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SERVICE-DRIVEN APPROACHES TO PREVENTING AND RESPONDING TO ELDER ABUSE IN SOUTHERN TASMANIA

Final Report for Research Preventing Elder
Abuse South

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Preventing **E**lder **A**buse **T**asmania

Table of Contents

Acknowledgements	2
Summary for Report.....	3
Recommendations from Report	4
Background	4
Research Question	5
Research Method.....	5
Recruitment	6
Workshop Format	6
Data analysis	7
Results.....	7
Findings and Discussion	8
Introduction	8
Key Theme 1. Recognition of elder abuse	9
Factor 1.1 The complexity of elder abuse starts with the definition	11
Factor 1.2 Public awareness of elder abuse	12
Sub-factor1.2i Public awareness: Preplanning	13
Sub-factor1.2ii Public awareness: Avoiding “dodgy” residential contracts	13
Sub-factor1.2iii Public awareness: Risk from financial anxiety. Dependence on/risks from limited income	14
Key Theme 2. Service responses to elder abuse	14
Factor 2.1 Referral to the Elder Abuse Helpline (EAH)	14
Factor 2.2 Recognising undue influence	16
Factor 2.3 Police welfare checks	16
Factor 2.4 Service policies	17
Key Theme 3. Service level barriers and enablers to recognising and responding to elder abuse in Southern Tasmania	18
Factor 3.1 Fees and costs	18
Factor 3.2 Assessments of capacity	19
Factor 3.3 How the COVID19 pandemic has disrupted service responses	21
Factor 3.4 A lack of legislation	22
Sub-factor 3.4i Legislation: Undue influence to appoint a particular person	25
Sub-factor 3.4ii Legislation: Determining ‘best interests’. “Their life would only get worse”	25
Sub-factor 3.4iii Legislation: “They just want the behaviour to stop”	26
Factor 3.5 Networking	26
Sub-factor 3.5i Networking: “Falling through the cracks”	26
Sub-factor 3.5ii Networking: Being flexible in the service response	27
Sub-factor 3.5iii Networking: A perceived lack of commitment to elder abuse as a priority area by government. Elder abuse “is not a priority”	27

Factor 3.6 Resourcing: monitoring demand	27
Sub-factor 3.6i Resourcing: regional variance	28
Appendix 1: Workshop Content Analysis.....	29
Appendix 2 Vignettes	45
Vignette 1. Mrs Janet Mackodzi	45
Vignette 2. Factors for Elder Abuse – unable to use cash during pandemic	45
Vignette 3. Factors for Elder Abuse – adult children moving home	46
Vignette 4. Factors for Elder Abuse – conflict over money as a ‘gift’	46
Vignette 5. Service enabler to prevention of EA - bank recognition of responsibility	46
Vignette 6. Service enabler to prevention of EA – services making a difference to people’s lives.....	46
Vignette 7. Service enabler to prevention of EA – recognising capacity.....	46
Vignette 8. Service barrier to prevention of EA – supporting person’s wishes	46
Vignette 9. Service barrier to prevention of EA - revolving door	46
Vignette 10. Factors for elder abuse - abuse by Power of Attorney.....	47
Vignette 11. Service barrier to prevention of elder abuse – limited resources to respond	47
Vignette 12. Factor for elder abuse – would she make that decision again?.....	47
Vignette 13. Service barrier to prevention of elder abuse – lost in communication	47
Vignette 14. Factor for elder abuse – undue influence	47
Vignette 15. Service barrier to the prevention of elder abuse – “there’s nothing concrete”	48
Appendix 3: Literature Review.....	49
References	51

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Summary for Report

- This is a report on the nine research workshops conducted for the project Service Driven Approaches to Preventing and Responding to Elder Abuse in Southern Tasmania (DoCT Reference SS03152, Research Preventing Elder Abuse South).
- Ethics approval HREC_20112; THS Site Authorisation: SSA/007/TASLGH/THS-2020
- By way of background to the research, the story (Vignette 1, p.9) of the death of Mrs Janet Mackodzi, who died of hypothermia in July 2010 while sleeping in a converted shipping container, encapsulates the complexity of elder abuse prevention in Tasmania. In previous research, PEAT identified a trail (Figure 2, p.10) of interactions with aged care, GPs, pharmacies, allied health, banks and real estate agents. At some points concerns were raised, but the family was able to convince services, for example the GPs they visited, that they could care for Mrs Mackodzi. The story of Mrs Mackodzi highlights the breadth of services involved in an older person's life. How these services recognise and respond to possible cases of elder abuse is the basis of the research reported here.
- This background and previous research by Preventing Elder Abuse Tasmania, informed the research question: What is the flow of recognition and responses to elder abuse in key relevant Tasmanian agencies and institutions?
- To start the discussion, workshop participants were asked to express their understanding of elder abuse in the context of their service. All the cases described by participants "cover a lot of domains". However, what was striking is that they all included an intentional or unintentional financial abuse element – similar to the cascade of events leading to Mrs Mackodzi's death.
- All participants were aware of, and had at one time at least, called the Elder Abuse Helpline for referral advice. However, some participants raised an interesting point that the name having the word abuse in it, may actually stop people from calling. People, including older people, may not report abuse due to a lack of understanding of what constitutes elder abuse, combined with ageism and the shame of admitting one is vulnerable and being abused. For example, where an older person experiences discrimination, feeling intimidated, offended, insulted and ridiculed because of their age it is not perceived as 'abuse' because it is normalised in our society to denigrate age.
- Families bring a lot of pressure to bear on a service to act in a way the family sees is best for the older person, while excluding the older person from the discussion. This can put the service in a very difficult situation - not acting directly in the interest of the person without capacity, or under external influence, the professional liability is significant.
- Most participants were aware of police welfare checks but had not used them out of concern about making the older person's situation worse. However, there is no formal recording requirements for welfare checks.
- During one workshop held early in the project, the researchers realised that there was already a flow chart for addressing elder abuse. This chart, initially developed in Queensland in 2012, is now available on the Department of Communities Elder Abuse website. In subsequent workshops participants were asked if they were aware of this chart. Most weren't, including a community-based service provider.
- As an example of the barriers to elder abuse prevention, to lodge guardianship documents there are lawyer fees and a fee to the Titles Office (in Tasmania). This creates a barrier to someone without financial resources. It is not clear whether people are not asking for guardianships because of the fees, or from lack of knowledge of the process.
- Many participants raised concerns about the difficulties in obtaining assessment of capacity for older Tasmanians. The Tasmanian Office of the Public Guardian, for example, requires an eight-page report completed by a medical practitioner, psychologist, neuro-psychologist or psychiatrist for determination of capacity. Participants agreed that the process was onerous, making it very hard to get an assessment done.
- All participants raised concerns around the limitations of legislation in Tasmania. In particular the limited definition of family violence, the need for adult safeguarding legislation and the risks of 'undue influence' on the older person to appoint a guardian who may not have their best interests at heart.
- While discussing how services refer and receive referrals, there emerged a growing realisation amongst participants that there was a crossover and potential duplication of services due to a lack of information

sharing at the operational level. Everyone knew of and agreed that the Elder Abuse Helpline was the key entry point for referrals, but there was also potential, and in some cases it has actually happened, for clients to contact multiple services each of whom acted for that client in good faith, not knowing other services were also working on the case.

- All participants wanted more resources to increase their capacity to help their older clients at risk of elder abuse. The cases are complex and talking to older people themselves takes time. Also, the response to the abuse is not simple. Making sure the wishes of the older person are respected is more complex than simply extracting them from the situation, for example.

Recommendations from Report

Participants in the nine workshops reported here proposed over fifty responses to the elder abuse factors raised in the discussions. Of these, the three main areas requiring change focus on legislation, networking and financial abuse.

Figure 1: Report (Southern Tasmania) key recommendations

Address	Develop	Strengthen
Address gaps in the legislation	Develop elder abuse prevention 'networking' and communication across service sectors	Strengthen service level responses to financial elder abuse

Every workshop raised concerns about gaps in legislation including the processes around assessment of capacity. It was also very clear that there were, despite the best efforts of individuals, too many barriers to information sharing. Finally the overwhelmingly common factor in all the stories of elder abuse shared in the workshops was financial abuse. Mrs Janet Macodzi's life (Vignette 1, p.9) started to unravel when the greed of her children overcame their filial duty to her. As her bank balance dwindled, so did her life.

Background

Tasmania is an 'ageing' state, with the highest proportion of people over 65 in Australia. This trend will continue with increasing life-expectancy, and an on-going loss of younger Tasmanians to the mainland for work, coupled with an increasing influx of sea- and tree-changers in older age groups. Tasmania already has a population with significant, known risk factors for elder abuse (Tasmanian Government 2012; Jervis et al. 2016). These concerns have prompted the State Government to seek to respond comprehensively to the increasing risk of elder abuse, in hand with National reforms (Australian Government 2019) already underway.

In line with international trends, the National review has recognised that elder abuse is multi-sectorial and that preventing and responding to elder abuse is not the sole responsibility of, for example, health or justice government departments. All sectors need to respond in a co-ordinated way as elder abuse is not ‘just’ financial or physical (often multiple forms of abuse are enacted in the same case), can be difficult to prosecute, and sometimes too terrible to want to believe – much like the initial responses to child abuse.

Through Tasmanian, multi-sector research conducted by the University of Tasmania Preventing Elder Abuse Tasmania (PEAT) research group, it was established that while individual services (State, Commonwealth and NGO) have elder abuse policies and processes for responding to cases of elder abuse, these have largely arisen independently of existing State policy (Tasmanian Government 2012; 2019) directions. The service-level responses have been moulded by the context of the service, including access to other services and community supports. The research identified that at the service level there is expertise and a passion to resolve issues recognised as elder abuse, but there is an equal amount of frustration with the perceived lack of support or co-ordination by State Government and slowness of known response and legal pathways. It was also found that several services have, or are, developing their own policies and protocols for responding to elder abuse without any reference to State policy (Lawrence, Henning, Banks 2016).

The research question has been informed by previous research by PEAT as well as a review of the literature (Appendix 3).

Research Question

1. What is the flow of recognition and responses to elder abuse in key relevant Tasmanian agencies and institutions?
 - a. To what extent, and how, are existing policies and protocols (both of services and institutions) in relation to elder abuse embedded in work practice at the service and institutional level? How can the current State protocol and response/referral flow-chart be updated to meet the needs of all sectors to the fullest possible extent?

Research Method

The underlying methodology for this project is known as ‘participatory’ research (qualitative). Put simply, the researchers—and the participants (in this case, those people working directly with older Tasmanians)—share perspectives and knowledge to develop outcomes together. Participants in this project workshopped, on-line, the flow of recognition and responses of their service organisations to elder abuse. The workshops were facilitated on-line by the PEAT senior research fellow (Suanne Lawrence) and then transcribed, for content analysis by the PEAT research team. All data was de-identified and grouped by organisation type (see Table 1) and region (North or South).

Ethics approvals for this research: HREC_20112; THS Site Authorisation: SSA/007/TASLGH/THS-2020.

Table 1: Services that have older Tasmanians as clients, grouped by organisational type.

GACHS Government Acute & Community Health Services	NGOACHS NGO Acute and Community Health Services	GCS Government Community Services	NGOCS NGO Community Services	GLFS Government Legal and Financial Services	NGOLFS NGO Legal and Financial Services
Community Allied Health	St John's Private	Centrelink	Advocacy Tasmania	Guardianship and Administration Board/Office of the Public Guardian	Tasmanian Community Police
ACAT	RAC	Service Tasmania	EA Helpline	Public Trustees	Neighbourhood Houses Tasmania
Regional Assessment Services (CHSP)	District Nurses	Consumer Building and Occupational Services (CBOS)	Dementia Australia (Tasmania)	Australian Financial Complaints Association	Combined Pensioners and Superannuants Assoc.
Aged Care Complaints	Community Aged Care	Libraries Tasmania	COTA, Tas and Aged Care Navigators	Equal Opportunity Tasmania	Law Society of Tasmania-Elder and Succession Law Committee
RHH	Hobart Private		Salvation Army	Coroner's office	CPA Tasmania
LGH	Palliative Care Tasmania		Meals on Wheels	Ombudsman Tasmania	Australian Banking Association
Integrated Care Centres Primary Health	Hospice at Home		Relationships Australia	Magistrates	Politician's offices
GEM/Transition Care Units	Speak Out		Legal Aid/ Senior Assist	Official Visitors Programs Tasmania	Women's Legal Service Tasmania
Ambulance Services	Disability Support Australia		Bereavement Network	Department of Justice	Tasmanian Aboriginal Community Legal Service
NWRH	Tasmanian Aboriginal Health Services		Sexual Assault Support Service		Community Legal Service
Dementia Support Australia (DBMAS)	South East Tasmanian Aboriginal Corporation		Tasmanian Men's Shed Association		
Department of Communities Tasmania			Migrant Resource centre		
Roy Fagan Centre			Family Violence Counselling and Support Service		
Older Persons Mental Health Services					

Recruitment

Tasmanian services, government, and non-government, that were approached to participate in this research are listed in Table 1 (above). The list was derived in consultation with SEAPAC. Services were emailed directly if there was a known contact. Follow-up and arranging a day to run the on-line workshop was also done via email in most cases. If a contact number was found, calling the service was also done to confirm availability and discuss any questions about the research.

Workshop Format

Participants were greeted and after confirming their consent and asking for any questions about the research, the workshop proceeded with guiding questions (sent to participants with the meeting confirmation).

The guiding questions discussed in the workshops were:

1. Are there any cases (deidentified) of elder abuse that you recall? (If not, the facilitator will describe an 'exemplar' case to stimulate discussion). Think about your understanding of elder abuse? Do you have any questions about elder abuse?
2. Describe what your service does in response to a 'case' of elder abuse
 - Who does the service include (exclude?) in the response? Who would you call?
 - What works, or does not work in this response? Can you identify any gaps, enablers and barriers to your service response to elder abuse? For example, has there been a situation where the response has led to a good outcome for your elderly client? Are there any external pressures on your service that may influence your response?

Using a diagram,¹ with you in the centre, describe what your service does in response to a 'case' of elder abuse. In your diagram, note who within your service is involved, and who outside your service may be involved or to whom the older person may be referred in your experience.

On your diagram, add notes about how well, or not, the people or services you include in your response resolve the problem to your satisfaction?

Indicate on your diagram where you think there are gaps; what needs to be added; what needs to stop happening for you and your service to respond better to a case of elder abuse.

3. Describe how you think your service should best respond to a case of elder abuse and what support you need? This may include:

- Type of staff
- Education
- Resources
- Communication
- Policy
- Funding
- Support from other services/community/government (any level)?

Data analysis

Fieldnotes (observations), notes of workshop discussion, on-line Chat text (typed discussion by participants) and screenshots recorded during workshops were transcribed and de-identified (data categorised according to participant's organisation type) then collated. The researchers conducted a thematic content analysis (Appendix 2), guided by the research question: what is the flow of recognition and responses to elder abuse in key relevant Tasmanian agencies and institutions?

Results

Of the forty organisations (Table 1) emailed (and called) with the invitation to participate in the research, fourteen services in southern Tasmania agreed to participate. A 'pilot' workshop was conducted to test the method and refine the workshop questions. All participants in the pilot, and subsequent workshops, were comfortable using on-line meeting software (Zoom, Skype or MS Teams) with minimal technical difficulties encountered overall.

With agreement from participants, the workshops were recorded and then transcribed for analysis. A total of 470 minutes of recording was available for analysis.

Workshop data were reviewed by the senior researchers (SL,TH and SB) for content and grouped into key themes to answer the research question "what is the flow of recognition and responses to elder abuse in key relevant Tasmanian agencies and institutions?" The content analysis is tabulated in Appendix 1.

From the workshop-content analysis (Appendix 1) there arose three key themes, and a total of 22 factors:

1. Recognition of elder abuse (five factors)
2. Responses to elder abuse (four factors)
3. What are the barriers and enablers to service recognition and response to elder abuse (thirteen factors)

The responses proposed to the 22 factors identified by the workshop participants are listed at the conclusion of each discussion section, as summarised in Table 2 (below).

¹ The methodology was intended to be conducted in a face-to-face workshop. Because of the pandemic, the method was adapted to an on-line format. However, from the pilot study it was clear that 'workshopping' with diagrams did not work via on-line communication, so the method was reshaped accordingly - participants discussed these points and did not draw diagrams

Table 2: Summary of Key Themes and Factors arising from workshop content analysis

Key Theme	Factor [F]	Sub-factor [SF]
1. Recognition of elder abuse	F1.1 The complexity of elder abuse	
	F1.2 Public awareness of elder abuse	SF1.2i Public awareness: Preplanning
		SF1.2ii Public awareness: Avoiding “dodgy” residential contracts
		SF1.2iii Public awareness: Risk from financial anxiety. Dependence on/risks from limited income
2. Service responses to elder abuse	F2.1 Referral to the Elder Abuse Helpline	
	F2.2 Recognising undue influence	
	F2.3 Police welfare checks	
	F2.4 Service policies	
3. Service level barriers and enablers to recognising and responding to elder abuse in Southern Tasmania	F3.1 Fees and costs	
	F3.2 Assessments of capacity	
	F3.3 How the COVID19 pandemic has disrupted service responses	
	F3.4 A lack of legislation	SF3.4i Legislation: Undue influence to appoint a particular person.
		SF3.4ii Legislation: Determining ‘best interests’. “Their life would only get worse”.
		SF3.4iii Legislation: “They just want the behaviour to stop”
	F3.5 Networking	SF3.5i Networking: “Falling through the cracks”.
		SF3.5ii Networking: Being flexible in the service response.
		SF3.5iii Networking: A perceived lack of commitment to elder abuse as a priority area by government. Elder abuse “is not a priority”.
	F3.6 Resourcing: monitoring demand	SF3.6i Resourcing: regional variance

Findings and Discussion

Introduction

The data from the workshops identified a number of settings in which elder abuse occurred or was reported. The participating services clarified the roles they hold within these settings. The settings ranged from the person’s own home, residential care, acute care and public spaces. The structural and social contexts in which elder abuse occurs are important as they frame the lived experience of older Tasmanians as well as giving context to the factors that contribute to abuse. Clear identification of this context gives services and government a starting point for change strategies and evaluation.

In the findings section of this report, the evidence provided by the participants is reported, framed by the code under which services have been grouped (Table 1). Regional variations are noted while maintaining anonymity (in accordance with the Ethics requirements of this research). The data findings are analysed and discussed to show how each service reports and shares information with other services in Tasmania or calls in support to their service as required.

To illustrate the findings, deidentified vignettes (case studies) are used. These vignettes were given by participants during the course of the workshops.

Key Theme 1. Recognition of elder abuse

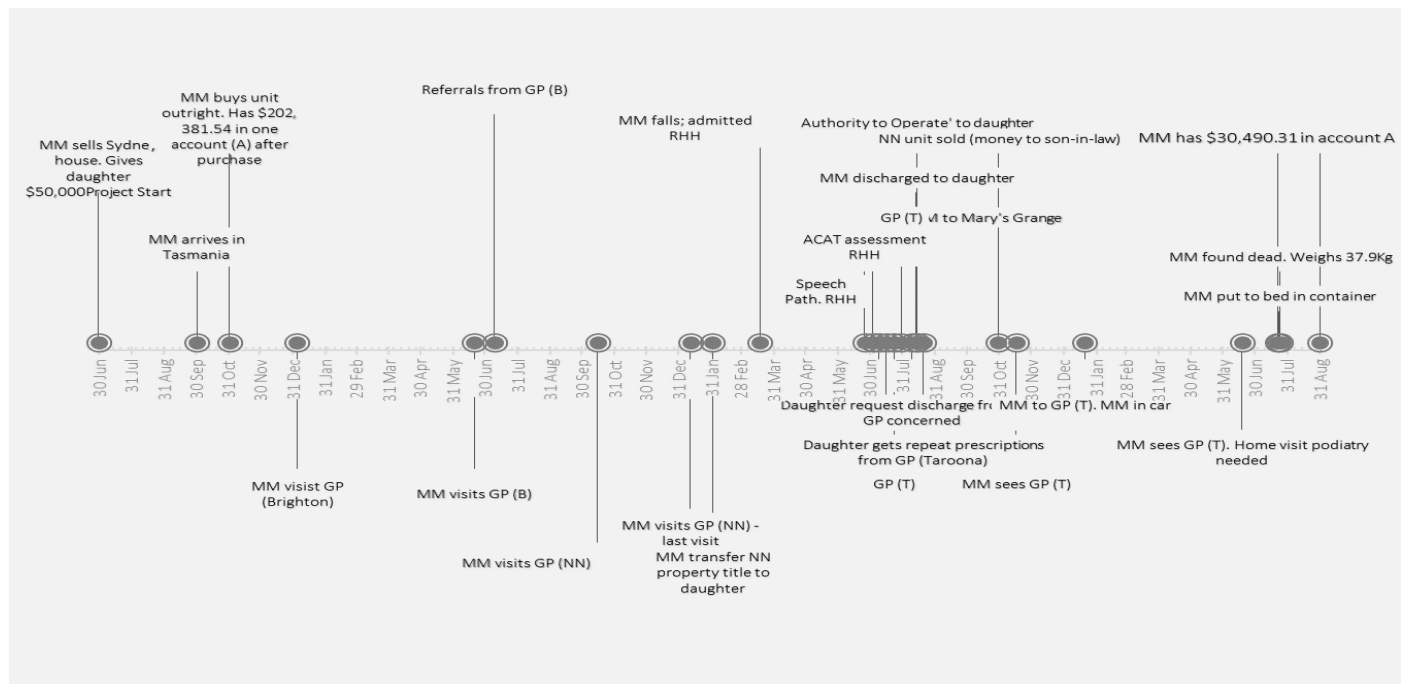
Most Tasmanians, and indeed all the participants in this research project, are aware of the case of Mrs Janet Mackozdi who in 2010 “freezes to death in a shipping container”² while in the care of her daughter and son-in-law. This story (Vignette 1, below) illustrates the difficulties services face in recognising, and then responding to, elder abuse.

Vignette 1. Mrs Janet Mackodzi

Janet Mackozdi, 77, died of hypothermia in July 2010 while sleeping in a converted shipping container at her daughter and son-in-law’s Mount Lloyd property. Five years later, Jassy Anglin and husband Michael Anglin were convicted of Ms Mackozdi’s manslaughter. At the inquest conducted by Coroner Olivia McTaggart, we heard that Mrs Mackozdi was frail, underweight, and in the advanced stages of dementia at the time she died, due to significant neglect by her family who were responsible for her care. This case is troubling because Mrs Mackodzi saw many different services over the three years prior to her death. The obvious question is why didn’t any of these services identify that the family were not adequately caring for this increasingly frail woman and intervene on her behalf so she didn’t spend the last moments of her life in a freezing shipping container.

Coroner McTaggart asked PEAT to address key questions to be included in her final report (Coroner McTaggart 2019). Given access to the available information surrounding Mrs Mackodzi’s final years of life prior to the inquest, PEAT found a troubling trail of contacts with services that could potentially have intervened in her decline to death brought about by the actions (or inactions) of her family. Summarised in Figure 2, Mrs Mackodzi’s (MM) increasing dependence on her family starts in late 2007 when she sold her house in Sydney. At this point, MM sees her long-term financial planner who is concerned that MM is confused. The family reassure the planner they will be caring for MM, and that they are all moving to Tasmania. From here until her death in July 2010, there is a trail of interactions with aged care, GPs, pharmacies, allied health, banks and real estate agents (Figure 2). At some points along the timeline, concerns were raised, but the family, especially due to their health-care backgrounds, were able to convince the GPs they visited for example, that they could care for MM. Further insights from this complex case are included in parts of this report.

Figure 2: The time-line of Mrs Janet Mackodzi’s decline to death while in the ‘care’ of her family. (Banks et al. 2017)



² ABC News <https://www.abc.net.au/news/2015-04-13/queensland-couple-convicted-of-causing-death-of-elderly-woman/6389212#:~:text=A%20Queensland%20couple%20has%20been%20given%20two-year%20suspended,container%20at%20Mount%20Lloyd%20during%20mid-winter%20in%202010>

The story of Mrs Janet Macodzi highlights the breadth of services involved in an older person's life. How these services recognise and respond to possible cases of elder abuse is the basis of the research for this report.

Elder abuse does not occur in a vacuum. As we see in the 'vignette' of Mrs Mackodzi above, a trail of circumstances and inaction of 'actors' led to her sad death in a cold shipping-container. When discussing their experience of elder abuse, participants were asked to think about the contexts and factors that may have 'allowed' the abuse to occur. If the factors are known, then services can use this knowledge to pre-empt situations in which they can see the potential for abuse occurring. These factors can be built into their assessments. Factors are not always obvious and may be overlooked in the 'busyness' of client assessment/care/interactions. One participant's comment sums up the view of the majority: *"Elder abuse can cover a lot of domains, in my experience. It can be financial, it can be physical, and it can be emotional. And it's a situation where their needs are not being met, or their resources are being exploited"* (GLFS_S).

People, including older people, may not report abuse due to a lack of understanding of what constitutes elder abuse combined with ageism. For example, where an older person experiences discrimination, feeling intimidated, offended, insulted and ridiculed because of their age it is not perceived as 'abuse' because it is normalised in our society to denigrate age. Politicians and decision makers in their forties seem to forget that one day they will be elderly and in this vulnerable position regardless of wealth and influence. *"If we were to say okay, let's put together the stories that we have heard that have happened within Tasmania in the last six months, any story, just deidentify it. And then you send that off to the Attorney and the Premier and say, this is what's happening in a state where you say that everybody should be treated with compassion"* (GLFS_S).

To start the discussion, workshop participants were asked to express their understanding of elder abuse in the context of their service. All the cases described by participants, *"covered a lot of domains"* (see following Discussion). However, a striking similarity is apparent in each case story related by participants. All included an intentional or unintentional financial abuse element – similar to the cascade of events leading to Mrs Macozdi's death (V1). (See Vignettes (V) listed in Appendix 2) Examples are given in Table 3 below.

Table 3: Financial abuse is a common factor in stories of elder abuse

<p>Vignette 2. Factors for Elder Abuse – unable to use cash during pandemic <i>Early in the shut-down, I went into Myer and I just was asking if the women who was standing at a till that said card only, and I said, "Oh, are you taking cash?" And she said – she looked at me as if I was a bag lady and said, "If you really, really need to use cash, then you can go up to the hub." And I said, "Where's the hub?" Anyway, she said, "On the third floor. And then we'll bring a manager down to do the transaction". Obviously, a policy like this, while well-meaning in the context of reducing spread of disease, discriminates against older people who are more likely to use cash, feel safer using cash and don't use credit cards or know how to do on-line payments, and may be at risk of financial abuse if they have to rely on someone else to manage their transactions.</i> (GLFS_S)</p>
<p>Vignette 5. Factors for Elder Abuse - bank recognition of responsibility <i>I saw a gentleman late last year. He'd been put under enormous pressure by his son and also a banking official actually, to go guarantor for a large loan that his son was taking out. He couldn't afford to go guarantor. He was in a terrible financial position before this. I was able to write a letter for him that he signed and sent to the bank, that relied heavily on the fact that both the bank and his son had placed him under a great deal of coercion to sign this documentation. And lo and behold, he's contacted me recently to let me know that the bank have agreed to relinquish him of any obligation to pay that loan, because his son defaulted on it. And not only that, but they offered him an apology for the grief that they had caused him pursuing him to enforce the contract.</i> (NGOLFS_S)</p>

Vignette 3. Factors for Elder Abuse – adult children moving home

*Some of the examples of financial abuse we see have been adult children moving back into the family home when there's been a marriage separation. The children then take over responsibilities for paying bills, but with **mum or dad's money**, and then bills are not paid and the money is being used for other things. (NGOCS_S)*

Vignette 4. Factors for Elder Abuse – conflict over money as a 'gift'

*Or parents **loaning a son or daughter a particular amount of money** and then the son or daughter thinking that that's a gift. And then that creating a rift within the family unit because mum and dad are seeing that they're not making any effort to repay the money. In fact, they were purchasing lots of other things instead of paying it back. And the adult child believing that it was a gift. (NGOCS_S)*

Vignette 12: Contexts of elder abuse – would she make that decision again?

*A lady was being **financially exploited by a close relative**. It was a significant amount of money, like in the hundreds of thousands so she decided to report the theft to Tas Police, and did prosecute, and the close relative was charged. But when I came to work with this lady a few years later, the amount of guilt and grief she described in regard to this situation because she had decided to take this route, the loss of the relationship is forever on her mind. It has significantly impacted her and continues to. And I still think she wonders whether – I'm not sure whether she would make that decision again, to be honest. Her decision to pursue that and in the path that she pursued it has changed the relationship with her daughter forever, basically.*

And this is something which is really important to acknowledge because it's that same thing. Like with family violence, people are like, "Well, why don't they just leave?" And it's that same kind of a thing where people want to maintain relationships with their people. They want that. We are human beings, we are here for connection. (GLFS_S)

Factor 1.1 The complexity of elder abuse starts with the definition

While all participants expressed concern about managing (time, resources, emotional) the complexity of the elder abuse cases they described, a recurrent theme in the workshops was financial abuse – either as a single act, or as part of a more complex situation that included other acts of elder abuse. This complexity, and reality of elder abuse as described by the workshop participants is reflected in the number of definitions of elder abuse (Kaspiew, Carson & Rhoades 2016; ALRC 2017), with a new, but working, definition to be tested in the Elder Abuse National Research Program prevalence study (Kaspiew et al. 2019). For the purposes of this report, and in line with the Tasmanian Elder Abuse Prevention Strategy 2019-2022 (Tasmanian Government 2019) the WHO definition is used: *The World Health Organization (WHO) defines elder abuse as: "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person (WHO 2008, p1).*

The 'acts' (or omissions) that define elder abuse include:

- *physical abuse (including pushing/shoving, hitting/slapping, punching and kicking)*
- *emotional/psychological abuse (including verbal abuse such as yelling insults and name calling; intimidation/bullying and harassment; damaging or destroying property; threatening to harm the older person or their family members/friends or pets; threatening to withdraw care and preventing or attempting to prevent access to funds, telecommunication or transport)*
- *financial/economic abuse (including misuse or theft of finances or other assets and abuse or misuse of powers of attorney)*
- *sexual abuse (including unwanted sexual contact and rape)*

- *social abuse (including preventing or attempting to prevent the older person from having contact with family, friends or community - social isolation)*
- *neglect (including the failure to provide access to essentials such as food and hydration, clean and appropriate shelter, adequate hygiene or medical care).*

(from Kaspiew et al. 2019)

If the factors for elder abuse are known, then services can use this knowledge to pre-empt situations in which they can see the potential for abuse and find ways to prevent it occurring. These factors can be built into their assessments and interactions with older people.

1.1 Response Proposed

1.1A-Support Tasmanian services to develop/refine their elder abuse strategy/policy.

1.1B Recognise the range of skills, experience and turnover of staff of Tasmanian services when developing policy. SEAPAC, for example, are already experienced in the issues around prevention of elder-abuse in Tasmania. One approach would be to foster elder abuse prevention ‘champions’ across a range of service types. For example, The District Nurses (TDN) are widely known to be experienced in managing government sponsored programs, provide a state-wide service and have a high-level staff skill set with embedded staff development programs. A service like TDN is different to Senior Assist, for example, because of the nature of their personal-care work, they have access to people’s homes

Factor 1.2 Public awareness of elder abuse

While financial abuse is the most commonly reported act of elder abuse in Australia (Kaspiew , Carson & Rhoades 2016; Chesterman 2019) and worldwide (Pillemer et al. 2016; Yon et al. 2017), elder abuse overall often goes unreported. One reason is that the perpetrator is often the adult child of the older person and this familial relationship is more important than the loss of money (Dow et al. 2019): *“the older person just want the behaviour to stop, rather than to see their family members charged”* (NGOLFS_S). Where, for example, an older adult did bring legal action, the older person later questioned their decision: *“I’m not sure whether she would make that decision again, to be honest. Her decision to pursue that and in the path that she pursued it has changed the relationship with her daughter forever”* (GLFS_S)

The accepted definition of elder abuse encompasses a wide array of acts or omissions (listed above) that lead to almost a bewildered response of horror, and feelings of helplessness in the face of such complexity, to the cases described by participants. With the common theme of ‘financial’ abuse, it is possible to use instruments and services that are already in place to support older persons’ financial decisions, either to develop an ongoing relationship of support such that being around money will be less judgemental/stigmatising/embarrassing for the older person to ask for help; or to be the basis of intervention/mediation with the perpetrator, often a family member who may have feelings of entitlement to the older person’s money or lack understanding of the care needs of the older person. This is not a complete solution for all types of abuse, but a clearer response pathway and a ‘foot in the door’ for services already working in the area of elder abuse in Tasmania: Elder Abuse Helpline; Senior Assist; Banking; Office of the Public Guardian; Public Trustee; financial advisors; solicitors; Relationships Australia; Centrelink; Commonwealth Aged Care Complaints.

When asked about elder abuse awareness, all participants raised community education as a priority rather than service education. All were aware of the recent Tasmanian Government awareness campaign and mentioned that their clients were aware of it as well. Some participants mentioned that the bookmark developed by The Australian Human Rights Commission³ had triggered discussion with their clients.

³ <https://humanrights.gov.au/our-work/age-discrimination/projects/elder-abuse>

For service staff specifically, two participants wanted a compulsory training module on elder abuse recognition and prevention to be included in staff orientation – similar to mandatory manual handling or vulnerable people registration.

1.2 Response Proposed

1.2A Identify and evaluate community-based programs such as ‘Finding Out’.⁴

1.2B Evaluate implementation of mandatory elder abuse prevention training across government and NGO service organisations to promote a consistent, state-wide approach to elder abuse recognition and response.

1.2C Continue to monitor the reach and effectiveness of the ‘awareness’ campaign.

1.2D Institute State wide monitoring of the use of ageist language in formal documentation.

Sub-factor 1.2i Public awareness: Preplanning

Estate planning, or pre-planning, is an important step in ensuring an older person’s wishes are fulfilled as they age and potentially lose capacity. Solicitors undertake the writing of powers-of-attorney, enduring guardianships, and wills which are the most common mechanisms for the future. A concern was raised about how accessible these mechanisms are to all Tasmanians. There are costs involved in engaging a lawyer, plus the cost of lodging the documents with the Tasmanian Titles Office.

Another issue is the misunderstandings that arise when older people loan money to family [F1.2i]. Education is required to encourage people to write a ‘formal’ agreement that satisfies both parties. No one wants to think their son or daughter would renege on an agreement, but many participants raised this misunderstanding around family loans, as a precursor to elder abuse.

1.2i Response Proposed

1.2iA-Institute a regulation that when someone applies for a pension, they must also meet with a community legal person to obtain help, or at least advice, in relation to estate planning and guardianship.

1.2iB-In the event they don’t have any family or trusted support, then the Public Trustee is believed to be an important option. But only if the person has money for the Public Trustee to manage. Review the work of the Public Trustees to determine the current role, and how it may be more directly focussed on the prevention of elder abuse in Tasmania.

Sub-factor 1.2ii Public awareness: Avoiding “dodgy” residential contracts

Elderly people are particularly vulnerable to the business practices of the aged care ‘market’ (Faris & Marchetti 2017). An example raised in one of the workshops was a man who because of his increasing frailty, needed to move from his retirement village (Petersen, Tilse & Cockburn 2017) accommodation into a nursing home. It is usually, a term of the contract that on entering the retirement village the company will buy back the unit for the purchase price, but that the person must renovate it to ‘new’ before they get their money back (NGOCS). So, for example the person paid \$250,000 on entry, and then they might spend (through the company) \$80,000 to renovate the unit prior to moving out. Rather than receiving back the \$250,000 (or, indeed, a market value which is likely to have increased), the company on-sells the unit for \$320,000, and pockets any increased renovated value for themselves. Regardless of the ‘market value, the older person only gets back \$170,000. The workshop participants agreed this was a cruel trap for people often with increasing health implications needing higher care. (NGOCS)

1.2ii Response Proposed

1.2iiA Provide advice to Tasmanians considering entering contracts with ‘retirement’ village providers through Consumer Affairs and Fair Trading, or Consumer, Building and Occupational Services, or Senior Assist (Legal Aid): to ensure the older person understands the contract; and to provide a review of these arrangements and how they meet the needs of older Tasmanians.

⁴https://www.communities.tas.gov.au/disability/projects/elder_abuse/elder_abuse_resources/finding_out_supporting_older_people_to_access_the_right_information_at_the_right_time

1.2iiB Promote 'financial literacy' amongst older age groups. E.g. the Seniors Card="A licence to age" could be a gateway to the provision of financial literacy support/education.

Sub-factor 1.2iii Public awareness: Risk from financial anxiety. Dependence on/risks from limited income

One participant expressed older people's financial concerns as 'fear':

"And this fear. I see a lot of afraid people who are over 65, who are scared to put on heaters, who are scared to buy food; who are scared to buy medications; who are scared to get a Webster-Pak that's going to keep them at home safer and longer. Because they're worried about money." (NGOLFS)

How this 'fear' of not having enough money translates into elder abuse was not discussed, but other research has suggested that financial anxiety like this puts the older person in a position where they are more easily exploited and that dependence on the 'pension' or delaying access to approved aged care services is a form of institutional abuse by the Commonwealth Government.

1.2iii Response Proposed

2.1iiiA Engage with NGO's such as COTA, and Combined Pensioners and Superannuants Association to provide support and education to older Tasmanians about their financial rights and access to support.

2.1iiiB Identify places that are easily accessible, or routinely accessed by older Tasmanians that can provide free financial legal and financial advice in a safe environment. Service Tasmania may be an example, neighbourhood houses and Men's Sheds, or through LG offices. What 'outreach' shopfronts are there in Tasmania? Post offices? A traveling bus?

Key Theme 2. Service responses to elder abuse

The second key theme of the workshop discussions is the response of the service to elder abuse. While expressing frustration with the 'problems' of responding to elder abuse, overall participants were passionate about making a difference for their clients.

Vignette 6. Service enabler prevention of EA – services making a difference to people's lives

So look, yeah, there are limitations left, right, and centre. There's a lot of elder abuse that we're not even getting to see in this space. But we are doing some good work here and there along the way. And it does make a difference to people's lives. And we just need to keep having these conversations and pulling our service system together. And knocking on government's door and allowing us to be part of this broader family violence sector. And we'll have a real leg up if they enable and facilitate that for us. So yeah, and there's great people along the way too. Like you said before, very committed people that want to make this work for our older clients, who are just fabulous. (NGOLFS_S)

From these workshops there emerged a difference in the approach of services to investigating cases of elder abuse. Most services will act directly on a client's behalf, that is, a one-on-one basis. Other services will investigate elder-abuse from a systemic viewpoint – lack of legislation, or the human rights framework for example. The other situation is a third-party referral. One participant described this type of referral as someone concerned about an older person, who *"comes in the door and tells us that we need to navigate a way to try and get to what we call the primary client, which is the older person, and speak to them directly. If there are capacity issues and sometimes there can be in this space, then there's a great deal of difficulty about connecting with that person, and trying to get all the pieces of the puzzle together. It is really frustrating sometimes and I feel that we're quite limited in being able to gather the type of information that we need to, to be able to properly assist somebody who is experiencing abuse. And that is something that we don't have. We just don't have any leverage around the investigation side of things"* (NGOLFS_S). This participant further noted that because elder-abuse is so complex it *"doesn't fit neatly into criminal offences or potential civil remedies either."* The frustration felt by many participants can be summed up by this quote: *"We've got part of the puzzle. We haven't got the whole piece"* (NGOLFS_S).

Factor 2.1 Referral to the Elder Abuse Helpline (EAH)

All participants were aware of, and had at one time at least, called the EAH for referral advice. While discussing how services refer and receive referrals, there emerged a growing realisation amongst participants that there was a

crossover and potential duplication of services due to a lack of information sharing at the operational level. Everyone knew of and agreed that the Elder Abuse Helpline was the key entry point for referrals, but there was also potential, and in some cases it has actually happened, for clients to contact multiple services each of which acted for that client in good faith, not knowing other services were also working on the case.

Two participants expressed dissatisfaction with the Elder Abuse Helpline (some participants called it the 'hotline'). One saying *"oh they don't do anything"* (NGOACHS_S). This statement reflects a misunderstanding of the EAH as a first-point of contact, referral service only. Two participant groups spoke about a misunderstanding in the public's view of what the EAH is able to do. Some clients didn't want to talk to an 'elder-abuse' helpline because of the name; another client told the service that the EAH has 'had no teeth' because it only gives advice; another client made a similar complaint to a different service. As one participant said, this complaint was *"sometime in the past"* (NGOACHS_S) and thought the new advertising campaign would help people understand the role of the EAH better.

In one workshop, the service would primarily refer to the EAH. However, a perceived barrier to people calling the EAH was then they would have to admit there was abuse. The participants said they had to reassure people that it was only advice *"I think the mere name makes people concerned that something might happen that's not, necessarily, what they want to happen. So, we often have to reassure people that it doesn't have an investigative role, the Helpline itself, that it can give them information, they can talk over things with the person there, they don't even have to give their name"* (NGOCS_S). One participant thought the name Elder Abuse Helpline was the problem and a name like 'Senior Assist' did not have that *"connotation of abuse with it"* (NGOACHS_S). The problem then arises *"on the one hand people not wanting to ring it because they think it's going to investigate, or take things beyond what they want, and on the other hand, you've got people who do want it to do that, and have said in the past they'd call the Elder Abuse Helpline and nothing's happened"* (NGOCS_S).

While discussing the problem of service duplication, one solution mooted was a case-management model where case information is shared through a 'single-desk'. Other benefits of a 'single-desk' would be the ability to collate data on elder-abuse state-wide, identification of barriers and enablers for acting on behalf of older Tasmanians, and an easily identifiable contact point for services wanting to refer cases for emergency accommodation for example.

Access to documents, Guardianship for example, and past-history is an ongoing frustration for service providers (see Vignette 13). A centralised case-management model for all Tasmanians needing support as they age could be the link and repository for information ensuring cases are consistently managed and reduces time wasted tracking down old information. There is difficulty sharing information between services, including because of turnover in roles, but also misinterpretation of privacy laws (i.e., with clients' consent, information can be shared with relevant others).

Vignette 13: Service barriers – lost in communication

Another elderly client I saw - it was financial as well as emotional and physical abuse. Her pension was being utilised by her husband. Most of her money was going to his hobby – it was his passion, and it was the priority, not her needs. She did have impaired capacity, so her understanding, even, of where her money was going or that she could have or should have had more money was very minimal. Fortunately, she came to the attention of the Public Guardian, and was placed in an aged care facility and settled, until the order lapsed, and then ended up back home. So, the whole process was repeated because the nursing home did not have an understanding of her prior situation so didn't alert the Public Guardian.

Something I've come to realise is that a lot of the facility managers don't stay very long in a facility; they move from one facility to another very frequently and very quickly. And so to actually have a manager who's been in a facility for quite a long time, that actually knows the people and the history and all of that sort of thing, really, you're getting to that point now where it has to be at one of the more rural facilities where they've known that person forever. (GLFS_S)

2.1 Response proposed:

2.1A An alternative name to the Elder Abuse helpline, for example the national phone line is called “1800ELDERHelp” (automatically redirects callers seeking information or advice on elder abuse to their state or territory phone line service). Changing the name of the EAH will be difficult due to the existing links and the recent awareness campaign.

2.1B DoJ address ‘privacy’ issues (real or otherwise) that restrict information sharing between agencies.

2.1C Evaluate models of case-management used in older person services in Australia and overseas. Any services in Tasmania to be extended into older person services?

Factor 2.2 Recognising undue influence

Participants made mention of the “pushy daughter” or someone else in a similar tone. Families bring a lot of pressure to bear on a service to act in a way the family sees is best for the older person, while excluding the older person from the discussion. This can put the service in a very difficult situation. As one participant stated, *“particularly in Tasmania, if word gets out you are doing the dodgy”*(NGOLFS_S), not acting directly in the interest of the person without capacity, or under external influence, the professional liability is significant.

2.2 Response proposed:

2.2A- As an example, Tasmania Police have a ‘Specialist Interviewing’ unit that trains police who regularly conduct interviews with children, people with cognitive impairment or those who have complex communication needs. This can include the elderly victims of crime and, whenever possible, police who have undergone this training conduct interviews with these victims/witnesses.

2.2B-Official Visitors provide a crucial link between clients living in facilities and external services. *“They would come in and they would speak to the people, and they would say, “Do you have any concerns?”* They can take complaints. They had a physical presence in a facility that made people go, *“Oh, hang on”* (GLFS_S). Review ongoing role of ‘official visitor’ scheme operating in Tasmania.

2.2C Identify and develop a consistent approach service wide to address ‘undue influence’ to ensure the older person’s wishes are primary in the service response.

Factor 2.3 Police welfare checks

Police welfare checks were raised independently in two of the workshops; otherwise, when queried by the workshop facilitator, most participants were aware of, but had not used this Tasmanian Police service out of concern about making the older person’s situation worse. Two examples of when a welfare check was requested: *“Interstate relative calls Tasmanian Police because they have been unable to reach mum on the phone which is not normal. Mum is usually active and communicates regularly”* and *“Friend notices elderly friend has bruises that can’t be accounted for. Call to Tasmanian Police to please check on her”* (NGOLFS_S). It is important to note that these calls/visits are not ‘captured’ in the Tasmanian Police database for future reference. They are reported but there is no ‘field’ to search and hence these calls/visits cannot be quantified.

There is no specific section of Tasmanian Police to deal with elder Tasmanian concerns. The staff responding to these calls are not consistent and hence there is none of the ‘anecdotal’ memory that may informally trigger concern in relation to later events concerning that person. The responding officer may add an ‘intelligence report’ stating that while there was no crime, ‘something is not right’. But whether this occurs is dependent on the individual. There is no consistency, or framework around the capture of information and the statistics around older persons, and no formal recording requirements.



In contrast, Victoria Police have a ‘when you don’t need the sirens’ approach to police welfare checks.⁵ ‘Working with older people’ is a response flow chart from this service.⁶

2.3 Response proposed:

Integrating data collection across agencies (e.g., THS and Tasmanian Police) would increase service response efficiency and reduce the burden on the older person repeating their story to multiple service personnel. As an example, to extend across Tasmanian agencies databases, efficiencies could be made in how Tasmanian Police manage elder abuse/welfare calls:

2.3A Tasmania Police instigate a ‘single desk’ older Tasmanian reference point to:

2.3Ai Collate all welfare calls regarding any older Tasmanian.

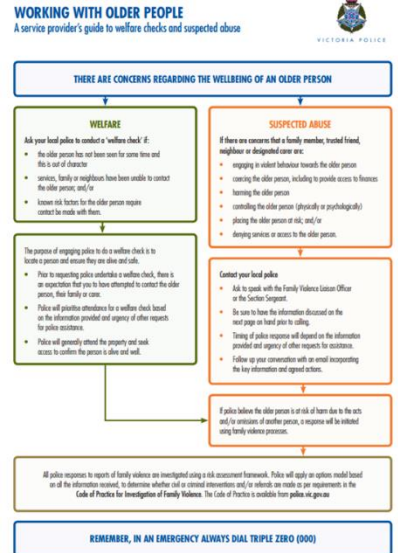
2.3ii Apply the same ‘intelligence’ standard (data capture) as used in criminal cases.

2.3iii Review Tasmanian Police policy and practice to standardise welfare visits and reporting across the State.

2.3iv Promote the ‘non-urgent’ assistance phone line - and ensure calls are recorded, or at least coded if the calls are anonymous. “When you need us, but not the sirens”⁷

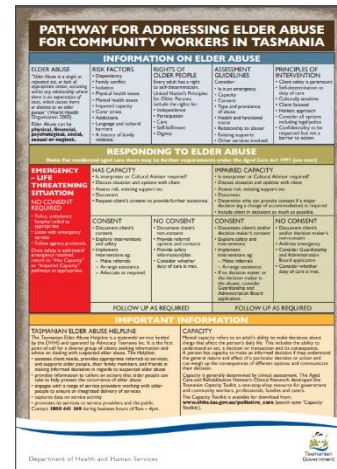
2.3B Evaluate existing non-police ‘welfare’ checks and how they can be integrated into a statewide database/response network:

- OPAN (Advocacy Tasmania) be supported to continue (implemented during pandemic) welfare checks for older Tasmanians who suspend/end their aged care services
- Lifeline
- ‘Telecross’ and ‘COVID Connect’ from Australian Red Cross; ‘Silver Cord’ St Johns Ambulance (Qld)



Factor 2.4 Service policies

All participants were in a service that routinely managed clients experiencing elder abuse and were aware of their service policies. During one workshop held early in the project, the researchers realised that there is already a flow chart for addressing elder abuse “Pathway for addressing elder abuse for community workers in Tasmania”. Some participants reported that their organisation had very well-developed response flow-charts, or used the ‘Pathway’.⁸ This chart (pictured right), initially developed in Queensland in 2012⁹, is available on the Department of Communities Elder Abuse website.¹⁰ Some participants reported that their organisation had very well-developed response flow-charts.



In subsequent workshops participants were asked if they were aware of the Pathways chart. Most weren’t, and in particular a community-based service provider had not heard of it and was pleased to hear about it and other resources now available on the new DoCT website. This led to a discussion about how to get useful information and updates ‘out’ to services. One idea was to nominate one service, with state-wide reach, to be ‘elder abuse prevention champions’, funded to peer-service educate and give feedback to DoCT (as the EAP Strategy

⁵ <https://www.seniorsonline.vic.gov.au/News-Opinions/Latest-News/The-new-way-to-report-non-urgent-crimes>

⁶ <https://www.police.vic.gov.au/sites/default/files/2019-03/PCD-CD-FLOWCHART.PDF>

⁷ https://www.police.vic.gov.au/sites/default/files/2019-08/PAL%20postcard%20-%20print%20ready_0.pdf

⁸ [https://www.communities.tas.gov.au/data/assets/pdf_file/0017/64151/Elder Abuse Desktop Chart A3 Poster July16 v1.pdf](https://www.communities.tas.gov.au/data/assets/pdf_file/0017/64151/Elder%20Abuse%20Desktop%20Chart%20A3%20Poster%20July16%20v1.pdf)

⁹ https://www.eapu.com.au/uploads/EAPU_general_resources/EA_Protocols_FEB_2012-EAPU.pdf

directors). Compulsory on-line training modules were also discussed to be implemented in the same way, for example, manual training is required for all health workers.

2.4 Response proposed:

2.4A Continue to promote and support services to review and update their elder abuse prevention policies.

2.4B Develop or identify existing on-line training modules for elder abuse to implement as mandatory training in all services that have older Tasmanians as clients

2.4C Nominate a key service to act as 'peer' educator and 'champion' to be responsible for ensuring all services are updated on changes to elder abuse prevention in Tasmania

Key Theme 3. Service level barriers and enablers to recognising and responding to elder abuse in Southern Tasmania

The third key theme from the workshops is the barriers, and enablers to the recognition and response to elder abuse at the service level. As complex as the 'definition' of elder abuse, the barriers and enablers to services responding to a case of elder abuse are equally varied and individual. The following vignette is an example of how difficult it is for services to identify what they need to improve their responses to elder abuse in Tasmania.

Vignette 15 : Service barriers to preventing EA – “there’s nothing concrete”

I think in the past, people have tried to report elder abuse, and they've gone on a goose chase. And then, without legislation to back it up, it's a toothless tiger. There's nothing concrete to hold on to. Elder abuse doesn't have a Rosie Batty. It's not sexy, it's not cool, it's not in the media. People don't want to talk about it. They don't want to acknowledge it, they're afraid of it. People don't want someone to say to them, "This is happening", because "Then I have to hold this responsibility, what do I do with it?" There's no mandatory reporting guidelines as with young people and abuse. There's no framework to guide people, and people just end up going, "Too hard basket."

The aged care system is impossible to use, and to navigate, and to understand, and that is a big part of the problem. Because people are dependent and reliant on people without realising or having confidence or faith that they can get the help that they need independently. We're forcing people to be reliant on people that put them in vulnerable situations. The aged care pension isn't enough money. There need to be more strategies that support old people to stay at home that are financial.

And as a society we need to look at ageing better. And it's like dying better as well; people don't want to focus on it. The language isn't good. People don't understand what things mean. And that's on a basic level, and that's in a work context level as well. (GLFS_S)

Factor 3.1 Fees and costs

A number of participants identified costs as a barrier to older people getting access to services that may reduce their risk of elder abuse [F3.1]. For example, to lodge guardianship documents there are lawyer fees and a fee to the Titles Office. This creates a barrier to someone without financial resources. (Note: the OPG does have an application to waive fees in cases of financial hardship.) It is not clear whether people are not asking for guardianships because of the fees or from lack of knowledge of the process. There are Will 'kits' for people to use, but the guardianship process is quite onerous and while anyone “can have a crack at it” (NGOLFS_S) most will need help.

A number of participants noted that due to a lack of, or limits to, funding they are unable to provide outreach services. For example, “we tried to organise a friend to pick the older person up to take them to a supermarket carpark where we could do the consultation over the phone, because it's difficult for this person to do it in her own home because the perpetrator of the abuse lives with her.” (NGOCS_S)

Vignette 11. Service barriers to preventing EA – Shortages

At the moment it is my opinion that we're really light on in Tasmania about how we can respond effectively to this issue. So we've got to think this through and strategically align the limited resources we have to do so.

We're doing a fair bit of the prevention stuff but how are we going to respond to the demand from that so that we don't end up with people not able to get through on the phone, et cetera. Or able to get in and see somebody who can do something tangible to actually help them, because the last thing we want to do is not be effective in how we can help them. (NGOLFS_S)

Fee barriers can arise in unexpected and unintended ways. For example, a recent change to the Guardianship and Administration Board 'Health Care Professional Report' states "Payment for the report: Any fee for this report will be paid from the estate of the person to whom it relates. Please forward the account to the person who requested the report." Participants were concerned that this seemingly small change will prevent people putting in applications, or doctors undertaking the reports.

3.1 Response proposed:

3.1A Evaluate impact of fees and lodgement process on uptake of Guardianship etc.

3.1B Evaluate access to documents once lodged, by services assisting an older Tasmanian client.

Factor 3.2 Assessments of capacity

Assessment of capacity, along with legislation, emerged as a significant barrier throughout the discussions. So much so it became clear that services have two distinct response pathways based on whether the client had capacity, or not.

Vignette 14: Contexts of elder abuse – issues of capacity in a complex case

This lady had been living with her husband at home in their unit, her husband had been getting some services. The family dynamic included her son, and the motivations for making decisions were exceptionally influenced combined with quite a lot of personality traits, I feel, that were happening in that triangle.

Capacity was assessed, and one doctor determined that this lady had capacity. Another doctor – because this lady had kept changing her mind – felt that that could be an indication to fluctuating capacity. It was a very difficult situation. I received a complaint from the son through my work with that family. And not only me but also the nurse unit manager. I had to write a three-page response to a complaint.

To be honest, it wasn't a very pointed complaint. In that sense, it wasn't a very pointed or well put together complaint, which doesn't mean, obviously, that it still wasn't a complaint. But it made me realise, in that point, just quite how vulnerable workers can be with this kind of dynamic. And it was definitely something that got a lot of staff very concerned, but everyone felt exceptionally helpless and really rattled.

The behaviour by the son - it's obviously a symptom of something, but it also could be a marker. A complaint is a complaint and it has to be treated seriously, but when you get these vexatious complaints, how to determine – it's like an indicator that there is something wrong and something else is happening. It's not just about the service provider.

In mental health language, sometimes you hear the word "clammer". And my overwhelming concern out of that whole period was that we, as a team, lost the focus from this woman and it ended up being on this son because of this clammer. This elder abuse was mostly emotional. There was a financial element in that there'd been some money given, but basically this woman had been living with her husband. She wanted to be in a nursing home, but the son would basically say, "No, we can't afford a nursing home." She would say, "Yes, I want to go to a nursing home." And then the son would come and visit, and then she'd say, "No, I'm going to go home." And then we'd have another chat to her and then she'd say, "But I don't want to go home." Really difficult and you know that there was a history there of years and years and years and years of this manipulative behaviour. (GLFS_S)

Many participants raised concerns about the difficulties in obtaining assessment of capacity for older Tasmanians in this situation.

Elder abuse, "well, it happens both to people with capacity who have an understanding of what is going on, and it happens with people who don't have capacity" (GLFS_S). Participants raised concerns about the difficulties in

obtaining assessment of capacity for older Tasmanians in this situation *“The tricky thing about putting an application is, not only do you have to put an application in, you have to provide a Health Care Professional Report. And that’s a seven or eight-page document that has to be filled out that describes the disability, how long that person’s known someone, what their credentials are; exactly how it impacts their ability to make decisions about where they live, their lifestyle, their finances, and that sort of thing. Is that a hurdle? Oh, absolutely. We struggle. We have to chase the GP to get another report. That is hard enough, and we’re professionals trying to navigate the system”* (GLFS_S). There are also two distinct assessment processes – both reliant on the good graces of medical practitioners – the OPG and the health system (THS).

The Tasmanian OPG requires an eight-page report¹¹ completed by a medical practitioner, psychologist, neuro-psychologist or psychiatrist for determination of capacity:

“A person is presumed to be capable of making their own decisions unless the Board determines on the evidence before it that the person is not capable to do so. The Board requires comprehensive evidence from a medical practitioner or psychologist about whether the person has a disability and the effect of the disability on the person’s mental capacity and their ability to make specific decisions. disability means any restriction or lack (resulting from any absence, loss or abnormality of mental, psychological, physiological or anatomical structure or function) of ability to perform an activity in a normal manner - s.3 Guardianship and Administration Act 1995”.

The assumption of capacity:

“The ‘assumption of capacity’ is the overriding principle of capacity assessment. This states that a person is deemed to have capacity unless it is proved that they have an impairment or disturbance of mental functioning (such as an intellectual disability, dementia or other cognitive impairment, acquired brain injury or mental illness) and this impairment is sufficient to affect their capacity to make a particular decision. Clinicians should assess and diagnose such impairment before assessing capacity. The Act preserves the right of individuals without such impairment (and those with impairment who have capacity for the decision in question) to make unwise or risky decisions, and it is emphasised that lack of capacity cannot be attributed simply because of appearance, condition, age, religious or cultural beliefs, and eccentric or idiosyncratic behaviour.” (Church & Watts 2007, p.304).

Capacity and the Mental Health Act 2013 (Tasmania) Section 7¹²:

“Capacity of adults and children to make decisions about their own assessment and treatment (1) For the purposes of the Act, an adult is taken to have the capacity to make a decision about his or her own assessment or treatment (decision-making capacity) unless a person or body considering that capacity under the Act is satisfied that: (a) he or she is unable to make the decision because of an impairment of, or disturbance in, the functioning of the mind or brain; and (b) he or she is unable to – (i) understand information relevant to the decision; or (ii) retain information relevant to the decision; or (iii) use or weigh information relevant to the decision; or (iv) communicate the decision (whether by speech, gesture or other means).”

Vignette 7. Service enabler to prevention of EA – recognising capacity

In one particular instance there were close family in the room when I walked in and as I – you know, as is best practice I asked them to leave the room immediately essentially because the test for determining whether someone has capacity starts straightaway, whether they know even why I’ve arrived. “Do you know why I’m here?” is sort of my first question because that can – usually it’s the family who arranged the appointment – and as soon as they left the room she couldn’t even tell me the names of the people who had just walked out the door which was her very close family. She didn’t know their names. She didn’t know what a Will was

¹¹ https://www.guardianship.tas.gov.au/data/assets/pdf_file/0008/205982/Health-Care-Professional-Report_Secure_Web.pdf

¹² http://classic.austlii.edu.au/au/legis/tas/consol_act/mha2013128/s7.html

essentially so I just couldn't take instructions because in that instance you can't do anything else because they don't have capacity, they can't give you instructions. (NGOLFS_S)

Having a definite answer as to capacity was deemed very important. One participant noted that they 'differentiated' the service responses based on the person's capacity. However, participants agreed that the process was onerous, making it very hard to get an assessment done. One participant suggested a more accessible 'tick-a-box', on-line form for recognised practitioners to complete. Furthermore, it was noted that an individual's capacity changed from day to day. As one participant said, *"both my grandparents died with horrible dementia and you could see them as they were in declining health but some days, they'd be really good and then the next day they're really bad. Just because someone has dementia doesn't mean they don't have capacity because they might have just been diagnosed"* (NGOLFS_S). Other barriers to getting assessments done are not always obvious: *"I've often found a lot of GPs – particularly rural and local GPs – who hadn't wanted to make those assessments for people because they've had such a strong relationship with that person and with that community, so they haven't wanted to make that call"* (GLFS_S).

For the THS there is a very comprehensive (174 pages) Tasmanian 'Capacity Toolkit'¹³ for reference. Using these guidelines, the assessing doctor will take a different approach based on their preferences or the needs of the client. *"Every doctor that I've worked with will assess it slightly differently. Some will go in and they'll have a conversation, and then they'll come back a few days later, and depending, obviously, on the deficits, some won't. Some will meet someone multiple times before they determine a capacity assessment. Psychologists, I've found, do a lot of tests. Doctors will do tests as well, but not generally the same tests that psychologists do. It's really different"* (GLFS_S).

3.2 Response proposed:

3.2A DoJ review current assessment of capacity across agencies to determine commonalities and potential for streamlining.

3.2B Review national progress

3.2C Can the process (documentation) be digitalised?

3.2D Who else can determine capacity? E.g., Lawyers, nurse practitioners or police to improve the process while preventing perverse judgements.

3.2E All such assessments must take into account the day-to-day variation in the health and capacity of the person. Educate services that having a diagnosis of dementia, for example, does not immediately mean the person is incapable of making decisions on their own behalf.

Factor 3.3 How the COVID19 pandemic has disrupted service responses

With the pandemic restrictions on meeting face-to-face, services have been unable to practice 'business as usual'. Wills for example, have to be witnessed in person leading to a loss of decision freedom to dispose of their estate as they wish *"the worst thing that you can have is an elderly person that doesn't have the right or if someone with capacity who can't actually do a Will for example, because of physical restrictions like COVID while no one could go into a nursing home ... you obviously want an elderly person, or any person, to have their testamentary freedom and to dispose of their estate in whatever way they want"* (NGOLFS_S) and the Public Guardians have not been able to conduct assessments in the person's place of residence. Finding a 'safe' place to conduct interviews away from the perpetrator is difficult in normal times. Participants recounted setting up meetings in cafes, or at the hospital bedside. Safe space problems also arise if the older person does not have access to a phone. This problem has been highlighted recently by Advocacy Tasmania (access to phone for private use in RAC).

3.3 Response proposed

3.3A Further research on the 'lock down' of RAC in particular, but also disabled Tasmanians 'locked' in their own homes during the pandemic, has started to emerge nationally. However, Tasmania has had its own policy and requires a local approach to reviewing the unintended effects of these policies on the human rights of its own citizens. While the result of such research may emerge as being critical of Tasmanian Government policies during the

¹³ http://dhhs.tas.gov.au/data/assets/pdf_file/0008/98513/Web_Capacity_Toolkit_Tasmania.pdf

pandemic, it will also demonstrate ways to improve the rights of older Tasmanians – for example how Wills are witnessed.

Factor 3.4 A lack of legislation

There is no specific ‘elder abuse’ crime in Tasmania, nor specific legislation addressing elder abuse in Tasmania. This has implications for dealing with elder abuse in terms of its recognition and responding to it. It also has an impact on data collection in services such as Tasmanian Police. With no data there is no ability to do a statistical analysis of the extent of elder abuse in Tasmania, or measure the impact of any interventions. This would also require further resources and training.

“The lack of legislative definition results in varied understandings of what constitutes elder abuse” (NGOLFS_S).

In November 2017, PEAT arranged a Tasmanian Symposium (Hasler et al. 2017) on elder abuse that brought together more than 60 representatives from the aged care sector, the legal profession, police, unions, clinicians, policy makers and academic researchers to examine the social, legal, and clinical dimensions of elder abuse and neglect in Tasmania. Based on the input of Symposium attendees in the theme discussions, the PEAT researchers, TLRI, EOT and COTA called on the Tasmanian Government and relevant agencies to:

1. Improve knowledge of elder abuse through research to improve understanding of the incidence, vulnerability factors and enabling culture.
2. Enhance strategies to address ageism including the development and use of guidelines promoting positive ageing language and images consistent with commitment under the Strong Liveable Communities Tasmanian Active Ageing Plan 2017-2022 to address ageism and combat age-related stereotypes.
3. Promote community understanding and shared responsibility for addressing elder abuse and neglect through awareness raising campaigns.
4. Embed a human rights culture within the Tasmanian community through the adoption of a Tasmanian Charter of Human Rights, containing a duty incumbent on all persons and public authorities to act consistently with human rights. The Charter must also contain mechanisms to allow individuals to seek remedy where protected human rights are violated.
5. Endorse and adopt the recommendations of the Australian Law Reform Commission’s report into Elder Abuse – A National Legal Response including the adoption of state and territory adult safeguarding laws to give adult safeguarding agencies the role of safeguarding and supporting at risk adults.
6. Establish a transparent, independent and quick State-based complaints mechanism for taking, investigating and addressing elder abuse and neglect, including broad provisions for 3rd parties to make complaints.
7. Ensure that appropriate independent legal support, including access to mediation and family conferencing, is available to all adults including prior to signing residential aged care and related contracts.

To date, Recommendations 4,5 and 6 have not been addressed by the Tasmanian Government.

For example, there are no consequences for a person who does the *“most heinous things”* (GLFS_S) to an aged care client. They might get a warning or lose their job, but without a national staff register, can be re-employed elsewhere. One participant passionately argued for the need for a Minister of Ageing in Tasmania to take these issues seriously – at a minimum, achieve a focus of attention and endeavour in building responses not otherwise achievable. *“There is political leadership for family violence and condemnation of men who assault women, but no-one to be outraged if an elderly person is left in a urine-soaked bed for days”* (GLFS_S).

From the Councils of Attorneys-General National Plan (2019, p.32)¹⁴: *NSW will establish an Ageing and Disability Commissioner from 1 July 2019. The Commissioner will be a new, independent statutory appointee with an investigative function to respond to abuse, neglect and exploitation of people with disability and older people in home and community settings. It will have the power to initiate investigations, apply for and execute search warrants and share information with relevant agencies. The Commissioner will also report and make recommendations to Government on systemic issues related to the abuse, neglect and exploitation of adults with disability and older people.*¹⁵

Many participants raised the issue of changing the definition of what ‘relationship’ means under the existing Tasmanian family violence legislation. This would mean clients would be able to access a much more mature, accessible, and better funded service system in Tasmania. Discussion highlighted the difference between Tasmania and other jurisdictions that have a less restrictive definition of what a relationship is. Changing the definition would “capture a lot of these relationships playing out in the elder-abuse space” (NGOLFS_S) and give services more options to respond effectively. “We do have support services in the family violence space. And if they expanded that definition, we could tap straight into them. So that’s the easiest pathway forward, I think. Not establishing a brand new service system from scratch. There’ll always be a specialisation associated with the elder abuse space, but we have got a service system here. We just can’t – our clients can’t access it” (NGOLFS_S).

The support services referred to above are embedded in the “Safe at Home” legislation¹⁶ and further information at the ‘Safe at Home’ website.¹⁷

From the Tasmanian legislation definition, ‘family’ violence is limited to “spouse or partner”:

7. Family violence

In this Act (2004) –

family violence means –

(a) any of the following types of conduct committed by a person, directly or indirectly, against that person's spouse or partner:

- (i) assault, including sexual assault;
 - (ii) threats, coercion, intimidation or verbal abuse;
 - (iii) abduction;
 - (iv) stalking and bullying within the meaning of [section 192 of the Criminal Code](#) ;
 - (v) attempting or threatening to commit conduct referred to in [subparagraph \(i\)](#) , [\(ii\)](#) , [\(iii\)](#) or [\(iv\)](#) ; or
- (b) any of the following:
- (i) economic abuse;
 - (ii) emotional abuse or intimidation;
 - (iii) contravening an external family violence order, an interim FVO, an FVO or a PFVO; or

¹⁴ <https://www.ag.gov.au/sites/default/files/2020-03/National-plan-to-respond-to-the-abuse-of-older-australians-elder.pdf>

¹⁵ <https://www.ageingdisabilitycommission.nsw.gov.au/>

¹⁶ <https://www.legislation.tas.gov.au/view/html/inforce/current/act-2004-067>

¹⁷ <https://www.safeathome.tas.gov.au/>

(c) any damage caused by a person, directly or indirectly, to any property –

(i) jointly owned by that person and his or her spouse or partner; or

(ii) owned by that person's spouse or partner; or

(iii) owned by an affected child.

The language (above) could be directly applied to many types of elder abuse e.g. (a) coercing his or her spouse or partner to relinquish control over assets or income; (b) disposing of property owned – (i) jointly by the person and his or her spouse or partner.

Participants identified that there is historical and ongoing concern that the responses of Safe at Home would not necessarily be appropriate for elder abuse and recommended that it needs its own framework, but that there has always been an intention to expand the Safe at Home definition to include elder abuse by persons other than the spouse or partner. Service providers have raised this issue regularly. Some states have a broader definition (for example, the Family Violence Protection Act 2008 (Vic). What wasn't clarified in the workshops is the extent to which Safe at Home is used for older 'spouse or partner' violence as defined above. There was a suggestion that Safe at Home was primarily enforced in younger age groups. National data tends to support this perception, but with a countervailing trend indicated by calls to elder abuse helplines. The Australian Institute of Health and Welfare reported In 2019, that for 2017 police recorded more than 11,000 female victims of sexual assault aged 15-34, compared with 3,800 female victims aged 35 and over. However, the same report recorded that in 2017-18, more than 10,900 calls were made to elder abuse helplines across Australia (excluding the Northern Territory). Most abuse reported was directly attributable to family and domestic violence.¹⁸

All services that operate under Safe at Home are government funded:

- Family Violence Counselling Service
- Strategic Child and Youth Services
- Victim Support Service (Court process support)
- Catholic Care Support "Safe Choices"

The support services referred to above are embedded in the Safe at Home legislation. Participants identified the similarities between elder abuse and family violence including the need for the same services - support/mediation/counselling of perpetrators- already in place and supported by the Safe at Home legislation.

Adult safeguarding was raised as an urgent need by most participants. One participant noted that this COVID period has highlighted the need for safeguarding legislation, similar to other States. With clear investigative capacity, Tasmania could have a unit that just deals with adult safeguarding legislation. However, even with adult safeguarding legislation in place, the recent case of Ann Marie Smith in South Australia highlights the need for strong, independent oversight. *"If you were to do a police welfare check on the woman who's tied up in a chair, you can guarantee that her life is going to get only worse, probably, if the perpetrator stays in the house. That is why you need something that's really got teeth that can actually extract that person who's the offender or protect the person who's the victim in some other way"* (GLFS_S). Without legislated, investigative powers, anyone trying to gain access to an older person can be refused access by the abuser, highlighting the need in Tasmania for a specialist unit similar to the child safety response team.

The need to have more resources to investigate and compel individuals and organisations to provide information could be addressed by Adult Safeguarding Legislation. One example is in regard to abuse of powers-of-attorney,

¹⁸ Australian Institute of Health and Welfare, (2019) *Family, Domestic and Sexual Violence in Australia: Continuing the National Story* p 70, available at <https://www.aihw.gov.au/getmedia/b0037b2d-a651-4abf-9f7b-00a85e3de528/aihw-fdv3-FDSV-in-Australia-2019.pdf.aspx?inline=true>

“overstepping the mark around their role and function, but continue to get away with it” because there are no repercussions (NGOLFS_S)

Vignette 10 Barriers to service response to elder abuse – no penalty

We’ve seen examples where powers of attorney appointed by an older person, have sold older people’s homes to themselves at a much reduced rate. In one case we had the older person passed away and so there’s nobody left with any standing to be able to pursue it. And there’s nothing at the end of the day that we can do about it. And it’s just inconceivable to me that in contemporary society that somebody thinks that that’s okay. And the law doesn’t provide an accessible or affordable pathways to ensure that people doing things like this are penalised. (NGOCS_S)

3.4 Response proposed:

3.4A DoJ evaluation of current process under Family Violence Legislation, to consider:

3.4Ai Past five-year review of clients with breakdown of services used by age group.

3.4Aii Cases where definition of ‘family’ has restricted access to services/protections by older Tasmanians.

3.4B External review of equivalent State and Territory legislation with focus on older Australians and definition/s of ‘family’.

3.4C Use the already functioning and known Safe at Home service and reporting structure as a template for a Tasmanian framework for elder abuse.

3.4C Expansion of powers to the ombudsman to investigate elder abuse

3.4D Make the Public Guardians a public advocate (other States) to have strong powers of investigation and intervention.

3.4E Need a Minister for Ageing or, establish a Commission (similar to NSW) to achieve a focus of attention and endeavour in building responses not otherwise achievable,

Sub-factor 3.4i Legislation: Undue influence to appoint a particular person

Participants in the workshops noted some risks in Guardianship processes. Chief among these is the problem of undue influence. During the process, even with a Guardianship order in place, or in the preparation of a Guardianship, there can be undue influence on the person to appoint a particular person; once an order is in place, that person may use their influence to or to “push them into certain things” (NGOLFS).

If this undue influence is recognised, the person preparing the documents can refuse to draft the Power of Attorney or be involved in a signing of a Will, for example. But what happens next is the issue. A second potential problem can then arise: there is no-where to refer such concerns and nothing to stop the ‘influencer’ from seeking engaging another lawyer and, having learnt from the previous experience, convincing them next lawyer to prepare the documents

3.4i Response proposed:

3.4iA Review Guardianship process to (1) identify check-points in the application process that can be documented – preferably into a secure, on-line database; (2) train and register practitioners able to process Guardianship documents.

Sub-factor 3.4ii Legislation: Determining ‘best interests’. “Their life would only get worse”.

The situation described in Vignette 12 was echoed in a number of other stories, and the concern raised by participants that while they were trying to support the older person to make the decisions they wanted, were these decisions in their best interest? As an example, one participant was adamant that they would call the police if they thought the person was in any danger. However, their colleague was more ambivalent, wondering if bringing the attention of the police would increase the risk of abuse if the older person decide to stay in that situation (NGOCS).

3.4ii Response proposed:

3.4iiA Consider - would the uncertainty of the response within a service be resolved by a prescriptive policy? This would be similar to mandatory reporting which has been shown to create different problems for the older person.¹⁹

Sub-factor 3.4iii Legislation: “They just want the behaviour to stop”

The participants reiterated that they always act in the older person’s interest which sometimes means the service does not implement an intervention. As an example, when police receive reports or attend incidents, they will often receive requests from the elder person to not proceed with charges against offender/s. The main reason for this request is that the older person just wants the behaviour to stop, rather than to see their family member/s charged. Police have discretion whether to proceed with charges in these circumstances, but at times will proceed regardless of the wishes of the victim if it is in the public interest, or they identify a risk to the safety of the victim.

3.4iii Response proposed:

3.4iiiA Need for Adult Safeguarding Legislation and measures and redefinition of ‘family’ violence so older Tasmanians can access the same level of service as is now available under Family Violence legislation.

Factor 3.5 Networking

At one of the first workshops, participants realised that they had each, unknown to the other/s, worked with the same client experiencing elder abuse. This realisation highlighted the need for service level networking.

Vignette 9. Service barrier to prevention of EA - revolving door

And I think the more we have those sort of conversations – because you know how it is, there’s some people that are a revolving door, and I’ve heard of them and then X heard of them, Y heard of them, Z might have heard of them. We’ve all heard of them, but we don’t actually know that we’ve all heard of them. Because they’re just going sort of through the system. (GLFS)

3.5 Response proposed:

Every service working with older Tasmanians should be required to network within Tasmania and nationally wherever possible.

3.5A Support service networking within Tasmania and nationally

3.5B A service level referral flow-chart should indicate to staff that there are two referral pathways. Intra-service referrals to show how staff interact within the service to address elder abuse; interservice referral pathways – most commonly to the Elder Abuse Helpline. These two sets are embedded in the external networking context (there may be more than one) specific to the service. E.g. the National Elder Abuse Policing Network plus SEAPAC.

3.5D Similar to above, a centralised case-management model would ensure clients are directed to one service at a time, and it becomes the responsibility of the service to refer the client as well as informing the central case-management of changes.

Sub-factor 3.5i Networking: “Falling through the cracks”

Undue influence can also result in people ‘disappearing’ from, or “*falling through the cracks*” in the system (NGOACHS). Another participant discussed a case where the gentleman had dementia and was receiving home care services. He was befriended by a couple who took advantage of his loneliness. An application was made to the Guardianship Board but in the meantime the gentleman stopped the services and contact was lost, “*fell through the cracks*” in the system (NGOACHS).

3.5i Response proposed:

Participants suggested that, 3.5iA A case-manager could carefully maintain an ongoing relationship with the older person independent to the service provider, keep their confidence, and be available to address any concerns the older person may raise with them.

¹⁹ <https://seniorsrights.org.au/wp-content/uploads/2018/05/Mandatory-Reporting-Web.pdf>

Sub-factor 3.5ii Networking: Being flexible in the service response

Due to restrictions on the service to act, services will adapt procedures in order to help and sometimes this protect the older person from further abuse. As an example of where actions are taken in preference to formal charges, police can arrest the offender and place them on bail conditions. The bail conditions provide a level of protection and can restrict the offender's behaviour in the interim period until a restraining order is in place. This means the offender can be prevented from returning to the elder persons home, or approaching the elder person. Depending on the circumstances the restraining order may be arranged by the police on behalf of the older person, or the older person may seek assistance from another service such as Senior Assist, Legal Aid Commission.

This is an example of how services use whatever ways and means they have at their disposal to help the older person in difficult circumstances. As emerged from the workshops, each case discussed had a different response. Sharing these case experiences across services would not only bring different perspectives and ideas, but also more clearly identify specific gaps in service provision.

3.5ii Response proposed:

3.5iiA-Encourage services to develop communication teams at a local level.

3.5iiB-centralised case management to ensure clients are either not 'falling through the gaps'; or being seen across multiple services.

Sub-factor 3.5iii Networking: A perceived lack of commitment to elder abuse as a priority area by government. Elder abuse *"is not a priority"*

The Tasmanian Government has updated their strategy on preventing elder abuse, re-energised SEAPAC (State Elder Abuse Prevention Advisory Committee) and funded a number of projects related to elder abuse prevention including Senior Assist and this research. Most participants were aware of these current strategies/programs, however most also expressed a level of cynicism to a perceived lack of commitment to elder abuse as a priority area. As said by (GLFS) *"if you had a Premier or an opposition leader whose parents were subjected to the most horrific example of elder abuse and neglect, suddenly it would be a priority."*

This concern was not limited to State Government. At the time of the workshops, a number of participants were increasingly worried and frustrated by the perceived lack of response to concern about the 'lockdown' of nursing homes in Tasmania, and the perceived abuse of the residents Human Rights. Governments have competing, and complex, priorities. The frustration expressed by participants was largely the result of a lack of communication e.g. no replies to formal correspondence.

3.5iii Response Proposed:

3.5iiiA One solution discussed was to appoint a Tasmanian 'Minister for Ageing'. However, there is a Federal Government 'Minister for Ageing' and this has not been an ideal response either.

Factor 3.6 Resourcing: monitoring demand

All participants wanted more resources to increase their capacity to help their older clients at risk of elder abuse. The cases are complex and talking to older people themselves takes time. Also, the response to the abuse is not simple. Making sure the wishes of the older person are respected is more complex than simply extracting them from the situation, for example.

Participants did not ask for increased resources specific to elder abuse per se, but services are experiencing an increasing complexity of cases due to the ageing of the population, as well as increasing community awareness that there is help available.

The extent of government support for elder abuse was not raised by participants. When asked, not much was said, mostly due to the lack of awareness of the role of government in older person services – except for aged care (Australian Government). One participant mentioned the Clarence Council 'Health Ageing' policy as important for

their clients. (NGOCS_S) Another participant was angry that one of their most successful programs lost government funding despite overwhelming support from the community (NGOACHS_S).

3.6 Response proposed:

3.6A Consider implementation of a 'quality standard' for elder abuse prevention statewide to alert government to increasing demand on services. For example, monitor the number and type of calls to the Elder Abuse Helpline.

3.6B Evaluate national prevalence reporting

3.6C State Government to liaise with Commonwealth aged care services for routine reporting of elder abuse in Tasmanian aged care (residential and community).

3.6D Networking and , communication, for example via the elder abuse prevention 'champions', to improve service level understanding of the role of government in elder abuse prevention.

Sub-factor 3.6i Resourcing: regional variance

No particular pattern emerged, but some services are not funded sufficiently to cover all areas. Buckland is one area that was identified by a number of services as being a coverage 'black-spot'. One participant recalled organising for the older person to meet them closer to Hobart. Another issue raised was the dependence on regional service staff to report elder-abuse because the service did not have in place a formal data capture procedure for non-criminal elder-abuse. One participant recalled that during the period of the previous funding for community aged care – CAPS – they had more flexibility and could drive longer distances to see clients. The current funding model is very restrictive by comparison.

Services are stretched to meet client needs. As awareness of elder abuse increases, demands on services will also increase.

3.6i Response proposed:

3.6iA Concurrent with any increases to staff, for example, efficiencies can be made if a cross-service, case-management model is adopted.

3.6iB Government and NGO funding to services with older Tasmanians as clients needs routine evaluation with 'markers' of stress. E.g., COVID has increased and changed the workload of some services who are then too busy adapting to changes, to have time to call for help.

3.6iC Communication? On the one hand government is pilloried for not funding programs or pulling funding for no apparent reason; then criticised for being too intrusive. Make use of 'elder-abuse champions' for peer communication.

3.6iD Work with Tas.Ambulance and Tas.Police to identify IT 'blackspots'.

3.6iE Encourage service providers to budget for outreach costs in submissions

Appendix 1: Workshop Content Analysis

KEY THEME	FACTOR [F]	DESCRIPTION/EXAMPLE	RESPONSE PROPOSED
1. RECOGNITION OF ELDER ABUSE	1.1 Elder abuse is multi-factorial and complex. Recognition can be hidden in the complexity of the older client's case	<p>When discussing their experience of elder abuse, participants were asked to think about the contexts and factors that may have 'allowed' the abuse to occur. Factors are not always obvious and may be overlooked of in the 'busyness' of client assessment/care/interactions. One participant's comment sums up the view of the majority: <i>"Elder abuse can cover a lot of domains, in my experience. It can be financial, it can be physical, and it can be emotional. And it's a situation where their needs are not being met, or their resources are being exploited."</i> (GLFS)</p> <p>Throughout the discussions, the experience and 'people' skills of the participants were key to recognising and responding to elder abuse of their clients. It is important to remember that the self-selection process of this research has led to bias in the participant sample. I.e. the participants who went to the effort of joining this research are already committed to addressing the problem and have experience of elder abuse in Tasmania.</p> <p>The participants also 'know' their communities and while sometimes surprised at the situations in which elder abuse arose, were committed to working with their communities to resolve problems.</p>	<p>If the factors for elder-abuse are known, then services can use this knowledge to pre-empt situations they can see the potential for abuse and find ways to prevent it occurring. These factors can be built into their assessments and interactions with older people.</p> <p>1.1A-Support Tasmanian services to develop/refine their elder abuse strategy/policy 'Elder abuse is everyone's business'.</p> <p>1.1B Recognise the range of skills, experience and turnover of staff of Tasmanian services when developing policy. SEAPAC, for example, are already experienced in the issues around prevention of elder-abuse in Tasmania. One approach would be to foster elder abuse prevention 'champions' across a range of service types. For example, The District Nurses (TDN) are widely known to be experienced in managing government sponsored programs, provide a state-wide service and have a high-level staff skill set with embedded staff development programs. A service like TDN is different to Senior Assist, for example, because of the nature of their personal-care work, they have access to people's homes</p>
	1.2 Awareness	<p>When asked this, all participants raised community education as a priority rather than service education. All were aware of the recent awareness campaign and mentioned that their</p>	<p>1.2A-identify and evaluate community-based programs such as 'Finding Out'²¹</p>

²¹https://www.communities.tas.gov.au/disability/projects/elder_abuse/elder_abuse_resources/finding_out_supporting_older_people_to_access_the_right_information_at_the_right_time

clients were aware of it as well. Some participants mentioned the bookmark developed by The Australian Human Rights Commission²⁰ had triggered discussion with their clients.

For service staff, two participants wanted a compulsory training module on elder abuse recognition and prevention to be included in staff orientation – similar to mandatory manual handling or vulnerable people registration.

People, including older people, may not report abuse due to a lack of understanding of what constitutes elder abuse combined with ageism. For example, where an older person experiences discrimination, feeling intimidated, offended, insulted and ridiculed because of their age it is not perceived as ‘abuse’ because it is normalised in our society to denigrate age. Politicians and decision makers in their forties seem to forget that one day they will be elderly and in this vulnerable position regardless of wealth and influence. *“If we were to say okay, let’s put together the stories that we have heard that have happened within Tasmania in the last six months, any story, just deidentify it. And then you send that off to the Attorney and the Premier and say, this is what’s happening in a state where you say that everybody should be treated with compassion.”* (GLFS_S)

1.2B Evaluate implementation of mandatory elder abuse prevention training across government and NGO service organisations to promote a consistent, state-wide approach to elder abuse recognition and response.

1.2C Continue to monitor the reach and effectiveness of the ‘awareness’ campaign.

1.2D State wide monitoring of the use of ageist language in formal documentation.

1.2i Community awareness: Pre-planning

Estate planning, or pre-planning, is an important step in ensuring an older person’s wishes are fulfilled as they age and potentially lose capacity. Solicitors undertake the writing of powers-of-attorney, enduring guardian, and wills are the most common mechanisms for the future. A concern was raised about how accessible these mechanisms are to all Tasmanians. There are costs involved in engaging a lawyer, plus the

1.2iA-When someone applies for a pension, there is a regulation that they also meet with a community legal person to help, or at least educate them, with estate planning and guardianship.

1.2iB-In the event they don’t have any family or trusted support, then the Public Trustee becomes a very

²⁰ <https://humanrights.gov.au/our-work/age-discrimination/projects/elder-abuse>

	<p>cost of lodging the documents with the Tasmanian Titles Office.</p> <p>Another issue is the misunderstandings that arise when older people loan money to family. Education is required to encourage people to write a 'formal' agreement that satisfies both parties. No one wants to think their son or daughter would renege on an agreement, but many participants raised this misunderstanding around family loans, as a precursor to elder abuse.</p>	<p>important option. But only if the person has money for the Public Trustee to manage.</p>
<p>1.2ii Community awareness: avoiding 'dodgy' residential contracts</p>	<p>Elderly people are particularly vulnerable to the business practices of the aged care 'market'. An example raised in one of the workshops was a man who because of his increasing frailty, was needing to move from his retirement village (Petersen, Tilse & Cockburn 2017, https://doi.org/10.1080/02763893.2017.1280580) accommodation into a nursing home. Usually, the contract on entering the retirement village is that the company will buy back the unit for the purchase price, but that the person must renovate it to 'new' before they get their money back (NGOCS). So, for example if the person paid \$250,000 on entry, and then they might spend \$80,000 to renovate the unit; the company, however, before leaving the person pays \$80,000 renovating it, but then the company on-sells the unit for \$320,000, pocketing the renovated value for themselves. The older person only gets back \$170,000. The participants agreed this was a cruel trap for people often with increasing health implications needing higher care. (NGOCS)</p>	<p>2.1ii-Provide support to Tasmanians considering entering contracts with 'retirement' village providers through Consumer Affairs and fair Trading, or Consumer, Building and Occupational Services, or Senior Assist.</p> <p>1.5B Promote 'financial literacy' amongst older age groups. Eg. the Seniors Card="A licence to age".</p>
<p>1.2iii Community awareness: Risk from financial anxiety. Dependence on/risks from limited income</p>	<p>One participant expressed older people's financial concerns as 'fear':</p> <p><i>"And this fear. I see a lot of afraid people who are over 65, who are scared to put on heaters, who are scared to buy food; who are scared to buy medications; who are scared to get a</i></p>	<p>1.2iiiA Engage with NGO's such as COTA and Combined Pensioners and Superannuants Association to provide support and education to older Tasmanians about their</p>

		<p><i>Webster-Pak that's going to keep them at home safer and longer. Because they're worried about money.</i>" (NGOLFS)</p> <p>How this 'fear' of not having enough money translates into elder abuse was not discussed, but other research has suggested that financial anxiety like this puts the older person in a position where they are more easily exploited and how that dependence on the 'pension' is a form of institutional abuse by the Commonwealth Government</p>	<p>financial rights and access to support.</p> <p>1.2iiiB Identify places easily accessible, or routinely accessed by older Tasmanians that can provide free financial legal and financial advice in a safe environment. Service Tasmania may be an example, or through LG offices. What 'outreach' shopfronts are there in Tasmania? A traveling bus?</p>
<p>2. RESPONSES TO ELDER ABUSE</p>	<p>2.1 Referral to Elder Abuse Helpline (EAH)</p>	<p>All participants were aware of, and had at one time at least, called the EAH for referral advice. While discussing how services refer and receive referrals, there emerged a growing realisation amongst participants that there was a crossover and potential duplication of services due to a lack of information sharing at the operational level. Everyone knew of and agreed that the Elder Abuse Helpline was the key entry point for referrals, but there was also potential, and in some cases it has actually happened, for clients to contact multiple services each of whom acted for that client in good faith, not knowing other services were also working on the case. Two participants expressed dissatisfaction with the Elder Abuse Helpline (some participants called it the 'hotline'). One saying "<i>oh they don't do anything</i>" (NGOACHS_S). This statement reflects a misunderstanding of the EAH as a first-point of contact, referral service only. Two participant groups spoke about a misunderstanding in the public's view of what the EAH was able to do. Some clients didn't want to talk to an 'elder-abuse' helpline because of the name; another client told the service that the EAH as 'had no teeth' because it only gave advice; another client made a similar complaint to a different service. As one participant said, this complaint was 'sometime in the past' and thought</p>	<p>2.1A An alternative name to the Elder <u>Abuse</u> helpline, for example the national phone line is called "1800ELDERHelp" (automatically redirects callers seeking information or advice on elder abuse to their state or territory phone line service). Changing the name of the EAH will be difficult due to the existing links and the recent awareness campaign.</p> <p>2.1B 3.5B- DoJ address 'privacy' issues (real or otherwise) that restrict information sharing between agencies. Set up a central code that deidentifies. Eg. At point of first contact (often EAH), the caller is given an easy to remember/recall code such as Firstname initial, Lastname initial, year of birth, gender (F,M,U). (eg. SL1959F). Usually sufficient in Tasmania.</p>

the new advertising campaign would help people understand the role of the EAH better.

In one workshop, the service would primarily refer to the EAH. However, a perceived barrier to people calling the EAH was then they would have to admit there was abuse. The participants said they had to reassure people that it was only advice *“I think the mere name makes people concerned that something might happen that’s not, necessarily, what they want to happen. So, we often have to reassure people that it doesn’t have an investigative role, the Helpline itself, that it can give them information, they can talk over things with the person there, they don’t even have to give their name.”* (NGOCS_S) One participant thought the name Elder Abuse Helpline was the problem and a name like ‘Senior Assist’ did not have that “connotation of abuse with it”. The problem then arises *“on the one hand people not wanting to ring it because they think it’s going to investigate, or take things beyond what they want, and on the other hand, you’ve got people who do want it to do that, and have said in the past they’d call the Elder Abuse Helpline and nothing’s happened.”* (NGOCS_S)

2.2 Recognising undue influence

Participants made mention of the “pushy daughter” or someone else in a similar tone. Families bring a lot of pressure to bear on a service to act in a way the family see is best for the older person, while excluding the older person from the discussion. This can put the service in a very difficult situation. As one participant stated, “particularly in Tasmania, if word gets out you are doing the dodgy”(NGOLFS_S), not acting directly in the interest of the person without capacity, or under external influence, the professional liability is significant.

Identify and develop a consistent approach service wide to address ‘undue influence’ to ensure the older person’s wishes are primary in the service response.

2.2A- As an example, Tasmania Police have a ‘Specialist Interviewing’ unit trains police who regularly conduct interviews with children, people with cognitive impairment or those who have complex communication needs. This can include the elderly victims of crime and whenever

possible, police who have undergone this training conduct interviews with these victims/witnesses.

2.2B-Official Visitors provide a crucial link between clients living in facilities and external services. "They would come in and they would speak to the people, and they would say, "Do you have any concerns?" They can take complaints. They had a physical presence in a facility that made people go, "Oh, hang on." (GLFS_S)

2.3 Police welfare checks

Most participants were aware of police welfare checks but had not used them out of concern about making the older person's situation worse. Two examples given: "*Interstate relative calls TasPolice because they have been unable to reach mum on the phone which is not normal. Mum is usually active and communicates regularly*"

"Friend notices elderly friend has bruises that can't be accounted for. Call to TasPolice to please check on her." (NGOLFS_S). It is important to note that these calls/visits are not 'captured' in the TasPolice database for future reference. They are reported but there is no 'field' to search and hence these calls/visits cannot be quantified.

There is no specific section of TasPolice to deal with elder Tasmanian concerns. The staff responding to these calls are not consistent and hence there is none of the 'anecdotal' memory that may informally trigger concern to later events concerning that person. The responding officer may add an 'intelligence report' stating no crime but 'something not right'. But this is reliant on the individual.

There is no consistency, no framework around capture and the statistics around older persons, and no formal recording requirements. (NGOLFS_S)

Integrating data collection across agencies (eg THS and Tasmanian Police) would increase service response efficiency and reduce the burden on the older person repeating their story to multiple service personnel. As an example to extend across Tasmanian agencies databases, efficiencies could be made in how TasPolice manage elder abuse/welfare calls:

2.3A-Tasmania Police instigate a 'single desk' older Tasmanian reference point to:

2.3Ai Collate all welfare calls regarding any older Tasmanian.

2.3ii Apply the same 'intelligence' standard (data capture) as used in criminal cases.

2.3iii Review Tasmanian Police policy and practice to standardise welfare visits and reporting across the State.

2.3iv Promote the 'non-urgent' assistance phone line - and ensure calls are recorded, or at least coded if the calls are

anonymous. “When you need us, but not the sirens”.²²

2.3B Evaluate existing non-police ‘welfare’ checks and how they can be integrated into a statewide database/response network:

- OPAN (Advocacy Tasmania) be supported to continue (implemented during pandemic) welfare checks for older Tasmanians who suspend/end their aged care services
- Lifeline
- ‘Telecross’ and ‘COVID Connect’ from Australian Red Cross
- ‘Silver Cord’ St Johns Ambulance (Qld)

2.4 Service policy	All participants were in a service that routinely managed clients experiencing elder abuse and were aware of their service policies. Some had very well-developed response flow-charts, or used the ‘Pathway’ ²³ .	2.4A Continue to promote and support services to review and update their elder abuse prevention policies. Participants were not aware of the example policy available on the Tasmanian Government Elder Abuse Prevention website ²⁴ (or the website in general).
3.1 Fees and costs	For example, to lodge guardianship documents there are lawyer fees and a fee to the Titles Office. This creates a barrier to someone without financial resources. (Note: the OPG does have an application to waive fees in cases of financial hardship). It is not clear whether people are not asking for guardianships because of the fees or from lack of knowledge of the process. There are Will ‘kits’ for people to use, but the guardianship process is quite onerous and while anyone ‘can have a	3.1A Evaluate impact of fees and lodgement process on uptake of Guardianship etc. 3.1B Evaluate access to documents once lodged, by services assisting an older Tasmanian client.

3. SERVICE BARRIERS AND ENABLERS IN RESPONDING TO EA

²² https://www.police.vic.gov.au/sites/default/files/2019-08/PAL%20postcard%20-%20print%20ready_0.pdf

²³ https://www.communities.tas.gov.au/_data/assets/pdf_file/0017/64151/Elder_Abuse_Desktop_Chart_A3_Poster_July16_v1.pdf

²⁴ https://www.communities.tas.gov.au/disability/projects/elder_abuse/elder_abuse_resources/responding_to_the_abuse_of_older_people_-_sample_policy

crack at it' (NGOLFS_S), most will need help.

3.2 Assessment of capacity

Many participants raised concerns about the difficulties in obtaining assessment of capacity for older Tasmanians in this situation. The Tasmanian OPG, for example, requires an eight-page report completed by a medical practitioner, psychologist, neuro-psychologist or psychiatrist for determination of capacity. Participants agreed that the process was onerous, making it very hard to get an assessment done. One participant suggesting a more accessible 'tick-a-box', on-line form for recognised practitioners to complete. Furthermore, it was noted that an individual's capacity changed from day to day. As one participant said, "both my grandparents died with horrible dementia and you could see them as they were in declining health but some days, they'd be really good and then the next day they're really bad. Just because someone has dementia doesn't mean they don't have capacity because they might have just been diagnosed" (NGOLFS_S).

Assessment of capacity, along with legislation, emerged as a significant barrier throughout the discussions. So much so it became clear that services have two distinct response pathways based on whether the client had capacity, or not (Figures Y and Z). There are also two distinct assessment processes – both reliant on the good graces of medical practitioners – the OPG and the health system (THS).

3.2A DoJ review current assessment capacity of capacity across agencies to determine commonalities and potential for streamlining.

3.2B Review national progress

3.2C Can the process (documentation) be digitalised?

3.2D Who else can determine capacity? Eg. Lawyers, nurse practitioners or police to improve the process while preventing perverse judgements.

3.2E All such assessment must take into account the day to day variation in the health and capacity of the person. Educate services that having a diagnosis of dementia, for example, does not immediately mean the person is incapable of making decisions on their own behalf.

3.3 How COVID has disrupted service responses

With the pandemic restrictions on meeting face-to-face, services have been unable to practice 'business as usual'. Wills for example, have to be witnessed in person leading to a loss of decision freedom to dispose of their estate as they wish "*the worst thing that you can have is an elderly person that doesn't have the right or if*

3.3A Further research on the 'lock down' of RAC in particular, but also disabled Tasmanians 'locked' in their own homes during the pandemic, has started to emerge nationally. However, Tasmania has had its own policy and requires a local

someone with capacity who can't actually do a Will for example, because of physical restrictions like COVID while no one could go into a nursing home ... you obviously want an elderly person, or any person, to have their testamentary freedom and to dispose of their estate in whatever way they want" (NGOLFS_S) and the PGs have not been able to conduct assessments in the person's place of residence. Finding a 'safe' place to conduct interviews away from the perpetrator is difficult in normal times. Setting up meetings in cafes, or at the hospital bedside. Safe space problems also arise if the older person does not have access to a phone. This problem has been highlighted recently by Advocacy Tasmania (access to phone for private use in RAC).

approach to reviewing the unintended effects of these policies on the human rights of its own citizens. While the result of such research may emerge as being critical of Tasmanian Government policies during the pandemic, it will also demonstrate ways to improve the rights of older Tasmanians – for example how Wills are witnessed.

3.4 Legislation

No specific 'elder abuse' crime in Tasmania, nor specific legislation addressing elder abuse in Tasmania. This impacts data collection in services such as TasPolice (TasPol). With no data there is no ability to do a statistical analysis of the extent of EA in Tasmania. This would also require further resources and training.

"The lack of legislative definition results in varied understandings of what constitutes elder abuse" (NGOLFS_S).

Expansion of powers to the ombudsman to investigate elder abuse

Make the PG a public advocate (other States) to have strong powers of investigation and intervention.

Need a Minister for Ageing to give the appearance of taking these issues seriously. There is political leadership for family violence and condemnation of men who assault women, but no-one to be outraged if an elderly person is left in a urine-soaked bed for days.

No consequences for a person who does the 'most heinous things' to an aged care client. They might get a warning or lose their job, but without a

3.4A DoJ evaluation of current process under Family Violence Legislation, to consider:

3.4Ai Past five-year review of clients with breakdown of services used by age group.

3.4Aii Cases where definition of 'family' has restricted access to services/protections by older Tasmanians.

3.4B External review of equivalent State and Territory legislation with focus on older Australians and definition/s of 'family'.

3.4C Use the already functioning and known Safe at Home service and reporting structure as a template for a Tasmanian framework for elder abuse.

3.4C Expansion of powers to the ombudsman to investigate elder abuse

3.4D Make the PG a public advocate (other States) to have

national staff register, can be re-employed elsewhere.

Many participants raised the issue of changing the definition of what 'relationship' means under the existing Tasmanian family violence legislation. This would mean clients would be able to access a much more mature, accessible, and better funded service system in Tasmania. Discussion highlighted the difference between Tasmania and other jurisdictions that have a less restrictive definition of what a relationship is. Changing the definition would "capture a lot of these relationships playing out in the elder-abuse space" (NGOLFS_S) and give services more options to respond effectively. *"We do have support services in the family violence space. And if they expanded that definition, we could tap straight into them. So that's the easiest pathway forward, I think. Not establishing a brand new service system from scratch. There'll always be a specialisation associated with the elder abuse space, but we have got a service system here. We just can't – our clients can't access it."* (NGOLFS_S)

The support services referred to above are embedded in the "Safe at Home" legislation. Also discussed similarities between elder abuse and family violence including need for support/mediation/counselling of perpetrators.

Adult safeguarding was raised as an urgent need by most participants. One participant noted that this COVID period has highlighted the need for safeguarding legislation, similar to other States. With clear investigative capacity, Tasmania could have a unit that just deals with adult safeguarding legislation. Even with adult safeguarding legislation in place, the recent case of Ann Marie Smith in South Australia highlights the need for

strong powers of investigation and intervention.

3.4E Need a Minister for Ageing to give the appearance of taking these issues seriously.

strong, independent oversight. *“If you were to do a police welfare check on the woman who’s tied up in a chair, you can guarantee that her life is going to get only worse, probably, if the perpetrator stays in the house. That is why you need something that’s really got teeth that can actually extract that person who’s the offender or protect the person who’s the victim in some other way.”* (GLFS_S) Without legislated, investigative powers, anyone trying to gain access to an older person can be refused by the abuser highlighting the need in Tasmania for a specialist unit similar to the child safety response team.

The need to have more resources to investigate and compel individuals and organisations to provide information could be addressed by Adult Safeguarding. One example is in regard to abuse of powers-of-attorney, *“overstepping the mark around their role and function, but continue to get away with it”* because there are no repercussions (NGOLFS_S)

3.4i Legislation:
Undue influence to appoint a particular person

Participants in our workshops noted some risks in Guardianship processes. Chief among these is the problem of undue influence. During the process, even with a Guardianship order in place, or in the preparation of a Guardianship, there can be undue influence on the person to appoint a particular person; once an order is in place, that person may use their influence to or to ‘push them into certain things’ (NGOLFS).

If this undue influence is recognised, the person preparing the documents can refuse to draft the Power of Attorney or be involved in a signing of a Will, for example. But what happens next is the issue. A second potential problem can then arise: there is nowhere to refer such concerns and nothing to stop the ‘influencer’ from seeking engaging another lawyer and,

3.4iA Review Guardianship process to (1) identify check-points in the application process that can be documented – preferably into a secure, on-line database; (2) train and register practitioners able to process Guardianship documents.

having learnt from the previous experience, convincing them next lawyer to prepare the documents

3.4ii Legislation:
Determining 'best interests'. "Their life would only get worse".

The situation described in Vignette 12 was echoed by a number of similar stories, and the concern by participants that while they were trying to support the older person to make the decisions they wanted, were these decisions in their best interest? As an example, one participant was adamant that they would call the police if they thought the person was in any danger. However, their colleague was more ambivalent, wondering if bringing the attention of the police would increase the risk of abuse if the older person decide to stay in that situation (NGOCS)

3.4iiA Consider - would the uncertainty of the response within a service be resolved by a prescriptive policy? This would be similar to mandatory reporting which has been shown to create different problems for the older person²⁵.

3.4iii Legislation:
"They just want the behaviour to stop"

The participants reiterated that they always act in the older person's interest which sometimes means the service does not implement an intervention. As an example, when police receive reports or attend incidents, they will often receive requests from the elder person to not proceed with charges against offender/s. The main reason for this request is that the older person just want the behaviour to stop, rather than to see their family member/s charged. Police have discretion whether to proceed with charges in these circumstances, but at times will proceed regardless of the wishes of the victim if it is in the public interest, or they identify a risk to the safety of the victim.

3.4iiiA Need for Adult Safeguarding or redefinition of 'family' violence so older Tasmanians can access the same level of service as is now available under Family Violence legislation.

3.5 Networking

At one of the first workshops, participants realised that they had each, unknown to each other, worked with the same client experiencing elder abuse. This realisation highlighted the need for service level networking.

Every service working with older Tasmanians should be required to network within Tasmania and nationally where-ever possible.

²⁵ <https://seniorsrights.org.au/wp-content/uploads/2018/05/Mandatory-Reporting-Web.pdf>

			<p>3.5A -Support service networking within Tasmania and nationally</p> <p>3.5B A referral flow-chart should indicate to staff that there are two referral pathways. Intra-service referrals to show how staff interact within the service to address elder abuse; interservice referral pathways – most commonly to the Elder Abuse Helpline. These two sets are embedded in the external networking context (there may be more than one) specific to the service. E.g. the National Elder Abuse Policing Network plus SEAPAC.</p> <p>3.5D Similar to above, a centralised case-management model would ensure clients are directed to one service at a time, and it becomes the responsibility of the service to refer the client as well as informing the central case-management of changes.</p>
	<p>3.5i Networking “Falling through the cracks”</p>	<p>Undue influence can also result in people ‘disappearing’ from, or “falling through the cracks” in the system (NGOACHS). Another participant discussed a case where the gentleman had dementia and was receiving home care services. He was befriended by a couple who took advantage of his loneliness. An application was made to the Guardianship Board but in the meantime the gentleman stopped the services and contact was lost— - “fell through the cracks” in the system (NGOACHS).</p>	<p>Participants suggested that, 3.5iA A case-manager could carefully maintain an ongoing relationship with the older person independent to the service provider, keep their confidence, and be available to address any concerns the older person may raise with them. A ‘walk beside’ the person to support what they want rather than just reporting the situation.</p>
	<p>3.5ii Networking: Being flexible in the service response</p>	<p>Due to restrictions on the service to act, services will adapt procedures in order to help and sometimes this protect the older person from further abuse. As an example of where actions</p>	<p>This is an example of how services use whatever ways and means they have at their disposal to help the older person in difficult</p>

are taken in preference to formal charges, police can arrest the offender and place them on bail conditions. The bail conditions provide a level of protection and can restrict the offender's behaviour in the interim period until a restraining order is in place. This means the offender can be prevented from returning to the elder persons home, or by approaching the elder person. Depending on the circumstances the restraining order may be arranged by the police on behalf of the older person, or the older person may seek assistance from another service such as Senior Assist, Legal Aid Commission.

TasPol follow-up incidents or reports not specifically identified as elder abuse, for example: disturbances in private homes, reports of fraudulent bank activity committed by family members, and elderly persons seeking advice regarding restraint orders.

circumstances. As emerged from the workshops, each case discussed had a different response. Sharing these case experiences across services would not only bring different perspectives and ideas, but also more clearly identify specific gaps in service provision.

3.5iiA-Encourage services to develop communication teams at a local level.

3.5iiB-centralised case management to ensure clients are either not 'falling through the gaps'; or being seen across multiple services.

3.5iii Networking:
A perceived lack of commitment to elder abuse as a priority area by government. Elder abuse "is not a priority"

The Tasmanian Government has updated their strategy on preventing elder abuse, re-energised SEAPAC (State Elder Abuse Prevention Advisory Committee) and funded a number of projects related to elder abuse prevention including Senior Assist and this research. Most participants were aware of these current strategies/programs, however most also expressed a level of cynicism to a perceived lack of commitment to elder abuse as a priority area. As said by (GLFS) *"if you had a Premier or an opposition leader whose parents were subjected to the most horrific example of elder abuse and neglect, suddenly it would be a priority."* This concern was not limited to State Government. At the time of the workshops, a number of participants were increasingly worried and frustrated by the perceived lack of response to concern about the 'lockdown' of nursing homes in

Governments have competing, and complex, priorities. The frustration expressed by participants was largely the result of a lack of communication eg. no replies to formal correspondence.

3.5iii A One solution discussed was to appoint a Tasmanian 'Minister for Ageing'. However, there is a Federal Government 'Minister for Ageing' and this has not been an ideal response either.

Tasmania, and the perceived abuse of the residents Human Rights.

3.6 Resourcing: monitoring demand

All participants wanted more resources to increase their capacity to help their older clients at risk of elder abuse. The cases are complex and talking to older people themselves takes time. Also, the response to the abuse is not simple. Making sure the wishes of the older person are respected is more complex than simply extracting them from the situation, for example.

Participants did not ask for increased resources specific to elder abuse per se, but services are experiencing an increasing complexity of cases due to the ageing of the population, as well as increasing community awareness that there is help available.

The extent of government support for elder abuse was not raised by participants. When asked, not much was said, mostly due to the lack of awareness of the role of government in older person services – except for aged care (Australian Government). One participant mentioned the Clarence Council 'Health Ageing' policy as important for their clients. (NGOCS_S) Another participant was angry that one of their most successful programs lost government funding despite overwhelming support from the community. (NGOACHS_S)

3.6A Consider implementation of a 'quality standard' for elder abuse prevention state-wide to alert government to increasing demand on services. For example, monitor the number and type of calls to the Elder Abuse Helpline.

3.6B Evaluate national prevalence reporting

3.6C State Government to liaise with Commonwealth aged care services for routine reporting of elder abuse in Tasmanian aged care (residential and community).

3.6D Networking and , communication, for example via the elder abuse prevention 'champions', to improve service level understanding of the role of government in elder abuse prevention.

3.6ii Resourcing: regional variance

No particular pattern emerged, but some services are not funded sufficiently to cover all areas. Buckland is one area that was identified by a number of services as being a coverage 'black-spot'. One participant recalled organising for the older person to meet them closer to Hobart. Another issue raised was the dependence on regional service staff to report elder-abuse because the service did not have in place a formal data capture procedure for non-criminal elder-abuse. One participant recalled that during the period of the previous funding for

Services are stretched to meet client needs. As awareness of elder abuse increases, demands on services will also increase.

3.6iA Concurrent with any increases to staff, for example, efficiencies can be made if a cross-service, case-management model is adopted.

3.6iB Government and NGO funding to services with older Tasmanians as clients needs routine evaluation with

community aged care – CAPS – they had more flexibility and could drive longer distances to see clients. The current funding model is very restrictive by comparison. Some participants raised concern that services were not funded to give outreach services, in particular to clients unable (or unwilling) to travel.

‘markers’ of stress. Eg. COVID has increased and changed the workload of some services who are then too busy adapting to changes, to have time to call for help.

3.6iC Communication? On the one hand government is pilloried for not funding programs or pulling funding for no apparent reason; then criticised for being too intrusive. Make use of ‘elder-abuse champions’ for peer communication.

3.6iD Work with Tas.Ambulance and Tas.Police to identify IT ‘blackspots’.

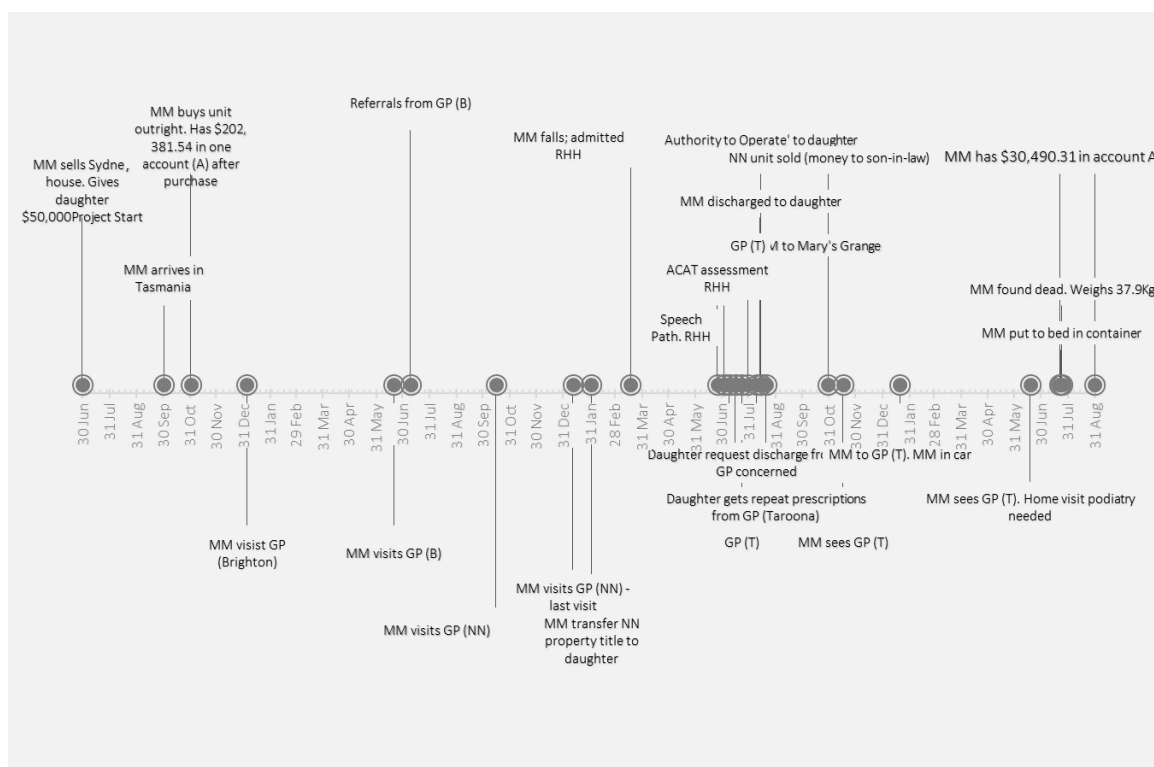
3.6iE Encourage service providers to budget for outreach costs in submissions

Appendix 2 Vignettes

Vignette 1. Mrs Janet Mackodzi

Janet Mackodzi, 77, died of hypothermia in July 2010 while sleeping in a converted shipping container at her daughter and son-in-law's Mount Lloyd property. Five years later, Jassy Anglin and husband Michael Anglin were convicted of Ms Mackodzi's manslaughter. At the inquest conducted by Coroner Olivia McTaggart, we heard that Mrs Mackodzi was frail, underweight, and in the advanced stages of dementia at the time she died, due to significant neglect by her family who were responsible for her care. This case is troubling because Mrs Mackodzi saw many different services over the three years prior to her death. The obvious question is why didn't any of these services identify that the family were not adequately caring for this increasingly frail woman and intervene on her behalf so she didn't spend the last moments of her life in a freezing shipping container.

Coroner McTaggart asked PEAT to address key questions to be included in her final report. Given access to the available information surrounding Mrs Mackodzi's final years of life prior to the inquest, PEAT found a troubling trail of contacts with services that could potentially have intervened in her decline to death brought about by the actions (or inactions) of her family. Summarised in the figure below, Mrs Mackodzi's (MM) increasing dependence on her family starts in late 2007 when she sold her house in Sydney. At this point, MM sees her long-term financial planner who is concerned that MM is confused. The family reassure the planner they will be caring for MM, and that they are all moving to Tasmania. From here until her death in July 2010, there is a trail of interactions with aged care, GPs, pharmacies, allied health, banks and real estate agents (Figure A). At some points concerns were raised, but the family, especially due to their health-care backgrounds, were able to convince the GPs they visited for example, that they could care for MM. Further insights from this complex case are included in parts of this report.



Vignette 2. Factors for Elder Abuse – unable to use cash during pandemic

Early in the shut-down, I went into Myer and I just was asking if the women who was standing there at a till that said card only, and I said, "Oh, are you taking cash?" And she said – she looked at me as if I was a bag lady and said, "If you really, really need to use cash, then you can go up to the hub." And I said, "Where's the hub?" Anyway, she said, "On the third floor. And then we'll bring a manager down to do the transaction". Obviously a policy like this, while well-meaning in the context of reducing spread of disease, discriminates against older people whom are more likely to use cash, feel safer using cash and don't use credit cards or know how to do on-line payments, and may be at risk of financial abuse if they have to rely on someone else to manage their transactions. (GLFS)

Vignette 3. Factors for Elder Abuse – adult children moving home

Some of the examples of financial abuse we see have been adult children moving back into the family home when there's been a marriage separation. The children then take over responsibilities for paying bills, but with mum or dad's money, and then bills are not paid and the money is being used for other things. (NGOCS)

Vignette 4. Factors for Elder Abuse – conflict over money as a 'gift'

Or parents loaning a son or daughter a particular amount of money and then the son or daughter thinking that that's a gift. And then that creating a rift within the family unit because mum and dad are seeing that they're not making any effort to repay the money. In fact, they were purchasing lots of other things instead of paying it back. And the adult child believing that it was a gift. (NGOCS)

Vignette 5. Service enabler to prevention of EA - bank recognition of responsibility

I saw a gentleman late last year. He'd been put under enormous pressure by his son and also a banking official actually, to go guarantor for a large loan that his son was taking out. He couldn't afford to go guarantor. He was in a terrible financial position before this. I was able to write a letter for him that he signed and sent to the bank, that relied heavily on the fact that both the bank and his son had placed him under a great deal of coercion to sign this documentation. And lo and behold, he's contacted me recently to let me know that the bank have agreed to relinquish him of any obligation to pay that loan, because his son defaulted on it. And not only that, but they offered him an apology for the grief that they had caused him pursuing him to enforce the contract. (NGOLFS)

Vignette 6. Service enabler to prevention of EA – services making a difference to people's lives

So look, yeah, there are limitations left, right, and centre. There's a lot of elder abuse that we're not even getting to see in this space. But we are doing some good work here and there along the way. And it does make a difference to people's lives. And we just need to keep having these conversations and pulling our service system together. And knocking on government's door and allowing us to be part of this broader family violence sector. And we'll have a real leg up if they enable and facilitate that for us. So yeah, and there's great people along the way too. Like you said before, very committed people that want to make this work for our older clients, who are just fabulous. (NGOLFS)

Vignette 7. Service enabler to prevention of EA – recognising capacity

One particular instance there were close family in the room when I walked in and as I – you know, as is best practice I asked them to leave the room immediately essentially because the test for determining whether someone has capacity starts straightaway, whether they know even why I've arrived. "Do you know why I'm here?" is sort of my first question because that can – usually it's the family who arranged the appointment – and as soon as they left the room she couldn't even tell me the names of the people who had just walked out the door which was their very close family. She didn't know their names. She didn't know what a Will was essentially so I just couldn't take instructions because in that instance you can't do anything else because they don't have capacity, they can't give you instructions. (NGOLFS)

Vignette 8. Service barrier to prevention of EA – supporting person's wishes

When police receive reports or attend incidents, they will often receive requests from the elder person to not proceed with charges against offenders. The main reason for this request is that the victims just want to behaviour to stop, rather than to see their family members charged. Police have discretion whether to proceed with charges in these circumstances, but at times will proceed regardless of the wishes of the victim if it is in the public interest or negates a risk to the safety of the victim. (NGOLFS)

Vignette 9. Service barrier to prevention of EA - revolving door

And I think the more we have those sort of conversations – because you know how it is, there's some people that are a revolving door, and I've heard of them and then X heard of them, Y heard of them, Z might have heard of them. We've all heard of them, but we don't actually know that we've all heard of them. Because they're just going sort of through the system. (GLFS)

Vignette 10. Factors for elder abuse - abuse by Power of Attorney

We've seen examples where powers of attorney appointed by an older person, have sold older people's homes to themselves at a much reduced rate. In one case we had the older person passed away and so there's nobody left with any standing to be able to pursue it. And there's nothing at the end of the day that we can do about it. And it's just inconceivable to me that in contemporary society that somebody thinks that that's okay. And the law doesn't provide an accessible or affordable pathways to ensure that people doing things like this are penalised. (NGOLFS)

Vignette 11. Service barrier to prevention of elder abuse – limited resources to respond

At the moment it is my opinion that we're really light on in Tasmania about how we can respond effectively to this issue. So we've got to think this through and strategically align the limited resources we have to do so. We're doing a fair bit of the prevention stuff but how are we going to respond to the demand from that so that we don't end up with people not able to get through on the phone, et cetera. Or able to get in and see somebody who can do something tangible to actually help them, because the last thing we want to do is not be effective in how we can help them. (NGOLFS)

Vignette 12. Factor for elder abuse – would she make that decision again?

A lady was being financially exploited by a close relative. It was a significant amount of money, like in the hundreds of thousands so she decided to report the theft to Tas Police, and did prosecute, and the close relative was charged. But when I came to work with this lady a few years later, the amount of guilt and grief she described in regard to this situation because she had decided to take this route, the loss of the relationship is forever on her mind. It has significantly impacted her and continues to. And I still think she wonders whether – I'm not sure whether she would make that decision again, to be honest. Her decision to pursue that and in the path that she pursued it has changed the relationship with her daughter forever, basically.

And this is something which is really important to acknowledge because it's that same thing. Like with family violence, people are like, "Well, why don't they just leave?" And it's that same kind of a thing where people want to maintain relationships with their people. They want that. We are human beings, we are here for connection. (GLFS)

Vignette 13. Service barrier to prevention of elder abuse – lost in communication

Another elderly client I saw - it was financial as well as emotional and physical abuse. Her pension was being utilised by her husband. Most of her money was going to his hobby – it was his passion, and it was the priority, not her needs. She did have impaired capacity, so her understanding, even, of where her money was going or that she could have or should have had more money was very minimal. Fortunately, she came to the attention of the Public Guardian, and was placed in an aged care facility and settled, until the order lapsed, and then ended up back home. So, the whole process was repeated because the nursing home did not have an understanding of her prior situation so didn't alert the Public Guardian.

Something I've come to realise is that a lot of the facility managers don't stay very long in a facility; they move from one facility to another very frequently and very quickly. And so to actually have a manager who's been in a facility for quite a long time, that actually knows the people and the history and all of that sort of thing, really, you're getting to that point now where it has to be at one of the more rural facilities where they've known that person forever. (GLFS)

Vignette 14. Factor for elder abuse – undue influence

This lady had been living with her husband at home in their unit, her husband had been getting some services. The family dynamic included her son, and the motivations for making decisions were exceptionally influenced combined with quite a lot of personality traits, I feel, that were happening in that triangle.

Capacity was assessed, and one doctor determined that this lady had capacity. Another doctor – because this lady had kept changing her mind – felt that that could be an indication to fluctuating capacity. It was a very difficult situation. I received a complaint from the son through my work with that family. And not only me but also the nurse unit manager. I had to write a three-page response to a complaint.

To be honest, it wasn't a very pointed complaint. In that sense, it wasn't a very pointed or well put together complaint, which doesn't mean, obviously, that it still wasn't a complaint. But it made me realise, in that point, just quite how vulnerable workers can be with this kind of dynamic. And it was definitely something that got a lot of staff very concerned, but everyone felt exceptionally helpless and really rattled.

The behaviour by the son - it's obviously a symptom of something, but it also could be a marker. A complaint is a complaint and it has to be treated seriously, but when you get these vexatious complaints, how to determine – it's like an indicator that there is something wrong and something else is happening. It's not just about the service provider.

In mental health language, sometimes you hear the word "clammer". And my overwhelming concern out of that whole period was that we, as a team, lost the focus from this woman and it ended up being on this son because of this clammer. This elder abuse was mostly emotional. There was a financial element in that there'd been some money given, but basically this woman had been living with her husband. She wanted to be in a nursing home, but the son would basically say, "No, we can't afford a nursing home." She would say, "Yes, I want to go to a nursing home." And then the son would come and visit, and then she'd say, "No, I'm going to go home." And then we'd have another chat to her and then she'd say, "But I don't want to go home." Really difficult and you know that there was a history there of years and years and years and years of this manipulative behaviour. (GLFS)

Vignette 15. Service barrier to the prevention of elder abuse – "there's nothing concrete"

I think in the past, people have tried to report elder abuse, and they've gone on a goose chase. And then, without legislation to back it up, it's a toothless tiger. There's nothing concrete to hold on to. Elder abuse doesn't have a Rosie Batty. It's not sexy, it's not cool, it's not in the media. People don't want to talk about it. They don't want to acknowledge it, they're afraid of it. People don't want someone to say to them, "This is happening", because "Then I have to hold this responsibility, what do I do with it?" There's no mandatory reporting guidelines as with young people and abuse. There's no framework to guide people, and people just end up going, "Too hard basket."

The aged care system is impossible to use, and to navigate, and to understand, and that is a big part of the problem. Because people are dependent and reliant on people without realising or having confidence or faith that they can get the help that they need independently. We're forcing people to be reliant on people that put them in vulnerable situations. The aged care pension isn't enough money. There need to be more strategies that support old people to stay at home that are financial.

And as a society we need to look at ageing better. And it's like dying better as well; people don't want to focus on it. The language isn't good. People don't understand what things mean. And that's on a basic level, and that's in a work context level as well. (GLFS)

Appendix 3: Literature Review

Tasmania is an 'ageing' state. With the highest proportion of people over 65 in Australia, Tasmania is the 'ageing' state. This trend will continue with increasing life-expectancy, and an on-going loss of younger Tasmanians to the mainland for work, coupled with an increasing influx of sea and tree changers in the older age groups. Tasmania already has a population with significant, known risk factors for elder abuse (Tasmanian Government 2012; Jervis et al 2016). These concerns have prompted the State Government to seek to respond comprehensively to the increasing risk of elder abuse, in hand with the National reforms (Australian Government 2019) already underway.

Elder abuse is multi-sectorial. Along with international trends, the National review has recognised that elder abuse is multi-sectorial and not the sole responsibility of, for example, health or justice agencies. All sectors need to respond in a co-ordinated way because elder abuse is not 'just' financial or physical. Often all forms of abuse are present in the same case. Cases can be difficult to identify, investigate and prosecute. Agencies that might have responsibility for handling such cases may fail to do so which results in victims 'falling through the cracks' much like the initial responses to child abuse.

Individual services are not referring to Tasmanian policy in their response to elder abuse. Multi-sector research conducted by the Preventing Elder Abuse Tasmania (PEAT) research group (H0016164), has established that while individual services (State, Commonwealth and NGO) have elder abuse policies and procedures with respect to cases of elder abuse, these policies and procedures have largely arisen independently of existing State policy (Tasmanian Government 2019) directions. The service level responses have been moulded by the context of the service including access to other services and community supports. The PEAT research identified that while at the service level there is expertise and a passion to resolve issues recognised as elder abuse, there is also frustration with the lack of support or coordination by State Government and its slowness in developing response pathways. It was also found that several services have, or are, developing their own policies and protocols for responding to elder abuse without any reference to State policy (Lawrence, Henning, Banks 2016).

The conceptualisation of elder abuse has changed over time. One of the complexities of elder abuse is the need for multi-sector, interdisciplinary interventions ranging across adult protection services (e.g. guardianship), home health care agencies and personnel, community NGO older-person services, police, legal services, courts, housing authorities, health professionals, hospital personnel, nursing homes, as well as banking and financial services (Lachs & Pillemer 2015). The conceptualisation of elder abuse has ranged from 'older adults in need of protection' (1950s), to 'elder abuse as caregiver stress' in the 1970s, 'elder abuse as a crime' to a blended concept calling on all the above agencies to act together, recognising that sometimes elder abuse is a medical issue, sometimes a crime, sometimes a social issue and often a combination of all these elements (Johannesen & LoGiudice 2013). There is no simple, single response that is the responsibility of just one agency (Jackson 2016) and front-line agencies need to be supported in the development and evaluation of their services (Baker et al. 2016). However, there is also a realisation of the need for a co-ordinated response involving all relevant agencies..

What services are best placed to respond to elder abuse? Using the expertise of front-line staff, a key study by DuMont and colleagues (2015) conducted a scoping review and then deployed a Delphi methodology to determine whom they would recommend taking responsibility for responses to cases of elder abuse. The (Canadian) expert respondents recommended 22 (out of 33 from the scoping study) professionals should be involved. These were (in order of highest to lowest ranking): the public guardian and trustee, a geriatrician, a senior police officer, a GEM (geriatric emergency management) nurse, a GEM social worker, a community health worker, a social worker/counsellor, a family physician, a paramedic, a financial worker, a lawyer, a pharmacist, a hospital physician, a Crown prosecutor, a neuropsychologist, a bioethicist, a caregiver advocate, a victim support worker, and a respite care worker (DuMont et al. 2015). This, and the Champion (2015) research will inform the inclusion/exclusion criteria for the current research.

Barriers to service-level response to elder abuse. The influence and knowledge of personnel across the range of relevant agencies is key to their response to elder abuse (Lachs & Pillemer 2015; Garma 2017). Identified barriers to elder abuse recognition and response by personnel are: lack of training; lack of confidence in screening tools; lack of awareness about the association between abuse and mortality; poor past experiences with referral pathways;

disbelief that detection will lead to a solution; fear of confrontation; fear of compromising provider-patient relationships; abuse signs may mimic ageing changes and go unnoticed (Baker & Kim 2019). Procedures and protocols may guide personnel responses to elder abuse, however they need to include training of front-line personnel, information specific to diverse and vulnerable elders, as well as being responsive to a changing service context (Schmeidel et al. 2012; Blundell, Warren and Moir 2020). While there are some intervention studies into institutional elder abuse and neglect, there is a scarcity of known, community-based interventions for older adults and their carers (Fearing et al 2017) which leaves agencies struggling to know how to respond to suspected cases of abuse of their older clients. As well as the Office of the Public Guardian, Tasmania has an 'elder-abuse hotline' and has recently increased the capacity of legal aid to provide services specific to older Tasmanians. Other identified referral services include Community Police, Relationships Tasmania and Advocacy Tasmania. Abuse that occurs in RAC is referred to Aged Care Complaints (Commonwealth Government), or the police if a crime has occurred. However, the links between these agencies and 'front-line' services (e.g. Community Allied Health) is largely undocumented and problematic (Cairns & Vreugdenhil 2014).

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