is a three-year cycle. If a home is successful in passing their 44 expected outcome standards, they will be accredited for three years and they will not be due for another three years. If there is noncompliance to a degree at which the quality agency and the department do not believe that a three-year accreditation is appropriate, they may have a two-year or a one-year period and the agency will come back again a year later. Alongside that, there are legislated unannounced visits; the number is 1.75 per year. They are what you call spot visits. They are generally one day. They can be unannounced or they can be announced. Every home has at least one unannounced visit per year. If there are issues discovered at that unannounced visit, then the visits can become more frequent. That becomes up to the agency entirely. You can have a visit and have some gaps in service or even noncompliance and they may decide to come back three months later instead of 12 months later. So, there is a bit of both in there. I think the federal government has legislated now that even accreditation visits will become unannounced from July 2018. They are usually two to three days, because every standard, every one of the 44 expected outcomes, is assessed. So, going forward, residential aged-care facilities will have some idea of their accreditation period, but they will not know what day the agency is going to arrive on the doorstep.

The CHAIRMAN: When you say "1.75", is that an average of how many visits are undertaken per facility across a year?

Mrs ROSE: Yes.

The CHAIRMAN: So, on average it is nearly two.

Mrs ROSE: It is nearly two; I am not quite sure why it is 1.75.

The CHAIRMAN: Yes, it is interesting.

Mrs ROSE: We have always found that interesting, but everyone gets one visit and more than that if the agency—and it is not uncommon for homes to get more than one visit a year.

The CHAIRMAN: We will move to the next term of reference, which is for the committee to assess and review the legislative and policy frameworks. Aged and Community Services Australia support a national response to elder abuse—you indicated that earlier—including a national plan. It would assist us if you could just indicate to what extent you think that state-based agencies in government should be involved in formulating a response to elder abuse, noting your earlier remarks about the importance of national consistency.

Mrs ROSE: Certainly in the federal budget last week, as you have indicated, there was funding allocated to the national plan and a prevalence study, which we really welcome on both levels. We have been calling for a prevalence study for a long time. That is going to help. The only comment I would like to make is that a national consistent approach is really important. Although the national plan has been announced, there is no detail around that yet, so it would be, I think, wise for the states and the agencies within the states to wait and see what the national plan is going to look like and to make sure that anything that is done at state level fits in with that. It is important that there is that understanding across the board. We are hoping there will be some community education around elder abuse in the same way there was with domestic violence, you know, with the television advertisements. It just raises that awareness. We do not believe there is a lot of awareness out there right now. The national consistent approach will form a part of that. In terms of the agencies within each state, again, there needs to be some consistency. There is a gap for separate agencies to understand what their role is in the reporting of and dealing with elder abuse. Although I do not have any detail around that, we will be working with government at the national level on making sure that the aspects of elder abuse in the national plan that we would like to see included are included and considered.

That could be a review of the definition, or some consistency around training. In the past there has been work done, there has been protocols developed by the states to try to address the area of elder abuse, but there has been no real endpoint, other than a legal remedy, and most people do not want that. They know that if it is your son or daughter who is abusing you, and if you are 80 years old, you are reluctant to want somebody to report that to the police, and all the ramifications that might come after that. To have a national framework, and I think we have mentioned that in the position paper of November 2016, but to have frameworks and subsets for different areas, and different agencies. It could be that the banking sector has a role to play in identifying financial abuse, as an example.

[10.30 am]

The CHAIRMAN: There has been a call for nationally consistent enduring powers of attorney, as one example, and not only that they be consistent, but that there be a central register for such things. I can certainly see the benefit of that for a service provider like a bank who would not have, generally speaking, a day-to-day rapport or relationship with the person, and therefore not have a realistic understanding of when a change might have been made—maybe an enduring power of attorney has been revoked, and a new attorney has been appointed, and a bank, quite reasonably, with all of the work that they do and all the interactions they have with people, would have no idea that that has happened. They would still be operating under the old document. I assume—and I would welcome your comment—that that would be different for an aged-care provider in the sense that they have the person within their facility and do have a day-to-day rapport and working relationship, and would have a better understanding if there were to be changes to important documents like

that. I am just wondering if a central registry is of less importance in your setting than it might be in the banking sector.

Mrs ROSE: I think it is useful to the residential aged-care sector. There are times when families will dispute who is the actual enduring power of guardian or attorney, and in fact people get that confused even of itself—people get confused about the difference between attorneyship and guardianship, for example. I have experienced instances where a family member will insist that they hold the guardianship for the resident, and somebody else in the family will say, "No, no; I'm the enduring guardian." It would be really helpful to have a register, but I agree that there would be some sectors where it would certainly be of more benefit, where they do not have that close day-to-day relationship, so they have got no way of knowing, so it would be more important. I see that that has been announced—the national power of attorney and guardianship register. It is also interesting that, in residential aged care, it is not always the family member. Sometimes it is a friend who has been appointed. I have had experience where the resident lives in an aged-care home in Perth and the enduring power of attorney lives somewhere else, not in Perth. It would be beneficial, even for aged-care facilities, to have a register of who those people are, so that if there are any disputes in the family about who that is, then they have got some ability to check and find out who the legal person is.

The CHAIRMAN: This is important evidence. I just want to then ask you, if it is beneficial to have a register, do you think WA should wait for it to be a national register, or in the interim do we just go it alone?

Mrs ROSE: I think it would be helpful for WA to wait to see what the national register will look like and what it entails—you know, how detailed it is going to be—rather than duplicate. This is a personal opinion. ACSA has not made a comment around this, so I would imagine that if there is going to be a national register, and they are going to put it in place reasonably quickly, then it would make sense for the states to all be part of that, and particularly, as I have just said, where you get situations where the enduring power of attorney or guardian does not live in WA; they live somewhere else. You cannot consult a WA register if that person does not live in WA, because they will not be on the register, so for that reason, I would think that a national register would be better. But there is no detail around these announcements. It is only last week, of course, so we do not really know how soon that is to be implemented and what it will look like.

Hon ALISON XAMON: I suppose what we are trying to ascertain from stakeholders is the degree of urgency around the need for a register.

Mrs ROSE: I think, from a residential aged-care sector perspective, as you have said earlier, the register is useful but possibly less important than it might be for other sectors.

The CHAIRMAN: Important, but not urgent, from your perspective?

Mrs ROSE: We get a lot of feedback from our members about what goes on in the sector, of course. That has not been raised; it is not something that has been raised, that we need an urgent register, but I do believe that the sector would welcome a register.

The CHAIRMAN: That is helpful, thank you. We will move then, members, with your indulgence, to the next term of reference, which is to assess and review service delivery and agency responses. Do you provide training to staff and other stakeholders in relation to elder abuse; and, if so, what kind of information is provided?

Mrs ROSE: ACSA as an organisation does not provide training in elder abuse, but most organisations do. It is not mandated, but is in the best interest of organisations from a moral and legal viewpoint to do so.

The CHAIRMAN: Your member organisations would provide individual training in this area, but you would not do it at the overarching level?

Mrs ROSE: No.

The CHAIRMAN: Would you have a sense as to the prevalence of that training in your member organisations?

Mrs ROSE: One of my roles has been in the past, and still is, as an assessor for the aged care quality agency. Obviously, it is an external arrangement now, so I may be asked to do four assessments a year of homes, and I have been doing that now for 10 years. I have not come across an organisation that does not provide elder abuse training in its annual calendar. It may not be mandatory—most are—but it certainly is. I am not saying definitively that—I cannot say that it is one hundred per cent but in my experience, in my role as a member advice officer with ACSA, where I do talk to the members on a daily basis—we have a phone line, and email; they ring for advice and talk about all sorts of matters, including what we should do about, for instance, elder abuse. I do know that it is more prevalent than not to offer training to staff. That is in residential aged care. I think in home care and community care settings, those organisations are beginning to provide that training as a matter of course now, whereas once upon a time that really was not —

Hon ALISON XAMON: Because, of course, we go back to the earlier point that we were discussing, that there is, of course, the concern around identifying when a colleague might be engaging in elder abuse, but then there is also the more complex matter of when a paid caregiver may observe a family member or a neighbour, for example, engaging in elder abuse. How broad is the training? Does it tend to focus principally on the duty of care issues within the setting itself, or does it also train people up to be able to identify when elder abuse is occurring?

[10.40 am]

Mrs ROSE: It is quite comprehensive, the training programs, so the legal duty of care issue and responsibility is definitely covered, but then the training goes into quite a lot of detail. Most of the training programs and packages that I have been involved with and have seen go into quite a lot of detail about how to recognise a person that may be being abused. It may be that their behaviour has changed, that they are withdrawing, that they are not eating, they are depressed. What the staff are taught to look for, and it may not be an indication of elder abuse, but generally staff are taught to look for anything in the resident's healthcare status that has changed. It could be a physical thing, it could be a behavioural thing, or it could be an emotional aspect. Even, elder abuse to one side, staff are taught in all organisations, particularly care staff who work on the floor with the most intimate level of personal care, those people are trained really well in recognising if there is something that is different that might be cause for alarm, and who to report that to within the organisation. I believe the sector does that very well.

Hon ALISON XAMON: I am very aware that, in terms of being a frontline observer, certainly staff could be in a particularly unique position when it comes to their very vulnerable clientele.

Mrs ROSE: Yes, they are, and staff are also—some training programs even involve how to support staff. Witnessing elder abuse or dealing with a client or a resident who has experienced, or may be experiencing abuse is quite distressing to staff, so they need support as well, and they need to be assured that they are protected when they report these issues as well.

Hon ALISON XAMON: Are there any processes in place, or even best practice policies that you are aware of, whereby, once staff become aware that elder abuse is occurring, that they may be able to refer—I suppose I am talking about senior staff here—through to legal services, or through to

health practitioners or agencies such as Advocare, for example? Is that something that is contemplated?

Mrs ROSE: Yes, and in fact those processes are monitored as well through the accreditation process. Homes are required to demonstrate that they have those processes. There are external avenues that they use. Advocare is certainly one that is used by aged-care organisations, most certainly. It is not uncommon for facility managers to contact the State Administrative Tribunal, guardianship boards, or the Office of the Public Advocate, for advice and information. The sector is quite good at utilising those external agencies.

Hon ALISON XAMON: Is that the requirement of accreditation, that all facilities have those policies in place?

Mrs ROSE: It is; they are required to demonstrate that they have processes in place to make sure that appropriate external agencies are referred to—that they have that referral process.

Hon ALISON XAMON: Would it be possible, chair, to see if we could have tabled, at a future date, an example of some of those best practice policies that are, perhaps, being implemented? I would be interested in looking at the scope of what is considered.

The CHAIRMAN: That would be possible?

Mrs ROSE: I believe so. We would be able to ask some of our members if they would be happy to share their policies for the benefit of the inquiry. I am sure that would not be a problem. I would need to take that back to my manager.

The CHAIRMAN: Of course.

Hon ALISON XAMON: I would find that of great interest.

The CHAIRMAN: Let us just take that on notice. That just simply means that the committee will write to you after today just to clarify that, and then if you can write back to the committee in due course after you have consulted, that would be terrific.

Mrs ROSE: Yes, I think some examples of some good policies and procedures would benefit the inquiry, because you would then be able to see the detail.

The CHAIRMAN: Good. Noting the time, we have a couple of minutes left. I wonder whether you have any comment or not on the capacity of WA police to identify and respond to allegations of elder abuse?

Mrs ROSE: I am not able to make a comment on the capacity of WA police but I have just made a couple of notes around that, which I will refer to with your permission.

The CHAIRMAN: Yes.

Mrs ROSE: There is a lack of clarity around the role of police in investigating elder abuse. One of the things that our members do report to us and the sector generally experiences is the requirement to report sexual assault and physical assault or harm to the police service—there is very rarely an investigation into that by the police. It may be through lack of resources or it may be because there is no evidence of a crime being committed. Obviously, if somebody is injured—if somebody is severely sexually or physically assaulted, resulting in obvious and significant injury—then, yes, the police will come and investigate that because it is assault like it is for any other member of the population. But for less—I will not say serious, because it is all serious—where there is not significant injury, the police do not tend to come out. You would expect that, but what that does do is make the sector wonder why they are being asked to report every single instance, whether it is investigated or not. This is before the facility investigates itself; this is basically within 24 hours of

somebody indicating that abuse may be or is occurring, or whether or not somebody has witnessed that it has occurred. I have been in that situation myself, working in aged care: you ring the Aged Care Complaints Commissioner, you ring the police service, but you really have not got very much information to give to the police.

Hon ALISON XAMON: Could you proffer an opinion as to why you think those matters are not being pursued more vigorously by the police?

Mrs ROSE: I think as with the rest of the population and other sectors, it is a lack of understanding and lack of knowledge. There are no cohesive strategies around elder abuse, really. There is not a set of frameworks or an overarching framework to which sectors and agencies can refer. There is a lack of clarity with the roles of the banking sector; it is not sure what its role is and how to act. If it has something with the police service, if it is not a physical thing resulting in injury, they are not sure whether that comes under their area of investigation either. So there is definitely a need for coordination and consistency for all sectors, and public awareness. There is a lack of public awareness around elder abuse.

Hon ALISON XAMON: Are you hopeful that the national plan will be broad enough in scope to be able to capture all of these various threads?

Mrs ROSE: Yes. It is a very complex process and a very complex area. There are so many nuances around elder abuse. It is so open for interpretation. There are so many considerations right down to the definition and what it excludes. If all agencies are going to use one definition, we need to make sure that it covers all of those areas. We are hoping that the national plan will be very broad, and ACSA works very closely with government on these matters. We will be putting forward the views of the members and all of the information that we believe needs to be considered. We are very hopeful that a robust public awareness strategy will be put in place.

The CHAIRMAN: Mrs Rose, are there any final comments you would like to make to the committee this morning?

Mrs ROSE: No, I do not think there is.

The CHAIRMAN: In which case, we want to thank you very much for attending this morning. A transcript of this hearing will be forwarded to you for correction. If you believe that any corrections should be made because of typographical or transcription errors, please indicate these corrections on the transcript. There was one matter that you took on notice and the committee will write to you about that. We just request that you provide your answers to questions taken on notice when you return your corrected transcript of evidence. If you need more time for that, then please do not hesitate to contact the committee staff about it. If you want to provide any additional information or elaborate on particular points, you may provide supplementary evidence for the committee's consideration when you return your corrected transcript of evidence. Thank you very much for your time this morning.

Hearing concluded at 10.50 am

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