



THE COUNTRY WOMEN'S ASSOCIATION OF WESTERN AUSTRALIA (INC.)
NON-PARTY POLITICAL NON-SECTARIAN

THE LEGISLATIVE COUNCIL OF WA SELECT COMMITTEE
INQUIRY INTO ELDER ABUSE (17 NOVEMBER 2017)

SUBMISSION FROM THE COUNTRY WOMEN'S ASSOCIATION OF WA (Inc.)

1. Determine an appropriate definition of elder abuse.

Elder abuse is the mistreatment of seniors by those in a position of power and/or trust, whether that be family, friends, carers or officials that is against the moral, ethical and legal code of our country.

All of us have or are dealing with situations which could be abused and have experienced problems in meeting ideal situations for our elderly family and friends. Defining abuse is difficult, as, what a senior thinks they want, may not be what is possible or desirable from a broader point of view.

2. Identify its prevalence.

The prevalence of elder abuse is impossible to identify. But, in the discussions of CWA members from branches throughout Western Australia, nearly everyone had some story to relate, whether personal, family, or friends and acquaintances.

3. Identify the forms of elder abuse, including but not limited to neglect.

Neglect was identified by members as a major concern – especially for seniors in nursing homes. Skeleton staffing at nights and weekends, leads to major issues for residents, and enormous pressure on the staff on these shifts.

Inadequate staffing for residential aged care homes due to funding pressure, often leads to the neglect of residents. This can result in declining health including pressure sores. Residents need timely medication delivery and their eating monitored to prevent malnutrition. Need to increase staff to patient ratio to improve patient care.

Rules and Regulations for medical practitioners and staff are so strict that at times they are inhuman. This is especially evident in nursing home situations, where funding is inadequate to cover full staffing levels, and the government has recently decreased the number of staff per resident. Most staff are wonderful, but are stretched beyond their capabilities, and unable to provide the care the residents need. Many members reported family members in care receiving two showers a week, even when severely incontinent. Staffing at nights and weekends is a bare minimum, and totally inadequate for the need.

For the last two weeks of my father's life in the lock down area of a Care Facility, my sister and I spent 24 hours with him as they just didn't have the staff to deal with his condition – dementia mixed with limited but determined mobility equalling frequent falls and serious injuries. My father was in great pain at 2am after pain medication given at 6pm the night before and when I requested pain relief, I was told he couldn't have any until 8 am. "Why? That's the rules. Why? Might cause constipation. Let's take the risk." I admit I made a fuss and eventually the staff member gave some pain relief. Next morning, I was in trouble and the staff members was threatened with dismissal. My Dad was 102.

Financial abuse is a common form of elder abuse. Many submissions from CWA Members throughout the State identified various forms of this abuse. Even simple things like the family illegally using fuel cards, is abuse.

An elderly relative lived with the young Member and her family on the farm. Another family member helped by taking him to medical appointments in town. They were given fuel for this service. The Member realised that \$500 was withdrawn from the senior's account every time there was an appointment. When the relative was asked about this withdrawal, they were very defensive and angry, and claimed it was a gift to cover fuel and expenses for performing this service. The Member decided that the best solution was to provide a vehicle log book to the relative, so that the travel could be documented, and correct payment made for the service. The withdrawals stopped, and no claim has been received.

'Humbugging' is a well know and publicised event in Aboriginal families. But relatives putting pressure on the older generation to hand over cash is very widespread.

An acquaintance in a nursing home had a tenuous relationship with his family due to past alcohol abuse. When he was dying, the family was advised. One son visited and promised to bring the grandchildren to visit. The patient was delighted, and duly received several visits. When he died, however, it was found that the son had withdrawn several large sums from the father's account. Maybe he felt it was fair exchange for bringing his grandchildren to visit. But it was theft, all the same.

A common form of **Financial Abuse is from impatient beneficiaries**. This abuse may be brought about by need, where the senior is prevailed upon to gift money to the beneficiaries to help them in financial need. However, most often, this is not the case, and greedy family just cannot wait to access the funds. They feel that they need the money more than their Elder. But care is expensive, and many people are finding themselves without the means to pay for desperately needed care.

Blended families make this even worse. One family, who may consider that their parent contributed the most to the family finances on marriage, access as much money as they are able to make sure the second wife, or the other family does not benefit.

Members told of an elderly couple in a defacto relationship for over 40 years. The woman had dementia but was cared for at home by her elderly partner. When she became unwell and was admitted to hospital, her partner stayed with her in hospital. Then her family, who had power of attorney, changed the locks on the house and sold it, thereby forcing the woman into residential care. The man was made homeless. No redress was available as family fled with the money. The man was deemed to have gifted his family his part of the sale money of the house, so now is ineligible for a pension and the children are refusing to support him.

My second husband looked after our finances. His family received a share of the proceeds from the sale of family properties, and were looked after financially. They regularly asked for financial assistance, even though their partners were earning large salaries. He discussed these requests with me, but I always declined loan money from our joint account. But he did just that. There were simple agreements written and signed in his name, even though the money was from joint accounts. Interest on the money was paid until his death. His will left the remainder of his money to his family, apparently in an attempt to give them the funds to pay back the loans. All that I now have is the home and two vehicles. When I asked my step children to pay back the loans, they laughed in my face. They have the loans from their father

and the bequest and that is that. I cannot afford to sell my home in the country and shift to the city to be near my own children, or even pay for future care. I have consulted a local lawyer, who advises this is legal, and there is nothing I can do. I am trapped in a town that I feel is hostile, and on the side of my abusers.

Control is a common method of abuse, but this is extremely to identify as it will vary from one case to another. While seniors need to be able to make decisions about their own affairs and futures, there are times when it is obvious to families that they are in danger of making very bad decisions. This is often when one partner has been badly affected by the death of their partner. So, while controlling the decisions of a senior is generally abuse of some degree, there are times when it is necessary. This is an extremely difficult form of abuse to identify, as it will vary in every situation.

The elderly couple were finding it difficult to manage on the farm when the wife became ill. A relative took charge, and moved them into her home so she could care for them. She obtained a Carer pension for both Elders. She took all the couple's pension payments for their care. The couple were well fed and cared for, but had no freedom, no say in their lives, and no money for themselves.

An 84 year old (84) lovely gentleman has a Carer, 72 years old, who appears to have some behaviour problems. The Carer controls 84, and tells him what they are going to do. When 84 does not do as he is told, he is shouted at until he gives in. Their house is a mess, with dangerous items such as cans of petrol, kerosene heater and kerosene fridges around the house. It is infested with vermin, with occasional attempts to get rid of them unsuccessful. The Carer turns off the water heater to save electricity, and forgets to turn it on resulting in no hot water for showers. Both men are incontinent, and do not manage this condition. Medical problems entail frequent trips to Perth, but the Carer will not apply for PATS assistance. Friends know that the Carer has been draining 84's finances, but do not know how to get anyone in authority to intervene. There is no monitoring of the quality of care from the paid Carer. The friends have been told that, as it is a civil matter, not a legal one, little can be done as 84 will not complain. His family live in Perth, and never visit. On a visit to Perth, the daughter organised an Enduring Power of Attorney for him, but the Carer talked/bullied him into cancelling it when he returned home. When friends asked why the Enduring Power of Attorney had been cancelled, 84 replied that he 'can look after his own money'. This is obviously not the case.

The CWA Member suggests that formal reviews of paid Carers be undertaken, and the client and carer interviewed separately.

Over medication or unnecessary medical sedation of seniors in care. This appears to be a common situation in Nursing Homes. The common sight of many elderly residents slumped in chairs or in bed, lead members to ask how many are chemically sedated to make them easy to control and manage? Low staffing numbers mean that the facilities are unable to manage active, unruly, and disruptive residents, and sedation is a simple solution to the problem.

My Grandmother was recently placed in a Nursing facility aged 92. Although frail she was and still is sharp as a tack, enjoying mental challenges such as a good game of scrabble. However, after being in this facility for less than a month, she had a rapid decline in mental health and just wanted to die. Upon enquiry by my mother and uncle, they discovered that her medication had been changed so she was needing a toilet frequently therefore limiting her ability to participate in activities, and she was sleeping all the time. A medical review requested by my

family members found that my grandmother was being given Temazepam that she did not require as she had no trouble sleeping. Once taken off the Temazepam and her diuretic changed, my grandmother returned to her cheerful self and no longer wished to pass away.

Sexual Abuse is not common. The only example given was that of a woman in a nursing home, who could not lock her door at night, and who was regularly visited and raped by a male resident. Despite complaints, it seemed nothing could be done to prevent the abuse. She was moved to another facility by her family.

Fear of change means that most seniors will put up with situations they know are not right, but they are afraid of the unknown of change.

4. Identify the risk factors.

- a. **Seniors are brought up to be kind and generous**, and it goes against the grain to refuse a request for help – a glass of water; to use the toilet; to use the phone. Seniors need to be educated as to how to manage these requests so as not put themselves at risk.
- b. **Seniors do not value themselves and their needs.** Seniors, of an era who have lived through the Great Depression, and who have done without all their lives, have worked very hard to ensure that their families have the advantages of education and culture that they never had. The fact that they are now financially well off often does not change this attitude, and they continue to give to their children. Often the children are ashamed of their parents, and cut them off from contact with their grandchildren, which is a form of abuse in itself. Despite this, they are often not above accepting financial assistance, especially for the grandchildren. The seniors do not realise, or do not want to confront, the fact that their increasing ill health will require them to enter formal aged care, and that this care is very expensive.
- c. **Dependence.** When a senior becomes physically and/or mentally dependent on others – family or carers – they become vulnerable to abuse.
- d. **Lack of knowledge of modern systems.** Modern systems of conducting business such as internet banking and pin numbers require seniors to use machines to conduct business rather than interact with people. They are used to speaking frankly with bank employees, and will trust people they know to help them conduct their banking by disclosing log in details, and pin numbers. They may even need these people to help them set up the accounts. This allows unscrupulous people access to their finances.
- e. **Government requiring seniors to interact with Departments via the internet** such as the MyGov website to contact Centrelink. The MyGov website is particularly user unfriendly. It is difficult for people who are used to the internet, and a nightmare for those who are not confident users. The fact that information is not available through any other medium, and that increasingly the Government requires all interactions to be conducted through this site, places seniors in a difficult situation. Country seniors often have not had internet coverage on their farms, so have never even had the opportunity to learn about the internet. Even though this coverage may now be available, or they move into town and have internet coverage, they are so far behind, it is very hard to catch up. This places them in a vulnerable situation of dependence on others, often the staff at the local Community Resource Centre, to help them communicate with Centrelink and other Government Departments.

- f. **The Enduring Power of Attorney** is a great tool, but one that is too frequently abused. Families can get enduring power of attorney signed when the senior does not have cognitive capacity to sign, and can then control the senior and the property and finances. Different family members and situations over time may lead to multiple signed documents which may be used by the person holding the Power of Attorney. There is no recourse if no statement withdrawing previous documents is included in later documents. Lawyers, and others legally allowed to witness the signing of EPAs have a great responsibility to explain exactly what the EPA means, and ensure that the senior signing the document is aware of these consequences. A statement withdrawing previous documents must always be included, but accessing copies of the old documents to destroy them is very difficult. A central register of EPAs is one way of managing this situation. When a new EPA is registered, all previous documents are made redundant. Anyone acting on an EPA would be required to consult the central register before any action was made.
- g. Another safeguard that should be required is for the EPA to be held jointly by two people not related to each other, but trusted by the senior. This would help to safeguard the interests of the senior from unscrupulous and greedy beneficiaries.

Grandma lived in WA, and had a mild stroke. As she lived in Perth, and her daughter lived in Melbourne, her oldest granddaughter held the EPA. Relations between the families were very good. Grandma was in her late 70s, living alone in a unit she owned, fit and in possession of all her faculties. As an accomplished pianist, she owned a very nice piano. She was admitted to hospital, and the prognosis was poor. The granddaughter sold the unit and everything in it, keeping the piano for herself. But Grandma did not die. She recovered, asking about her garden, and looking forward to going home. She was devastated by the news that everything had been sold. Eventually she was placed in care, but the granddaughter would not even return her beloved piano. Granddaughter was adamant she had done the right thing.

5. Assess and review the legislative and policy frameworks.

The Association did not have sufficient time to complete this level of research given the very short timeframe, with the closing date being one month from the announcement of the inquiry.

6. Assess and review service delivery and agency responses.

Members identified problems with acting as the responsible Family Member, Carer or under an Enduring Power of Attorney, on behalf of an elderly person. Often, employees of the various authorities totally exclude these family members from accessing information about the senior in their care due to privacy regulations. Points raised included:

- a. That the responsible person must have full access at any time necessary to the elderly person and their personal medical file and any incident reports relating to this elderly person.
- b. That the responsible person be aware of the detailed ACAT assessment details or are given information to get a referral for an ACAT assessment when deemed necessary, without delay.
- c. That the responsible person should be referred to the necessary information regarding how to access the services of Government Agencies including Respite care; HACC; Agency care services and these services must adhere to the Commonwealth Carelink and Department of Aged Care Regulatory Accreditation when providing services to the elderly person.

- d. That any concerns are raised, or abnormalities found, in relation to the elderly person and their care services, medical or accommodation, an independent investigation must be carried out to protect the elderly person from undue stress and continued harm.
- e. The privacy provisions also put the staff in Care Facilities in very difficult situations.

Many seniors fall into a poor state of care and health due to privacy provisions. In Mother's case her sheets had not been changed in months and were in a terrible state. A made bed ensured that visitors did not see the situation. Carers offered to do it, but she declined, and they could not then advise the family of the situation. Her cupboards and general cleaning were all in this category. Staff washed floors but were forbidden to open cupboards. Hence, nests of vermin (literally!) were in there and, while staff were aware, they were powerless to act due to privacy.

Other suggestions have included more support for carers, including:

- Education and training of how to care for the aged, especially when chronic diseases and dementia will make caring more difficult over time.
- Awareness of the rights and responsibilities of both the carer and the senior.
- Support for carers in often difficult situations. This would be very valuable from medical professionals aware of individual situations, such as family GPs and nurses in local hospitals.

7. The capacity of the Western Australia Police to identify and respond to allegations of elder abuse.

- a. One of the limiting factors to the Police being able to identify and respond to allegations of elder abuse is the elder not wishing to speak about the abuse or press charges. One of the biggest problems with abuse, is that the perpetrator is usually a family member, who will threaten the senior with being cut off from their family. This is the most important thing in the senior's life, and losing their money cannot compare with losing their family.
- b. Another issue is the lack of knowledge in the community as to what abuse is a criminal offence, and what is civil. Financial and other abuse needs to be upgraded to be a criminal offence.
- c. Budget restraints mean that not every town has a police presence, and smaller centres have no after-hours service.

I am over 80, live alone on a remote farm by choice, and have a series of systems in place in case of trouble. I have a personal security alarm. If activated, a call goes to four neighbours in turn, and then the local police station. If no one answers, it diverts to the Bunbury Police Station – two and a half hours from my home.

8. Identify initiatives to empower older persons to better protect themselves from risks of elder abuse as they age.

- a. **Identifying and publicising the abuse** will educate the wider population so that people will realise that behaviour that was considered mean or bad, is in fact abuse. Increased awareness of this abuse will prevent some abuse, as the perpetrators will be less able to explain away the circumstances. It will also empower seniors to speak out when in the situation of potential abuse.

- b. Younger seniors need to **plan for their future** and be educated about this subject; the dangers, and the strategies available to them to protect themselves.
- c. Educating younger seniors about **Power of Attorney, Enduring Power of Attorney, Enduring Power of Guardianship, and Advanced Health Directives**. Ensure, maybe even legislate, that at least the Enduring Power of Attorney be held by two unrelated persons.

Each of these is held by a different family member or professional. I would never put all these into the hands of one person, no matter how much I trust them. A copy of my Advanced Health Directive is at the door past which I would be carried by the ambulance officers.

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

- a. Extend the legal requirements of an Enduring Power of Attorney to include two holders of the EPA.
- b. Establish a central register for EPAs.
- c. Establish bank accounts for seniors that require two signatures to operate. This would be mandatory for an account operated under an EPA.
- d. Establish a code of practice for those holding an EPA.
- e. Establish a code of practice for those receiving a Carer's Pension.
- f. Establish an Ombudsman with the power to investigate complaints of abuse of an EPA, or as a Carer.
- g. Redefine financial elder abuse as theft, and make it subject to criminal law rather than civil.
- h. Publicise elder abuse, so that it becomes common knowledge in the community, as has been successfully done for domestic abuse.

10. Consider any other relevant matter.

The 'baby-boomer' generation is now entering the age of needing care. They have had very different lives from their parents and grandparents, and have hugely different expectations of their old age. They will live far longer, and medical advances will keep them active and alert. However, more will suffer dementia, and will require care when their health deteriorates. Given the number of examples of neglect and straight out abuse in nursing homes received from CWA members, this is an area that requires a lot of work. Funding care places will become a very expensive exercise, both for the senior, and for government.

*The generation that are aging now are different to their predecessors. They have had careers, have worked while their children were raised by their grandparents in many cases. They do not have a close relationship with their children, who are also now balancing work and family commitments. The **sandwich generation** are now the 'carers' and are ill equipped to do so. They work, have carer responsibilities to younger generations, and have a less hands on duty of care to the older generation. This has created a lot of issues in many families where this subject is not openly discussed. Frequently these people are tagged as 'that generation doesn't care'. However, our seniors in nursing homes now are often the 'swinging 60's' generation who did not provide the traditional care model to their children; they were independent, working folk who now resent their age-related incapacities more than those of previous generations, who accepted it more readily. They have more expectations of their privacy (incontinence, immobility etc) being valued by the paid staff who care for them, leaving their own families unaware and with no recourse to information.*