



EDUCATION, ARTS AND COMMUNITIES COMMITTEE

Members present:

Mr NG Hutton MP—Chair

Ms W Bourne MP

Mr N Dametto MP

Miss AS Doolan MP

Mr JM Krause MP

Mr BW Head MP (substituting for Mr Krause MP)

Ms CP McMillan MP

Ms R Young MP (substituting for Mr Krause MP)

Staff present:

Ms L Pretty—Committee Secretary

Dr A Lilley—Assistant Committee Secretary

PUBLIC BRIEFING—INQUIRY INTO ELDER ABUSE IN QUEENSLAND

TRANSCRIPT OF PROCEEDINGS

Wednesday, 19 February 2025

Brisbane

WEDNESDAY, 19 FEBRUARY 2025

The committee met at 10.00 am.

CHAIR: Good morning. I declare open this public briefing for the committee's inquiry into elder abuse in Queensland. My name is Nigel Hutton. I am the member for Keppel and chair of the committee. I would like to respectfully acknowledge the traditional custodians of the land on which we meet today and pay our respects to elders past, present and emerging. Here today serving on the committee are: Ms Corrine McMillan MP, the deputy chair and member for Mansfield; Ms Wendy Bourne MP, the member for Ipswich West; Mr Nick Dametto MP, the member for Hinchinbrook; Miss Ariana Doolan MP, the member for Pumicestone; and Mr Bryson Head MP, the member for Callide, who is substituting this morning for Mr Jon Krause MP, the member for Scenic Rim. The member for Redlands, Mrs Rebecca Young, will be joining us later.

This briefing is a proceeding of the Queensland parliament and is subject to the parliament's standing rules and orders. Only the committee and invited witnesses may participate in the proceedings. Witnesses are not required to give evidence under oath or affirmation, but I remind witnesses that intentionally misleading the committee is a serious offence. I remind committee members that departmental officers are here to provide factual or technical information, and any questions seeking an opinion about policy should be directed to the minister or left to debate on the floor of parliament. I also remind members of the public that they may be excluded from the briefing at the discretion of the committee.

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McCOY, Mr Brad, Executive Director, Community Services, Department of Families, Seniors, Disability Services and Child Safety

MISSEN, Ms Helen, Acting Senior Executive Director, Strategic Policy and Legislation—Child and Family, Department of Families, Seniors, Disability Services and Child Safety

CHAIR: Welcome. Would you like to make an opening statement before we start with questions?

Ms Missen: I begin by acknowledging the traditional owners of the lands on which we meet and pay my respects to elders past and present. I acknowledge and pay my respects to any Aboriginal and Torres Strait Islander people joining us today. I also acknowledge all of the people who have lived experience of abuse or mistreatment, their families, family members, carers and supporters. Thank you for the opportunity to brief you today on the issue of elder abuse in Queensland.

The Queensland government recognises that the abuse of older people can have devastating consequences for older people and their families in relation to their social, economic, physical and mental health and wellbeing. The Queensland government is committed to ensuring older Queenslanders are treated with respect and dignity and feel safe from all forms of abuse and neglect.

We do acknowledge that the term 'elder' has a particular meaning within some cultures, including Aboriginal and Torres Strait Islander cultures, and relates to a person who assumes cultural authority rather than an aged status. In recognition of this, I will often refer to the abuse of older persons unless referring to a specific organisation or document. I will begin by providing an overview of the Department of Families, Seniors, Disability Services and Child Safety's role in responding to and preventing the abuse of older people in Queensland relevant to the inquiry's terms of reference.

In Queensland there are formal and informal mechanisms to safeguard and support older adults who may be at risk of abuse, including civil and criminal legislative responses and programmatic or service responses. These initiatives are administered by various Queensland government departments. The department has administrative responsibility for issues relating to seniors, carers, disability services, the prevention of domestic and family violence, community care

and child safety. The department funds programs and services to prevent, safeguard, identify and respond to the abuse of older people. The department also leads or supports state and national policy work relating to the abuse of older people and has administrative responsibility for legislation that provides some protections against the abuse or mistreatment of older people.

Specifically, the Domestic and Family Violence Protection Act 2012 addresses the abuse of older people in its definitions of relevant relationships and in the behaviours it addresses and recognises older people as particularly vulnerable to domestic and family violence. The Domestic and Family Violence Protection Act recognises family relationships, relative relationships and informal care relationships as coming within the purview of the act.

The recently released *Elder abuse statistics in Queensland: year in review 2023-24* report provides insights into the abuse of older people in Queensland. The department funds UnitingCare Queensland to develop the year-in-review report. The year-in-review report presents data collected from phone calls to the Elder Abuse Prevention Unit Helpline in Queensland and provides data on the types of abuse of older Queenslanders reported to the helpline and the characteristics of victims and perpetrators. The data are presented on a financial-year basis.

The number of abuse notifications in the year-in-review report has grown consistently almost every year since the first report was released in the 2000-01 financial year. In the first report there were 244 notifications of abuse; in 2023-24 that number has grown to 2,674. While the number of notifications has increased, it does not necessarily mean that the prevalence has increased. Elder abuse, like other forms of abuse, is often under-reported. The growing number of abuse notifications may be attributed to an increase in public awareness of the seriousness of this issue and a greater willingness of people to report and seek help.

The 2023-24 year-in-review report identifies: there were twice as many female victims as male victims; two-thirds of victims experienced more than one type of abuse; and more than half of the victims were living with perpetrators. Family relationships accounted for 95 per cent of cases of abuse in close or intimate relationships, and sons and daughters were reported as perpetrators in almost three-quarters of the cases. Just over 60 per cent of victims require support with domestic activities, including their meals. Transport support was the most frequently reported area of required support for family members. Impaired capacity was recorded for 863 victims, with dementia being the most frequently reported form of impairment. Interestingly, protecting the perpetrator and the relationship with the perpetrator, along with shame and fear of further harm, were the most common barriers to people taking further action. It is essential to acknowledge the crucial role that carers play in supporting older people. Informal carers were identified as perpetrators of abuse in only 2.9 per cent of cases and they were the reporters of abuse in 0.2 per cent of cases.

The department invests \$9.6 million each year into prevention and intervention services for older people at risk of and experiencing abuse, including the Elder Abuse Prevention Unit, the Seniors Legal and Support Service and the Seniors Financial Protection Service. The department provides education and community awareness initiatives, including the Queensland government's older persons abuse awareness campaign *Some Things Never Grow Old*, and the department funds the Council on the Ageing as the Queensland Seniors Peak Service. Social isolation and loneliness are known risk factors for the abuse of older people, and the department funds the Seniors Social Isolation program, which assists Queenslanders to maintain connections in their local community.

As I mentioned, the department leads or supports a range of state and national policy work to prevent, safeguard, identify and respond to the abuse of older people. This is primarily driven through *An age-friendly Queensland: the Queensland Seniors Strategy 2023-2029* and its underpinning action plan. The Seniors Strategy outlines the Queensland government's strategic approach to ensuring an age-friendly state where older people live active, healthy and productive lives where they are connected, cared for and celebrated. The strategy includes several actions that directly address the abuse of older people such as the services that are funded.

The national strategic policy agenda is driven through the national plan to respond to abuse of older Australians and its underpinning action plans, and the Commonwealth government is leading work to develop the second national plan. Consultation has just closed on the next stage of the national plan. This work is specifically led through the Department of Justice under the Standing Council of Attorneys-General.

Thank you for the opportunity to attend today. My colleague and I are happy to answer any questions committee members may have.

CHAIR: Thank you so much for your statement and the information you provided prior in the submission from the department. I will begin with one question and then I will defer to my deputy chair. Much of what we have heard so far during this inquiry relates to the role of education and

community awareness. You highlighted the campaign Some Things Never Grow Old as being a key initiative of the department. The feedback we have received relates to the education of carers who attend onsite and organisations that visit people in homes. I recognise that a key part of one of your aspirations is early intervention. What programs does the department have to support education and community awareness for agencies and organisations that go into homes?

Ms Missen: As I mentioned, the department funds the Elder Abuse Prevention Unit. One of the functions that the Elder Abuse Prevention Unit is funded for is to provide training, information and awareness raising for the community and for services to meet the needs of older people in the home and other settings.

Mr McCoy: As Helen said, the Elder Abuse Prevention Unit not only does a fantastic job providing direct support to individuals but also has a role in terms of conducting research and developing resources and information. They regularly support other organisations with information about elder abuse and prepare a whole range of resources to help organisations, including community service organisations, associations and others, to understand what elder abuse is, how to identify it and how to act if they become aware of elder abuse. They provide a whole range of targeted and tailored resources to understand elder abuse in different contexts, whether it is elder abuse and what that means for First Nations or culturally and linguistically diverse groups and others. There is a whole range of work they do in that space.

It is important to note that the response to elder abuse is a networked model in Queensland. The people who meet in homes with elderly people are from a whole range of different services, whether that be government services or non-government services, so awareness and information are vital for them to identify and act appropriately.

Ms McMILLAN: Firstly, thank you for all that you do for Queenslanders. Our Public Service is our front line, and you work every day to support those who are most vulnerable. Even though you may be a bit removed from those individuals, we know that our community is in good hands. Thank you for all that you do. Did you say that three-quarters of the victims of elder abuse were suffering dementia? It was a large number.

Ms Missen: No, it was 863 victims out of the 2,674.

Ms McMILLAN: That is maybe a third, so a large number of victims suffer with dementia. That is obviously a really difficult space to not only engage in prevention but also to respond to. What are your thoughts around how we can better do that? How do we provide support and education to places like Alzheimer's Queensland and other facilities? At that end, it requires those who care for them to be empowered to report to police. Can you talk us through how we might respond to that issue better?

Ms Missen: I will make a comment, but that is also a question that would be well directed to our colleagues from the Department of Justice. In Queensland, once a person is determined by the Queensland Civil and Administrative Tribunal or their health practitioner to no longer have the capacity to make decisions for themselves, they fall within the jurisdiction of the guardianship and administration legislation and the Public Guardian of that regime. Our colleagues from the Department of Justice will be well placed to talk to that. I might ask Brad to talk to the funding that we provide to Council on the Ageing and other services around those broader opportunities for conversation at those in-between times when people are not quite there.

Mr McCoy: As Helen said, matters around that are best referred to the Department of Justice. There is a really strong role around prevention for some of these issues. It is important that people are provided with information and advice around having their affairs sorted at any stage of life so that when they advance in age or they experience dementia you would hope their legal affairs are in a state that prevents them from being exploited or abused. That would be my first point.

There are also a range of services that can assist. For example, we fund, as we mentioned, the Elder Abuse Prevention Unit, which can provide information, advice and referral to individuals. They work closely with support people, where appropriate, where people have dementia, other cognitive impairments or other vulnerabilities. We also fund a range of seniors legal services, which can help with a lot of these matters.

Obviously, there is an issue when people have vulnerabilities such as dementia where it can be more difficult for them to reach out for assistance. They might not understand that they are being exploited or abused. Depending on the circumstances of their life, it might be hard for people around them to identify that things are happening as well. That is where I think there is a real need for, as we mentioned earlier, a greater awareness of the issues so that people around them can identify them. It also highlights a real need for people to be connected in their community and to have social

connections, because through that people can maybe better understand what is happening for them or people around them might be able to identify what is happening for them. It creates more opportunities to act and intervene where those situations arise.

Ms BOURNE: Thanks so much for coming today. I would like to expand a little further on the chair's question. When I met with Meals on Wheels they spoke a lot about their job being more than just delivering a meal to homes. I went along with them and saw that they look at social isolation and can usually identify any problems. Do we collect that data? How do they do their reporting? Do they report to police or do they go back and report to Meals on Wheels?

Mr McCoy: Can I just clarify: do you mean whether Meals on Wheels collect that information and then—

Ms BOURNE: Yes. You talked about educating organisations on how to identify this and watch out for it. I am just interested in what the next step is if they see that. Do we collect that data?

Mr McCoy: We also fund a range of community support organisations that are involved in dealing with social isolation. You may be aware, I think Ms McMillan was on the committee that looked at social isolation a few years ago. We fund a range of organisations such as neighbourhood centres and, as you said, Meals on Wheels. That is partly a food provision service but it is also about keeping people connected.

We would want organisations like Meals on Wheels to be aware of issues of social isolation and, more specifically, where people are experiencing elder abuse. In terms of social isolation and loneliness, we have been doing a lot of work to develop information and resources around what social isolation is, what it looks like and how to support people to get better connected within their community. That information is available to organisations. We have been working with Meals on Wheels, neighbourhood centres and other community support organisations to make that information available and provide people with tools and resources to help them understand it and to support people around them.

At this stage, there is not any specific data on that which comes from providers around what they are seeing in that space. We are doing some work at a population level looking at social isolation and loneliness as two distinct issues and the prevalence of that in the community at different age groups, for different cohorts, with a view to that becoming a longitudinal dataset where we can map these things over time. That does not help at an individual level, but at a population level it helps us to understand what is happening and what actions we need to take.

In relation to where Meals on Wheels may be aware of some of their clients experiencing things like elder abuse or other difficulties, Meals on Wheels may collect some of that information but we do not see it. I suspect they would not, but that is certainly something we could ask them about if you were interested in more information on that.

Ms BOURNE: I would add that they get very comfortable with these people who come around. I could tell that when I went around with them. I think they would see them as a trusted person and would most likely divulge if they are going to divulge to anyone. That would be the only comment I would make.

Mr McCoy: Absolutely.

Mr DAMETTO: Thank you for coming today. We have identified that education and empowerment are probably the best ways to try to help older people in this situation. I am all about early intervention. For example, educating young schoolchildren about healthy relationships has been a large focus to try to pull apart the domestic violence issues we have in society. Is there an appetite from the department to start educating middle-age or older people in our community so that they are setting themselves up better for that retirement phase, so they are not as vulnerable going into that phase of their life when it comes to elder abuse?

Ms Missen: Yes. There are a number of ways, I guess, that education for people helps them prepare for the older stage of life. Part of that comes from a health frame and the education that Health does around longevity and healthy living. There is the importance of people being comfortable and confident to set up their legal affairs and having those difficult conversations. They are the kinds of preventive mechanisms where information is provided from a whole raft of different government agencies at different points in time in people's lives. In the middle stage of your life, they are the best things you can do to prevent yourself from experiencing abuse. It also helps those around you as they head into older age and are vulnerable to any form of abuse.

Mr DAMETTO: There is a reluctance sometimes to address succession planning because, for the first time, you and your children have to address the fact that you are not going to be around forever, so it is a difficult phase. If we could find better ways to educate and empower people before they get to that point so they can set themselves up better, that is a focus I would love to see.

Mr HEAD: Thanks for your time this morning. With regard to the helpline and the reporting of the abuse, who is the one making that initial contact? Do you have any statistics on that? Is it the victims themselves? Is it concerned family members?

Mr McCoy: We do. The Elder Abuse Prevention Unit prepares and reports annually on the calls it is receiving and what it is seeing through that. A report was published in December for the 2023-24 year which provides a whole range of information about that. We would be happy to point the committee to that information and make it available to you. In terms of the calls that come through—and I will try to find this so I do not mislead you—around 22 per cent of notifications to the Elder Abuse Prevention Unit are from people who are experiencing elder abuse themselves and seeking information, and around one-third are from children of the person who may be experiencing abuse. I will just find that in the report so I can give you the exact numbers. It is included in this report.

CHAIR: Can we confirm: is that a publicly available report?

Mr McCoy: Yes, it is on the EAPU website. It is on page 20 of the report, if the committee would like to look into that. In terms of the notifications that come through to the EAPU, self-reports were 22.7 per cent; sons and daughters made up around 36 per cent; and the next most prevalent calls were from professionals—that is, people who are coming across these situations in the course of their work with individuals.

Mr HEAD: That is interesting. Sons and daughters are a bulk part of the perpetrators, and it is also fellow siblings who are reporting it. So 70.2 per cent of the perpetrators are sons and daughters. That is obviously the vast majority. Of the remaining 30 per cent, is there another distinct demographic?

Ms Missen: Page 18 of the report says that, after sons and daughters, the next most prevalent group is a spouse or a partner, at just over 12 per cent.

Mr HEAD: Thank you.

Mr McCoy: That really highlights the intersection between elder abuse as an issue and domestic and family violence. There is clearly not a clear line between the two. Where you have abuse or violence between spouses and partners, there is a lot of overlap between the two issues.

CHAIR: That is a very telling fact.

Miss DOOLAN: Thank you for the work that you do. My question is around your educational campaign called Some Things Never Grow Old. How effective do you believe that campaign has been? Do you have any data around the effectiveness of that campaign?

Mr McCoy: I do not have any data to hand at the moment, but we can provide some of that information through the secretariat. The campaign is run annually and has been for a number of years. As it is a major campaign, it is subject to scrutiny by government around appropriate advertising and campaigns. As part of that process, there is a requirement to evidence that the campaign is effective, that it is reaching a certain number of people and that we are seeing the sorts of outcomes we want from it. It certainly does appear that it is effective.

There is very clearly a growing awareness of elder abuse in the community. As Helen said in her opening statement, we see that through increases in calls coming through to the Elder Abuse Prevention Unit, increases in people seeking assistance for themselves and increases in professionals reporting it through the EAPU, reporting criminal matters to police or whatever it might be. It is very clear that over the last decade there has been a growing awareness in elder abuse, which is probably evidenced by this inquiry occurring as well. This is a significant issue and action is required. The federal government has also been working with states and territories on a national plan, and that signals that there is a growing awareness of this as an issue.

Ms McMILLAN: You spoke about the number of programs that have been put in place over the last 10 years and that it has resulted in a growing awareness et cetera. You have also alluded to a number of programs that are currently and have recently been running. What programs do you believe will continue into the coming year? Will there be programs that perhaps will not continue in the coming year?

Mr McCoy: The funding that is provided for our main service delivery around elder abuse includes the Elder Abuse Prevention Unit as well as the Seniors Enquiry Line, which is not specifically for elder abuse but provides a lot of information and assistance to people that can assist with prevention. There is also the Seniors Financial Protection Services and the Seniors Legal and Support Services. They are the four main services. All of those services are recurrently funded, so there is nothing that is going to be ending in that respect. They are all on either five-year contracts or possibly three-year contracts.

Ms McMILLAN: Are the ads that we see frequently on TV federal ads or are they Queensland-based ads?

Mr McCoy: I am not familiar with those ads. I am not aware of any state funded ones, so I suspect they are federal.

Ms McMILLAN: Perhaps they are federal ones. Thank you.

CHAIR: I have a few questions following upon some of the previous submissions. One was with regard to access points for members of the seniors community to grandchildren and recognising that there is a form of social isolation when they are withheld. Obviously, being the department of both communities and child safety, there is a connection there around access for children to culture and heritage through access to family. Can you talk to the committee very briefly around what that looks like? Has there previously been consideration of reciprocal rights for grandparents to access to grandchildren in that same space?

Mr McCoy: I would suggest that any response around consideration of framing of rights would be best dealt with by the Department of Justice, which administers the Human Rights Act and a whole range of other pieces of legislation around rights and responsibilities. Helen can probably talk better about this. Obviously we administer the Child Protection Act, which has a very specific purpose around protecting children and includes statements around the rights of children.

In relation to people having a right to, if I understand you correctly, access time with their grandchildren, it is certainly an issue that comes up through the elder abuse work in terms of the prevalence of psychological and emotional abuse that we see reported through the Elder Abuse Prevention Unit and other avenues. That is an issue that forms part of that category of abuse. I have lost my train of thought. Is there anything specific that you were—

CHAIR: I am more than willing to accept that answer to the question, recognising it was one of the pieces of feedback we received from our Labrador session and it was something that I know as a committee we had not considered in that realm. It is an interesting space.

Is the department aware of, or does it have any data around—even within the age bracket of those we consider seniors in our community—any differential in the forms of elder abuse that occur? We have had anecdotal feedback that suggests that the age bracket within seniors can affect the types of elder abuse that are seen. For instance, those who have newly become seniors have a much better financial footing in terms of having access to super for a significant period of their working life whereas families of those who are now in their 80s or 90s have had less of a financial buffer over time. Is there any data that suggests a differential in the types of elder abuse experienced?

Mr McCoy: I am not sure about the types of abuse by age group. I would point you to the 2021 National Elder Abuse Prevalence Study, which provides some fantastic detailed information about the types of abuse that older people are experiencing. It looks at different age groups, different types of abuse and what might be the barriers for people reporting that or seeking help. It is a fantastic study; it is one of those landmark studies in Australia that has changed the way we understand elder abuse.

We also have information available through the Elder Abuse Prevention Unit—information that they publish every year. Obviously that is only information about the calls they receive and what they see, but it also provides information about the different age groups they see. It appears to be a bit of a bell curve, so the most common ages are in that 80- to 85-year age group and it tapers off at either side.

As you have said, there are a lot of changes coming down the line in terms of an aging population—changes in transfer of wealth and things like that. It might be over the next 10 years that we are going to see a huge increase in the number of older people in Queensland and Australia which will have an impact on the numbers and what people are experiencing. I suspect there will be changes in that over time.

CHAIR: Your report identifies that most people do not contact the hotline until they are at breaking point, and we know that two out of three cases of elder abuse are not reported. Does the department have any plans to help identify elder abuse prior to reaching that breaking-point moment?

Ms Missen: The plan, if you like, is increased awareness for people in the community about early signs of what they are seeing. As Ms Bourne said, there is a whole raft of intersects that people have throughout their life with broader service systems and it is important that those service systems are well placed to identify some early signs and to assist people at that early point to have conversations and seek some help.

Ms BOURNE: I notice in the Queensland Seniors Strategy there is a requirement for all government agencies to work together along with local government, and sometimes departments can be accused of working in silos. Without dobbing in your mates, I wonder if you think that is working well. It can be hard: you have the federal government working on this issue and local government is doing their part and then you have different agencies that are doing work in this space. I would imagine it is hard to bring that all together.

Ms Missen: There are formal mechanisms through which departments work together and then the intergovernmental relations and opportunities with the Commonwealth and with local governments. I would suggest that there are differences at different levels of service delivery as well, versus policy and strategy discussion, and within each of those there are mechanisms for engagement across agencies for more coordinated consideration of issues relating to older people. I suspect the answer is a little esoteric in that locally, as you have already talked about, there would be—in the experience of Meals on Wheels, they would already have a really good local network, and that is what is encouraged: at each point in the decision-making, from policy setting and policy advice through to service delivery, there is a coordinated effort.

Mr McCoy: In 2017 the Australian Law Reform Commission did a report on elder abuse and then we had the national plan 2019-2023. I think that was a really big catalyst for governments all across Australia to work in a much more coordinated way on these matters. Certainly in Queensland we see excellent coordination between the work that is done through the services funded by our department and the work that is done in Health, Police and Justice. I think that has really driven a much more coordinated approach and I think we are in a better space than we were prior to all of that work.

Mr DAMETTO: My question is around a shift in culture towards our older people, and I remind you that culture does not just apply to First Nations people here in Australia. Has the department identified a shift in culture or attitude towards older people and perhaps the way we look after our elders within Queensland society?

Mr McCoy: I am not sure that we have a read on changes in culture in general. There is certainly a real identified need to be supporting a society that values older people and values their contributions. Through the Age-friendly Queensland strategy we certainly have a number of actions that are directed towards dealing with issues of ageism as well as presenting a positive image to aging, providing a basis for really celebrating the contributions of older Queenslanders. There is a real push to be addressing that. As you said earlier, there is a real role for a whole range of players in this space, whether it is education in schools or a whole range of places, where we can be better celebrating the successes of older Queenslanders and valuing the contribution they make.

Mr DAMETTO: The point I am trying to make is that I saw personally in my work life a real change in safety culture. We can use the big-stick approach to try to change the way people do things across Queensland, whether it is by regulation or legislation. I have a strong belief that if you can change the culture you can change people's attitudes towards those particular topics. I hope the department looks into that at some stage.

Mr McCoy: The other point I would make around that is that our attitudes towards older people are bound up in much broader issues around how we connect as communities and are really a function of how socially connected we are. I think there is a whole lot of work that our department is doing around promoting social inclusion and building greater community connections for people of all ages. I think that is a really important part of all of this as well.

CHAIR: On behalf of the committee, I would like to take the opportunity to thank you both for your time today and the thoroughness in the submission that has been provided on behalf of the department. We all recognise this as an emerging issue and something on which the community space and the government space are going to have to work hand in glove to develop not only the education piece but also the solutions that allow us to collect the data and then ensure we are working in the prevention space. Thank you very much for your time.

Public Briefing—Inquiry into Elder Abuse in Queensland

I note there was a question taken on notice that asked how effective is the department's campaign Some Things Never Grow Old and seeking data around its efficacy. I remind you that the answer to the question on notice is required to the committee by close of business on Tuesday, 25 February so we can include it in our deliberations. I really appreciate your time and thank you so much.

GOLLSCHEWSKI, Mr Stephan, Commissioner of Police, Queensland Police Service

HINCHLIFFE, Mr James, Director, Research and Analytics, Queensland Police Service

INNES, Ms Katherine, Assistant Commissioner, Domestic, Family Violence and Vulnerable Persons Command, Queensland Police Service

CHAIR: Good morning. Please make your opening statement, after which the committee will ask you some questions.

Commissioner Gollschewski: Good morning and thank you. I felt it important that I appeared as commissioner today for this very important topic. I want to thank you for the opportunity to brief the committee in relation to the very important work that is being undertaken in relation to elder abuse in Queensland. I would like also to acknowledge the victim-survivors and their families who are sharing their stories to contribute to the inquiry through written submissions and public hearings.

I am Steve Gollschewski, Commissioner of the Queensland Police Service. Alongside me are representatives from specific commands within the Queensland Police Service with relevant subject matter expertise who join me today to discuss this issue because we are committed to taking a whole-of-service approach to responding to and protecting vulnerable cohorts in Queensland. I am joined today by Assistant Commissioner Katherine Innes from the Domestic and Family Violence and Vulnerable Persons Command and Director James Hinchliffe from the Policy and Performance Division.

The Queensland Police Service is the primary law enforcement agency for the state of Queensland, with a focus on prevention, disruption, response to and investigation of crime to ensure Queenslanders are safe and feel safe. However, the QPS recognises that systems approaches are required to address the underlying complexities with eliminating harm against older people to ensure their right to safety and a lifestyle without fear.

The Queensland Police Service is committed to working with older people, the community and support agencies to support victim-survivors of elder abuse and hold perpetrators to account. Officers fulfil this role throughout the state 24 hours a day, seven days a week, and exercise powers under the legislative framework of the Police Powers and Responsibilities Act 2000. Police officers are also assigned powers or functions by statutory delegation under a broad range of state and Commonwealth legislation. The QPS Disability and Elder Abuse Team is a dedicated capability, established to enhance police responses to older people, which sits under the Domestic, Family Violence and Vulnerable Persons Command. The Disability and Elder Abuse Team is established to deal with elder abuse trends and issues, and the team advocates for policing practices that are dynamic, minimise the risk of harm and increase the safety of older persons experiencing or impacted by elder abuse or disability in Queensland.

In relation to our responses, police officers can be the first point of contact for victims of elder abuse. As first responders, the Queensland Police Service plays a crucial role in ensuring victims are referred to the appropriate support and assistance. Identifying elder abuse can be challenging for police officers because it has a diverse presentation. There is no single offending behaviour, no single category of victim-survivor and no single category of perpetrator.

The Queensland Police Service investigates elder abuse when a criminal offence is suspected or where domestic and family violence is reported or identified. Police officers will take appropriate action to protect the older person from further harm under the domestic and family violence framework. The Queensland Police Service acknowledges that elder abuse also presents in other contexts outside of the family, such as consumer interactions and other social relationships. Police officers consider all circumstances in providing an appropriate response.

The Queensland Police Service is committed to delivering a contemporary service delivery response to elder abuse, noting that, due to the breadth of legislative reforms currently underway, there will always be a need to evolve our responses in line with evidence-based research and practice. The Queensland Police Service works closely with the sector to understand best practice approaches, including collaboration and engagement with our colleagues at the Department of Families, Seniors, Disability Services and Child Safety as well as with other state and national government departments, advocacy and peak bodies.

When it comes to our victims, police provide support to victims through police referrals, which is an embedded strategy to connect at-risk and vulnerable community members, including victims of elder abuse, with external support services. Police must proactively pull all levers available to us to

provide the best response we possibly can. In this context, the core component of the Queensland Police Service response is connecting victims with the support services they need through the police referral system. Likewise, police will also attempt to refer perpetrators to services which may provide opportunities for them to take responsibility for and take steps to change their harmful behaviours. Police officers also refer victims of violent crime to Victim Assist Queensland to support victims and follow the Charter of Victims' Rights.

With respect to training, the Queensland Police Service is progressively updating its training framework to deliver a learning continuum focused on victim-centric and trauma informed practice for responses to victims, including vulnerable persons such as older persons. Internal elder abuse training is available for our Queensland Police Service employees at all levels of employment, including intensive online learning products and specialist training courses. The elder abuse five-minute intensive learning experience training video has been available for all Queensland Police Service employees since 2015. This training provides awareness and understanding of elder abuse as an emerging issue in an aging population. As part of the formal recruit training program, new police recruits must complete the vulnerable persons online learning portal, which incorporates a standalone module relating to elder abuse. Police have a variety of training programs available to equip officers with the appropriate knowledge and skills to prevent, disrupt, respond to and investigate crime, and training is reviewed where necessary to identify opportunities for improvement.

In closing, the Queensland Police Service will continue to deliver a coordinated approach to older people experiencing elder abuse in our commitment to protecting and supporting our vulnerable communities. There are always opportunities to enhance understanding the impact abuse has on an older person with greater context, particularly with regard to improved data collection and analysis. On this basis, the Queensland Police Service is committed to and strives for continuous improvement. I thank the committee for the opportunity to be here today and welcome any questions.

CHAIR: Thank you very much, Commissioner. I say at the outset on behalf of the committee how respectful we are of the role that your officers play on the front line in what is quite often a confronting scenario when coming into homes or in public spaces and the challenges they face. You spoke very briefly about the challenges officers face in not only identifying elder abuse but also taking next steps, and you provided a range of pathways that your officers undertake. Could you speak to us further about the barriers Queensland police face in their response to elder abuse? What barriers currently exist that the committee would be able to help with?

Commissioner Gollschewski: As a broader barrier for us as an organisation, one of the things we are working through, and have been for some time, is the simple management of demand in our responses and having to, in recent years, move to a largely reactive model in terms of dealing with complaints calls for service and offences that have occurred. In particular, elder abuse, when it is manifested as part of the domestic and family violence response, is area that has seen a significant increase. We are seeing year-on-year increases in our DFV responses to the extent that we are projected for 215,000 or so occurrences this year. What is difficult in that space, of course, is for our officers to properly identify the victim-survivors—the person most in need of protection—and the perpetrators and then be able to push those people to the right places.

Police, obviously, always will deal with the criminality that falls out of these things. That is one of our key roles. The first-response part is about community safety, so respond to and make sure those involved are safe. That will include our elderly people where they are a victim. Then it is about what criminalities are involved. Do we need to take a law enforcement approach to this? More particularly, what sorts of protections need to be put in place for these people immediately and then how can we connect them to services so that we can help the victim-survivors get through what they have been through but also help the perpetrators to reform? No perpetrators, no victims—simple fact. That is a real balance for us and it is a challenge. It is no secret, and it has been said publicly a number of times by me and acknowledged, that we are under pressure, and that is a real pressure for us. My concern is the things that fall through the gap, where we miss things or we do not get the call or we do not respond appropriately. That is a real challenge for us.

We have committed to continual improvements. The area that Kath is in charge of is very specialised so that we can understand that area much better—we can understand the needs of elder victims and we can have a more bespoke response to that. That is the big challenge for us as an organisation. When you get into the systems in that space, it gets down to, 'Well, what is at our disposal to deal with this?' Of course, in Queensland there is no specific elder abuse offence so we are using the normal criminal law, and I think there remains only one offence where a circumstance of aggravation relating to age applies, and that is in serious assaults. Most others have been done away with by the legislature over the years.

We work with what we have. We are very committed to that. In fact, we have seen in recent years the numbers of personal offences in Queensland rise significantly because we take action and we record that. Nearly 50 per cent of our assaults are domestic and family violence driven. We are committed to that. That is something that has been happening since about 2021. Maybe the assistant commissioner can give you more detail about the specific area.

Assistant Commissioner Innes: The question was around barriers. I think some of the issues that we face as a policing agency are about impaired capacity with our elderly people and trying to identify what capacity an older person has to be involved in a process and how we respond appropriately to that. We have investigative guidelines that we utilise and victim-centric, trauma informed training for our officers to make sure we are canvassing all of the processes we need to and to make sure that elderly person has the capacity and has the support to move through a process.

Also, family relationships are a very difficult position because often elderly people rely on their family and they may be perpetrators or offenders in relation to the abuse of the elderly person. It is also really important for us to understand the relationship and the fear that an elderly person might have to come forward to report some sort of concern to us. We need to be alive to all of that information.

With victims of elder abuse in Queensland, older men are more likely than women to have offences committed against them, which is a really interesting perspective. In relation to domestic and family violence, older women are more likely to be perpetrated against. Our First Nations women over 50, which is our definition of 'elderly women' in the First Nations cohort, are more likely to be recorded as victim-survivors as well.

CHAIR: Thank you so much for your response to this question. We will take this moment to thank the member for Callide for his service and to recognise the member for Scenic Rim, who is returning to join us.

Ms McMILLAN: Commissioner, the committee is aware of the progress being made in the ACT around specific offences to do with elder abuse. Is your organisation keeping abreast of those developments and do you believe we need some elder abuse legislation particularly related to that sector of the community in Queensland?

Commissioner Gollschewski: I will open with a broad statement saying that we—and I will defer to Kath shortly—through our command stay across what is happening in a lot of other states, right across how we deal with vulnerable persons. We can get into some detail of that. I think the answer to that, as the Commissioner, is to say that anything that will allow us to keep people safer and hold perpetrators to account more effectively will be most welcome. One of the things I have to caveat that with is that we need systems that are workable for us as frontline police, considering the pressure we are under. We have seen sometimes—and this goes back many decades—that well-intentioned laws sometimes become very difficult to enforce. I would caution that we are all up for anything that will keep our elderly people safe and hold perpetrators to account, but we have to be able to enforce that.

Assistant Commissioner Innes: We have been keeping track of the Australian Capital Territory legislation, which came in in 2021, recognising that somewhere between two and 14 per cent of elderly Australians are subject to some sort of abuse. Their act brought in information and offences that criminalise neglect of vulnerable persons and a failure to protect a vulnerable person. Similarly, we have legislation here in Queensland which would be utilised across the board; it is not necessarily in relation to an elderly person. Obviously, under the aged-care legislation there is mandatory reporting by social workers.

They have a definition of 'vulnerable person', which is interesting. We do not have the same definition here. They certainly have given it a definition and a definition of an abusive person. They certainly have defined out different aspects of the legislation and those relationships. It is linked to institutional offences against individuals and mandatory reporting requirements.

Ms McMILLAN: Can you talk us through what laws exist here in Queensland in relation to that? We have laws that relate to mandatory reporting around young people, particularly in institutions including schools. What are the requirements now in Queensland for elders?

Assistant Commissioner Innes: There are mandatory reporting provisions under the Commonwealth Aged Care Act 1997. They administer the Serious Incident Response Scheme. Providers of aged care are subject to mandatory reporting, including criminal incidents. Those incidents are categorised into category 1 and 2 reportable incidents and include alleged and suspected events. Police may receive calls to attend residential care facilities for priority 1 reportable incidents including assaults and sexual assaults.

Ms BOURNE: Commissioner, your briefing refers to the upcoming coercive control legislation, which comes into effect on 26 May. What consideration and consultation was given to ensuring this legislation meets the needs of older Queenslanders?

Commissioner Gollschewski: We have prepared well for this. We have deliberately undertaken training across the organisation to make sure we are in a position to respond to that legislation. We understand that coercive control is a particular type of domestic and family violence that has been called out in that legislation which would otherwise not necessarily be called out and people held to account. We are well prepared for that. We also factor that into our planning in terms of resourcing and what that looks like in terms of real-time response work. With respect to the elder side of it, I will just throw to Kath.

Assistant Commissioner Innes: There are some peak bodies we liaise with here in Queensland. They relate to Queensland Health and the serious incident schemes. We also have domestic and family violence and vulnerable persons units across the state. The elder abuse and senior support sectors are also involved in our work. We have our own state elder abuse coordinator role that we hold centrally under my command. That is our conduit, from a strategic point of view, into the community. They form relationships and maintain those relationships across Queensland to ensure we are liaising with the correct people. Relationships Australia also has a fairly specific role.

Mr DAMETTO: Thank you very much for coming along this morning to answer the committee's questions. Assistant Commissioner Innes, with this legislation we are trying to curb the problem of elder abuse. Do you have any commentary around prosecuting the criminality of what is going on and changing the behaviour of perpetrators?

Assistant Commissioner Innes: I will start by just talking about perpetrators and elder abuse. Because there is no single offence of elder abuse as such, there is complexity with providing data out of our systems which does inhibit our ability to look at elder abuse trends et cetera, so we cannot really rely on the data that we have at the moment. We do have data in relation to victims. I think that is really important for us. As I said, offending against older men is slightly higher than women and in the DV categories women are more prevalent as victim survivors. Against First Nations women we have a higher representation of victims, though trends show us there is offending going on across the state. I do not think we can identify any particular trend across the board, as I said, about perpetrators. Maybe Mr Hinchliffe can answer your questions about data.

Commissioner Gollschewski: I will just make an observation around one of the challenges in the elder abuse space. This is a problem we have had with domestic and family violence for a long time. Much of the offending happens in the home, a residence. As you know, we have struggled with the bystander problem for a long time—people who see behaviours that they are concerned about but do not report. That is a problem for our community. In my experience, it is even more challenging in the elder abuse space. They are more likely to be less mobile and you see less of them, so what is happening in the home is less visible. That is a real challenge for us because often the evidence of the abuse does not become apparent until a catastrophic outcomes occurs. We know that, as Kath said, often family units are involved, and the perpetrator may well be a member of that family unit or a close friend. That is a real challenge for us. The message from a policing perspective is that we want our community in this space to let us know what is going on so we can do something.

Mr DAMETTO: My question was with regard to a comment you made earlier, Commissioner: fewer perpetrators equals fewer victims.

Commissioner Gollschewski: Absolutely. If we do not know about the offending there is not much we can do about it. Again, we are condemned to a reactive model when we do find out. Ultimately, we want to prevent this.

Mr Hinchliffe: As the Assistant Commissioner said, we do have some good data around the victim side of things. In terms of the perpetrators we are a bit limited, mainly because there is no single offence for elder abuse. We could look into it, but it would require manually looking at each of the victim records and seeing what physically has been recorded in terms of the perpetrator. It would require a considerable amount of work to get that. We do rely predominantly on victim data.

Miss DOOLAN: I assume you undertake welfare checks. How does that process work? Are there questions that you ask when you conduct those welfare checks?

Commissioner Gollschewski: Do you mean specifically welfare checks of elder abuse victims that have been reported?

Miss DOOLAN: Yes—for example, if someone calls the helpline or police.

Commissioner Gollschewski: In our calls for service we have a number of welfare checks across a whole range of things. That is then part of our system—how we respond to that and deal with it. It can be for a variety of things. For instance, when you have floods, people are worried about whether people are safe. We do prioritise that and we do put that into our broader allocation of jobs, as an organisation, that need to be dealt with by our frontline responders. The other question is about ongoing welfare support for victim-survivors once it is reported, and that is where we have to rely on the sector to step in. Policing is very much at the front end of this. Making sure people are connected with the right services is part of our role, but those services then have to step up to provide ongoing welfare support. We would not be doing repeat welfare checks for someone who has reported that. We would rely on the sector to do that.

Assistant Commissioner Innes: The QPS has put out a number of training and information products for our officers so that when they go to those welfare checks they are canvassing a variety of aspects of the welfare of that elderly person. Because we recognise that elder abuse is under-reported, our police need to be on the front foot to make sure they are aware and looking for signs. That can be across the negligent behaviours of caregivers. We have lists of questions for our officers to ask the elderly person about, including financial abuse, psychological abuse, neglect, physical abuse, sexual abuse and changes in general behaviour. We make sure that when our police attend they are using the opportunity to really assess the needs of that individual so that referrals can be made through our referral support services.

Mr KRAUSE: We touched briefly on the number of victims and whether there is an economic or efficient way of figuring out offender profiles in relation to the number of victims above the age of 64. I am sorry that I have not picked this up from your submission, but how many victims were there above the age of 64 between 2022 and 2024?

Mr Hinchliffe: In terms of the number of victims, in 2022-23 there were 2,623. That went up in 2023-24 to 3,010. We do not have financial-year-to-date data for 2024-25.

Mr KRAUSE: You mentioned that you have to go into it manually and tease out some of the detail about offences. What sort of form are they kept in?

Mr Hinchliffe: All of the information is recorded and entered into the operational database QPRIME, so we can extract that data electronically. Because the information around the perpetrators is a bit vague, we would need to go into the actual occurrence itself, look at the victim and get the age of that victim, and then in the form or the input field there would be information about the offender.

Mr KRAUSE: It is quite a process.

Mr Hinchliffe: It would be, yes.

Commissioner Gollschewski: The types of offences we are talking about against those 3,000 victims range from homicide through to assault, sexual offences, robberies and a bunch of other offences which we call 'other offences against the person', which includes things like extortion, stalking and kidnapping. It is a wide range of offences we are talking about. It sometimes gets really problematic for us dealing with elderly people and their ability to sustain complaints. Because they are complaint-based offences, it is quite a challenging area to work in in terms of investigations.

Mr KRAUSE: It is something I might raise with the committee in terms of whether we can have another talk about that data, perhaps in a private session or something like that.

CHAIR: Thank you very much for your time this morning. We really appreciate the opportunity to hear about not only the barriers Queensland police face but also how the strong demand you are facing has inhibitors in its own way to your capacity beyond referral to then provide follow-up. We really appreciate the time you invested in your submission and the comprehensive response you provided around the education piece you do with your officers so they are well equipped when they arrive on the scene to identify this and the challenges associated with not only the identification of it but then how to put that into a dataset where we are covering such a range of offences and there is no particular offence of elder abuse. We will now adjourn for a short break.

Proceedings suspended from 11.14 am to 11.30 am.

CHAIR: We will now resume the public briefing for the committee's inquiry into elder abuse in Queensland. For the benefit of those who were not here before the break, my name is Nigel Hutton. I am the member for Keppel and chair of the committee. With me here today are: Corrine McMillan, the member for Mansfield and deputy chair; Wendy Bourne, the member for Ipswich West; Nick Dametto, the member for Hinchinbrook; Ariana Doolan, the member for Pumicestone; and Jon Krause, the member for Scenic Rim. At 12 o'clock Rebecca Young, the member for Redlands, will be substituting for Mr Krause.

This briefing is a proceeding of the Queensland parliament and is subject to the parliament's standing rules and orders. Only the committee and invited witnesses may participate in the proceedings. Witnesses are not required to give evidence under oath or affirmation but I remind witnesses that intentionally misleading the committee is a serious offence. I remind committee members that departmental officers are here to provide factual or technical information. Any questions seeking opinion about policy should be directed to the minister or left to debate on the floor of the House.

I remind members of the public that they may be excluded from the briefing at the discretion of the committee. These proceedings are being recorded and broadcast live on the parliament's website. Media may be present and are subject to the committee's media rules and the chair's direction at all times. You may be filmed or photographed during proceedings and images may also appear on the parliament's website or social media pages. Please ensure all mobile phones are switched off or to silent mode.

CHANDLER, Ms Kim, Director, Strategic Policy and Legislation, Department of Justice

CORRIGAN, Ms Ellen, Principal Legal Officer, Strategic Policy and Legislation, Department of Justice

HISLOP, Ms Emma, Principal Legal Officer, Strategic Policy and Legislation, Department of Justice

McQUEENIE, Ms Bridie, Principal Legal Officer, Strategic Policy and Legislation, Department of Justice

ROBERTSON, Mrs Leanne, Assistant Director-General, Strategic Policy and Legislation, Department of Justice

CHAIR: I invite you to make an opening statement, after which the committee will have some questions.

Mrs Robertson: Thank you, Chair. Good morning. My name is Leanne Robertson. I am the Assistant Director-General, Strategic Policy and Legislation in the Department of Justice. Joining me to assist with the briefing are officers also from that area: Kim Chandler, the director; Ellen Corrigan, a principal legal officer; Bridie McQueenie, a principal legal officer; and Emma Hislop, a principal legal officer.

I note that our written briefing, published on your webpage, provides detailed information in relation to terms of reference 1a, 1b and 1c that is relevant to the Department of Justice. We are obviously here this morning to brief the committee and answer questions on the legal frameworks that are relevant to elder abuse within this department's portfolio. We understand that the Public Guardian and the Public Advocate are also appearing before the committee later this week. They are probably best placed to provide details about carrying out their respective roles in the context of elder abuse.

The legal frameworks relevant to elder abuse within the Department of Justice's portfolio are as follows: the guardianship and administration system, the criminal justice system, the general law and human rights protections. The Magistrates Court can also make domestic violence orders to protect older people against abuse where the person is subject to abuse within a domestic type relationship—that is, an intimate personal, family or informal care relationship. I do note, however, that the Domestic and Family Violence Protection Act 2012 is now within the responsibilities of the Department of Families, Seniors, Disability Services and Child Safety.

Queensland's guardianship and administration system is governed by four main pieces of legislation: the Guardianship and Administration Act, the Powers of Attorney Act, the Public Guardian Act and the Public Trustee Act. For an older person who may be particularly vulnerable to abuse due to declining or impaired decision-making capacity, the guardianship and administration system can help safeguard their interests. This includes by allowing adults to plan ahead by giving directions about their future health care, appointing persons of their choice to make certain decisions for them, allowing for the appointment of substitute decision-makers for adults who do not have capacity for certain matters and providing remedies where substitute decision-makers fail to comply with their duties and obligations.

The guardianship and administration system also includes the Public Guardian. Relatively unique to Queensland, the Public Guardian has extensive legislative powers to investigate abuse, neglect and the exploitation of people with impaired decision-making capacity, including complaints and allegations about actions by a substitute decision-maker, and to take protective and remedial actions.

While the guardianship and administration system plays an important role in preventing, safeguarding, identifying and responding to elder abuse, it is important to note that it is only relevant for adults with impaired capacity. As such, it does not necessarily capture all older people and does not respond to all forms of elder abuse. Queensland's guardianship legislation itself has been the subject of numerous recommendations for reform including from various reports. This includes the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, which recommended significant reform to state and territory guardianship legislation including to create a legislative framework to enable the appointment of informal supporters, to ensure substitute decision-makers are appointed as a last resort and to ensure periodic reviews of orders appointing substitute decision-makers.

These recommended reforms are intended to enable the autonomy of people with disability and to ensure their rights are restricted in the least restrictive way. Relevantly, the disability royal commission also made recommendations relating to adult safeguarding, including nationally consistent adult safeguarding functions to be exercised by independent statutory bodies. Adult safeguarding frameworks would not be restricted to adults with impaired decision-making capacity but would apply more broadly to all vulnerable adults, including older people. Many of the disability royal commission's recommendations complement or overlap with recommendations from previous reports or inquiries, and a list of those relevant reports and inquiries was included in the department's written brief.

Working with other relevant ministers, including the Minister for Families, Seniors and Disability Services and the Minister for Child Safety and the Prevention of Domestic and Family Violence, to implement recommendations for reform to Queensland's guardianship legislation from the disability royal commission is a key portfolio responsibility for the Attorney-General, as outlined in the Attorney-General's ministerial charter letter from the Hon. David Crisafulli MP, Premier and Minister for Veterans. That is dated 8 November 2024.

In the criminal law context, although there is no explicit offence of elder abuse in the Queensland Criminal Code, existing offences relating to homicide, personal violence, sexual violence, threats, dishonesty and fraud may provide a response to circumstances that constitute elder abuse. The Criminal Code specifically provides an offence of serious assault where the assault is against a person 60 years or over. Otherwise, some criminal offences provide higher maximum penalties in certain circumstances which may include elder abuse. For example, the offence of stealing has a higher maximum penalty where the stolen property was received by the offender by virtue of a power of attorney. Additionally, the general law itself—which includes contract law and the law of equity—can provide remedies to older people who have disputes arising out of circumstances of elder abuse. These equitable remedies may include compensation or constructive trusts or declarations which can be pursued through civil litigation in the District or Supreme courts.

Lastly, while the Human Rights Act 2019 does not provide a direct remedy as such for elder abuse, its focus is on ensuring public functions are exercised in a principled way that is compatible with human rights. Therefore, it places positive obligations on the three arms of government—the legislature, the judiciary and the executive—to make decisions and act in a way that is compatible with the human rights protected under that act, including human rights that are impacted by elder abuse. This is relevant in the context, for example, when the Queensland Civil and Administrative Tribunal, the Public Guardian and the Public Trustee are exercising powers within the guardianship

and administration system in relation to older people with impaired capacity who may be at risk of abuse, neglect or exploitation. Thank you. That concludes my very brief overview. We are obviously happy to take questions and assist the committee this morning.

CHAIR: We have heard in many submissions, including your own, that there is no explicit offence related to elder abuse yet a series of individual crimes that people can be penalised for. Can you elaborate on how the justice system addresses the abuse that spans the series of offences? For example, quite often we find that when there is domestic abuse there is also likely to be financial abuse. How is the justice system prepared to deal with those when they are layered across a few crimes?

Ms Hislop: Much of what is considered elder abuse is already a criminal offence in Queensland. As I understand it, your question is about how the criminal justice system can respond to abuse that involves multiple different types of offences. An indictment, which is a formal document placed before a court, can involve a number of charges that are joined on a single document. There is specific law around a joinder but that could involve, for instance, a charge of fraud. If there is sexual abuse that has occurred, there could be an offence of sexual assault or rape. They can potentially be joined in a single proceeding. It would always depend upon the particular circumstances of the case.

Of course, there is the new offence of coercive control which will be commencing in Queensland in May this year. That has potential to capture a wide range of abuse, provided that the accused person and the victim are in a domestic relationship; that is, an interpersonal relationship, a family relationship or an informal care relationship. It is necessary to prove that the accused person has engaged in a course of conduct against the other person. That consists of domestic violence occurring on more than one occasion. There are other elements to that offence, including that the person intends to coerce or control the other person, but the new coercive control offence is a really good example of how the criminal justice system can respond to a course of conduct that involves multiple different types of abuse.

Ms McMILLAN: Thank you for all you do for our most vulnerable Queenslanders. Do you think we need a suite of legislation that particularly relates to elders, similar to what they have in the ACT?

Ms Hislop: I am not in a position to provide what my personal opinion is because the development of new offences is certainly a matter for the government and the committee. The criminal law is comprehensive in responding to a wide range of abuse. It would be notionally possible to create an offence of elder abuse, but it would need to be carefully crafted. That is because there is a risk of duplication or overlap with the existing offence provisions, so there is a potential that a new offence could add to complexity Queensland's scheme of criminal offences.

Ms BOURNE: We held a forum on the Gold Coast, and the chair asked a question with regard to what protections could be put in place, or what changes could be made to support better oversight and protections with the enduring power of attorney. The lawyer on the day said that we need to consider a review of the execution requirements. She basically felt that a JP or a commissioner of declarations was not the most appropriate person to be signing off on one of these very important documents. I would appreciate your advice on that.

Ms Chandler: In Queensland, there has to be a prescribed witness who witnesses the execution of an enduring power of attorney. That can include a justice of the peace or commissioner of declarations. It can include an Australian lawyer, but it does not have to be an Australian lawyer. It is a single witness. That witness needs to be satisfied that the person executing the document appeared to understand the nature of the document they were signing. Certainly in other states, but I would say particularly in New South Wales, the prescribed witnesses are of a different order. They include a registrar of the local court, an Australian legal practitioner or a licensee under the Conveyancers Licensing Act or other legal practitioner. They not only need to be satisfied that the person appeared to understand the nature of the document but also need to explain the legal effect of the document to that person. Again, I cannot make a policy call on which scheme is better. A person who witnesses the execution of the document and who has to explain the legal effect of the document really needs to be a legal practitioner because it is quite a complex document. The terms and conditions can be very different depending on how you execute a document. Explaining the nature and effect of that particular document is the job of a legal practitioner.

Mr DAMETTO: Please forgive me when I ask this question as I am not a lawyer. I am also not a carpenter but I will have a crack at that as well! Is the aggravating component of the offence of assault of an older person seen as a good deterrent? From a legal perspective, instead of creating new offences around elder abuse, would perhaps adding an aggravating component to existing offences be a way to deter people from committing those offences?

Ms Hislop: Potentially inserting a new circumstance of aggravation or a new offence could have an educative benefit to the community. It could also potentially have a deterrent effect. The extent to which the offence of a serious assault of a person over 60 has deterred offenders I cannot say. Certainly it is possible that those types of legislative amendments could have an educative benefit but also a deterrent effect.

Mr KRAUSE: Ms Chandler, you mentioned the New South Wales regulations around executions of powers of attorney. It seems there is a fairly broad range of people who can witness that execution in New South Wales, perhaps even broader than Queensland. Is that what you were saying?

Ms Chandler: It is probably more specific. In New South Wales it is a registrar of the local court, an Australian legal practitioner and a licensee under the Conveyancers Licensing Act. In Queensland it is a justice of the peace, a commissioner of declarations, a notary public or a lawyer.

Mr KRAUSE: Similarly, it is a fairly broad category of people. The advice requirements in New South Wales were more extensive than in Queensland. That is what you were noting, weren't you?

Ms Chandler: That is right. It is a higher threshold. The witness has to explain the legal effect of the document to the person executing the document, whereas in Queensland the witness has to be satisfied that the person executing the document generally understands the nature and effect of the document and the powers that it gives.

Mr KRAUSE: I understand the distinction there. We did hear quite a bit from one of the witnesses on the Gold Coast about the powers of attorney regime. I am not sure if they mentioned this specifically, but I want to ask if the department is aware of any system in Australia or even any work that has been undertaken within the department about a registration system for powers of attorney? I know it is an idea that has been floated probably many times over the years. Could you tell us a little bit about that?

Ms Chandler: A register for enduring powers of attorney has been recommended by a number of reports but most significantly by the 2017 Australian Law Reform Commission report into elder abuse. It made a whole raft of recommendations about elder abuse including enduring powers of attorney—not only a register but they thought that register had to be predicated on harmonised laws across all jurisdictions for enduring powers of attorney and a central harmonised form for enduring powers of attorney.

The Standing Council of Attorneys-General has undertaken this work coming out of the Australian Law Reform Commission report. They consulted on the idea of a national register in 2021. As a result of that consultation, in September 2023 SCAG decided that, given the significant differences in laws across states and territories and the fact that there were inherent limitations in a register actually preventing elder abuse, they would focus first on harmonising enduring power of attorney laws across jurisdictions. In September 2023 they agreed to consult on what those harmonised laws should be. That happened between October and November, and currently that is under the consideration of SCAG.

Mr KRAUSE: Isn't Federation grand! That is an issue that is probably going to be brought up by a number of other people, I would think. That probably concludes that line of questioning, really. Do you have something to add, Mrs Robertson?

Mrs Robertson: I think the point that Kim was making—the concerns about whether a register, per se, will prevent abuse—is an interesting one. It is a matter for the committee, but that is one of the considerations. I think the Queensland Law Reform Commission, when it looked at its guardianship laws—correct me, colleagues, if I am wrong on this—also did not recommend a register as such. It is probably about understanding the ill that you are trying to cure in that context.

Ms Chandler: The Queensland Law Reform Commission thought that perhaps some of the barriers that a register would put in place—the technical aspects of having to register your enduring power of attorney; mandatory registrations in that they would only be valid if they were registered; the cost; and fees—would perhaps outweigh the benefits of a register.

Miss DOOLAN: What are the current options for someone who is elderly and they feel that their power of attorney has become abusive? What can they actually do about that?

Ms Chandler: There are a number of options. The remedies available depend on where they go first. They might want to make a complaint to the Public Guardian. The Public Guardian is quite unique in Australia. It has very extensive investigative powers, unlike public guardians in any other jurisdiction, including in relation to elder abuse under an enduring power of attorney. They have extensive investigative powers to call in people to answer questions, to demand information. They

can even suspend an attorney's powers. They can make an application to QCAT to get another substitute decision-maker appointed. The Public Guardian would be better placed to answer more details about how they do that. They can also in extreme circumstances apply to QCAT for a warrant to enter a place and protect that person who is at significant risk of harm. Then there are remedies that are available through QCAT including the removal of the attorney. If the attorney has engaged in financial elder abuse, QCAT can order that attorney to pay compensation or account for profits to the older person's estate.

CHAIR: Queensland obviously has a unique set-up in terms of having the Public Guardian, the Public Advocate, the Public Trustee as well as QCAT all playing a role. Has there been any work undertaken by the department in terms of reviewing the efficacy of this model or is it something that is planned?

Ms Chandler: You are talking about efficacy in relation to elder abuse?

CHAIR: Yes.

Ms Chandler: A number of reports have noted and made recommendations about enhancing guardianship schemes and the powers of the Public Guardian. In particular, the disability royal commission report has made extensive recommendations about enhancing guardianship law. I suppose one of the gaps that those reports have noted is the lack of an adult safeguarding agency in Queensland. Some other states, including New South Wales and South Australia, have a specific agency whose role it is to coordinate responses to not only elder abuse but abuse of all vulnerable adults.

Ms McMILLAN: Having been involved in the family and domestic violence sector for many years, I know that we have a death review board in relation to victims. Does that also capture data on senior persons involved in family and domestic violence? A second part to that question is: at what point does the Coroner become involved around the death of a person and their age?

Ms Chandler: I can certainly give you a brief overview of the Coroner's role. In some cases where an older person has died it might be a reportable death or a death in care. It really would depend on the circumstances. It could be a health related death if in some respect the health care contributed to or preceded the death. In some cases it could be a death in care if the person was receiving care from a publicly funded facility in Queensland Health. Otherwise, the reportable death would be reportable under the applicable regulatory scheme, say, for aged-care services or for the NDIS—there are some older people in the NDIS scheme. In relation to the DFV Death Review Board, I imagine if they are collecting statistics on deaths it would include deaths where they were older people.

Ms McQueenie: I note that the Domestic and Family Violence Death Review and Advisory Board does have a research function. As part of that function, it can identify patterns and trends and risk factors. I think it is conceivably something that could be examined through that board. I have not gone and looked at recent reports, but it may be something that has been looked at.

Ms McMILLAN: I ask that our committee perhaps look at those reports. There might be some good background information for us.

Ms BOURNE: I have the very successful community JP program just outside my office door. Laws are changing all the time. Signing off an enduring power of attorney is a fair bit of responsibility to put on to the shoulders of a JP. Do they get any training to help them with that?

Ms Chandler: Yes, they have extensive training. The department has a JP area that regularly updates the JP handbook. Whenever laws change, we make sure we liaise with that area of the department that updates the JP handbook and provides training to JPs in the community.

CHAIR: I would like to take the opportunity on behalf of the committee to thank you all for your time here this morning. I really appreciate your willingness to travel quite a distance with the range of questions we have. We all recognise the scourge of elder abuse in our community. We are trying to make sure that not only we get the education piece right but also we look at getting the policy pieces right and then look at opportunities for us to enhance the government's and the community's response. Thank you for being willing to join us on that journey. Thank you for your time. We now welcome the member for Redlands, who is substituting in for the member for Scenic Rim. Thank you for your service here this morning.

BRYANT, Ms Peta, Deputy-Director General, Strategy, Policy and Reform Division, Queensland Health

HAMPSON, Mr Dylan, Acting Executive Director, System Policy Branch, Queensland Health

LEWIS, Ms Belinda, Director, System Policy Branch, Queensland Health

YELLAND, Dr Catherine, Senior Medical Officer, Geriatrician, Metro North Hospital and Health Service, Queensland Health

CHAIR: welcome. I invite you to make your opening statement before the committee asks you some questions.

Ms Bryant: Good afternoon, Chair and committee members. Thank you for the opportunity for Queensland Health to brief you on our response to elder abuse. I would like to start by acknowledging the traditional owners of the lands upon which we are meeting and to pay my respects to elders past, present and emerging.

My name is Peta Bryant. I am the Deputy Director-General of the Strategy, Policy and Reform Division within the Department of Health. With me here today are Belinda Lewis and Dylan Hampson, both of whom are directors in my System Policy Branch. Belinda and Dylan work in lock step with our clinicians to develop policy that looks at not just the quality and safety of health services but also integrating those health services with aged care, domestic and family violence, and other government support services. We also have with us today Dr Catherine Yelland. Dr Yelland is from one of the state's largest hospital and health services, Metro North Hospital and Health Service. Dr Yelland is also a geriatrician. She brings a lot of expertise in being at the front line of recognising and responding to elder abuse.

In terms of the work that we have done to date to respond to the committee and the inquiry, the team have done quite a bit of consultation with our clinicians. I think a common theme across the feedback from our clinicians is that they see it as really important that we look at how we continue on the journey of continuous improvement in how we respond to the needs of older Queenslanders in the Queensland health system, particularly in building that capability and capacity to recognise the many forms of elder abuse.

We realise it is important to understand the prevalence of elder abuse because we have an ageing population. In 2023-24 in Queensland, we had almost one million people aged over 65 years. In earlier sessions today I think you would have heard about the report from 2023-24 where UnitingCare and the Queensland government realised that there were approximately 3,000 instances of elder abuse in 2023-24. Even in our own admitted patient dataset we could see that there were around 580 admissions that were due to assault and injury of an older person by a family member. We realise that this is an issue that is not just for Queensland Health but for Queensland Health to continue on our journey of working with other partners as well, to wrap around those older people.

In terms of our structure, I want to note that, obviously, we work in the Department of Health as the stewards of the system. We have 16 independent statutory entities, our hospital and health services. They are responsible for delivering those services, doing it in a way that responds to their local community need and doing it in a way that works in lock step with the partners in their geography, whether that be local government, non-government organisations or other government entities on the ground. You may see variation in how services are delivered across those 16 hospital and health services. That is about supporting locally led decision-making. As a department, we work with those hospital and health services to make sure we are supporting them to deliver to the standard that is set in our national and state legislation and regulation.

I have talked a little bit about our structure and I have talked a little bit about the prevalence of elder abuse as we understand it. There are two other things that I want to touch on. One is about the data and one is about how hospital and health services respond. With the data, it is fair to say that we do not have a system-wide approach to capturing every instance of elder abuse. I talked a little about our admitted patient dataset. We use that and we also use domestic and family violence statistics to understand not just the prevalence of elder abuse but also how it is being manifest. In Queensland Health, where we see it manifest is when someone requires medical treatment—for example, where an older person has experienced assault or injury and requires medical treatment or where they have experienced neglect and, therefore, require medical treatment for malnourishment and dehydration. Where an older person presents as being at risk of elder abuse or requiring

supports, our health workforce—and this is a key part of the training that we deliver—are looking at not just the physical needs of that person but also the broader social supports. That is why it is not just our medical staff and nurses but also social workers who are a key part of the response.

The other thing that I want to touch on is that that response really is patient led. It is working with that person to understand what they need and what they are comfortable with to ensure they have safe and comfortable circumstances to live independently, whether that be at home in the community, at home in residential aged care or with their family.

As you can tell, I have not kept to my notes. I am sure my team here is saying, ‘But she’s gone off on a slight tangent.’ What I want to touch on before I close and invite questions is that, as part of the consultation, we are committed to having that whole-of-government response because we recognise that this is a complicated issue in terms of meeting not just the growing need but also the very diverse needs of our older people across the state, whether they be in metropolitan areas, regional areas or remote areas and the range of cultures that they originate from.

I want to close out by thanking our clinicians in front of the committee. Our clinicians and our broader non-clinical health workforce have lifted quite a lot and engaged with my team in response to this inquiry. I thank them for their input. It has been valuable in preparing us to respond to your questions and make our submission.

CHAIR: We appreciate the substantive briefing paper that was provided by Queensland Health. Recognising that Queensland Health went to the effort of seeking broad information from across the 16 different health services, are you able to provide for the committee any insights into some of those diverse needs that are identified? We recognise the issues that may prevail in the Gold Coast versus the issues that we might identify in Metro North versus the Central Queensland health service. Are you able to provide that level of detail to the committee around some of those unique identifiers that might help us to understand the diverse needs of not only the different health services but also the communities in which they exist?

Ms Bryant: We can definitely speak to that at a high level. Belinda, I might pass to you in a minute to give some colour and light to this. On the needs in terms of older people presenting in health facilities, one of the common things that we are seeing is that it is those relationships with family that continue to be an issue. Commonly, it is family that is the perpetrator. That is a challenge for some of our health staff in terms of undertaking that sensitive inquiry in that you have to, in some cases, separate an older person from someone who might be a perpetrator and then undertake that sensitive inquiry. Where I think there is variation is not just around the need but also around the wraparound supports for that person because, as I think was discussed earlier in the hearing today, there is variation in the services available in the south-east corner versus regional and remote areas. Belinda, I might hand to you and also Dr Yelland to add to that.

Ms Lewis: As Peta mentioned, since December 2024 we have been consulting with our department and also our partner organisations—our 16 hospital and health services—to understand the systems, the processes, the policies, the procedures and the mechanisms they might use to identify and support a person if it is suspected that they are experiencing elder abuse. They do it quite well, but there is variability, as Peta has mentioned. The early indication in our data is that about four of our 16 HHSs do it very well and have lots of systems in place, but there are a number of more regional and remote locations where workforce availability can impact the time with a patient to unpack and understand those social dimensions that might be impacting their safety and have led to the clinical intervention in the hospital or in the outpatient setting.

We do not have statewide policy that sets out what is expected at this point in time. That might be an area where we might augment our domestic and family violence approach in terms of lifting the capability and the capacity for our hospital and health services across all clinical streams to best understand what those issues are. We are in the process of developing those tools and capabilities in response to a range of different domestic and family violence strategic drivers like documents and reports, including the various Women’s Safety and Justice Taskforce recommendations. They extend to our frameworks and practices at the ground level when a person is older and also experiencing domestic and family violence and coercive control in particular. We are in the process of updating all of those tools and going through a process of implementing it later in the year. I think it is fair to say that there is quite a lot of variability, particularly with our rural and remote locations. Dr Yelland, did you want to add anything to that?

Dr Yelland: That comment would apply to a lot of health services, not just to the question of elder abuse in a healthcare setting. Obviously, the bigger places have more resources and they often have a bigger social work department that has some specialisation within it, so some greater level of expertise. It is difficult in a state like Queensland to have a uniform level of expertise.

Ms Lewis: One other thing to add is that we have a Queensland Dementia, Ageing and Frailty Clinical Network. It is a clinical network that brings together a range of different clinical expertise such as geriatricians and other supported clinicians for supportive care in our hospital and health services. This issue has been discussed with the Queensland Dementia, Ageing and Frailty Clinical Network. We have consulted them as part of this work. There is an opportunity there to also leverage that group and improve our practices through that clinical network.

CHAIR: I think it is really important to take a moment to acknowledge the amazing work that the health services do in a period of such demand, with so many pushes and pulls that you are feeling. We really do appreciate the work of the medical workforce and everyone who is playing a role in our health services in nursing homes, hospital services and health centres.

Ms McMILLAN: In Queensland we have an aging population that places added demand on our public health system. You spoke about the barriers in relation to mandatory reporting being around staff shortages, time with patients et cetera. What are the other barriers that would prevent us from considering a mandatory reporting framework for those working in both the aged-care sector and the health sector?

Ms Bryant: Deputy Chair, can I clarify: is it mandatory reporting in our submission that we talked about?

Ms McMILLAN: Yes.

Ms Bryant: In terms of mandatory reporting, part of it is resource intensive, but I think it is also having our clinicians and our broader health workforce comfortable with both identifying elder abuse in the many ways that it is manifest and feeling confident and comfortable that they can appropriately report it. We are on that journey of building that capacity. As Belinda said, we have done a lot of work in recent years to build our training modules around that. I think we have had quite a bit of good feedback. We have a dedicated elder abuse module in that which could be the foundation of identifying elder abuse and reporting it.

We already have a number of mechanisms for reporting. Earlier in the hearing the police I think mentioned our serious incident response system and being able to report a series of eight—I was going to say 'behaviours'—events that might happen to older people. We are already undertaking some of that mandatory reporting under national legislation. Many of those events, such as sexual misconduct with an older person and unreasonable use of force, align with what you would consider to be physical or psychological elder abuse as well. Those incidents are reported from our public aged-care facilities now. In a way, as long as we make the parameters very clear in terms of reporting requirements then I think it is possible.

Ms BOURNE: It was very interesting to hear from the Commissioner of Police that they have an online training module for their new cadets. I notice that you have an elder abuse training module for staff, separate from the domestic and family violence training module. Can you elaborate on that work?

Ms Bryant: Sure. Belinda, I might ask you to talk to this one in a bit more detail. Belinda has led not just the training development but also the rollout with our hospital and health services. What is important to note about Queensland Health's domestic and family violence training—our Recognise, Respond, Refer modules—is that it is compulsory and mandatory for everybody, so it is not just for our clinicians but also for our non-clinical workforce. Doing the elder abuse module really does ask our clinicians and non-clinical staff to think about the particular circumstances of older people and to think about the protective factors, which we know are not dissimilar to some of our other at-risk cohorts. It is really about those older people having relationships and social networks, having the ability to live independently and having mental, social and emotional wellbeing, and also having that trusted network when we talk about social inclusion. Belinda, did you want to add to that in terms of the module?

Ms Lewis: Yes. The Recognise, Respond, Refer module has been around for a while, as Peta mentioned. We are actively in the process of updating it, looking at whether it meets our contemporary requirements. Again, it will be mandatory for all staff to complete. It includes case studies describing the situations of either victim-survivors of domestic and family violence or a person using violence, including elder abuse.

In addition to this training, our public hospital and health services have education and training at the local level on elder abuse and this has been well supported at the local level, from what we understand through our research. Sometimes hospital and health services also engage other service providers locally and use external expertise because it is highly valued, particularly by our social

workers, in terms of what is the most contemporary best practice approach and what are the issues that legal services such as the Caxton Legal Centre are hearing about or being asked to support older people on in terms of elder abuse. We really encourage that because we want our hospital and health services to really understand what is going on now for people in the community, including some of the contemporary issues around the cost of living, for example, and other forms of elder abuse that are exacerbated by, I guess, inheritance impatience, which has been one of the areas of inquiry that you have had.

There is system-wide training. We are amplifying that in new versions and in a new capability framework, and we are also looking at the specific cohort for elder abuse in that context as well as encouraging the HHSs to understand the local risk and the response that they are required to implement in their local area to meet those needs. Not everywhere will be the same; there will be different cultural factors and different communities that need special approaches, including special tools that will cut through in terms of communication reception.

Mr DAMETTO: I would also like to pass on my thanks to the department for briefing us today. I think it is very important to hear from Health on this topic. Your department and your staff, I guess, may not be the first responders but may be the second responders to most of these cases of sexual, physical and also psychological abuse of elders.

My question relates to trying to get to the root cause and understand perpetrators a little bit better. We are trying to create fewer victims so we have to create fewer perpetrators. Has the department got a view or any sort of anecdotal evidence on what is driving some of these situations of neglect or physical, mental or psychological abuse?

Ms Bryant: Dr Yelland, I might pass to you in a minute on this. Within my division, in addition to having system policy, we also have the Strategic Communications Branch. They do a lot of work around researching if not the cause of a perpetrator's behaviour then certainly, as I mentioned before, those kinds of protective factors. Where we see older people at risk and they require a kind of behavioural change from perpetrators—as I mentioned before, if older people do not have that social connection, a perpetrator sees that as an opportunity—we really need to mitigate that risk.

There also is the piece about older people: if they are less mobile, if they are living by themselves or if they are within a family but they do not have the social connections outside of it, their general health and emotional wellbeing needs to be something of a focus. Part of what the Strategic Communications Branch have done in recent years is targeted posts. They do this on the Facebook channel, in fact, because, based on their research, that reaches not just folks 65 years and over but those in their mid-40s and over—my kind of vintage and up. They are sort of targeting us to say, 'Start thinking about these things because then you are less of a target, if you will, for any perpetrator.' Dr Yelland, do you want to add to that?

Dr Yelland: The causes of elder abuse are complex. Of course, that is stating something you obviously know already. It depends a little on whether we are talking about persons related to the victim of elder abuse or whether we are talking about non-related persons. Increasingly, I am concerned about financial scamming of vulnerable older people, and they would be regarded as having capacity but not understanding the complexities. That really needs to be tackled. I had two patients yesterday in outpatients who had both been scammed. The family will find out about that later and are often in a very difficult situation trying to deal with that. That concerns me quite a lot and that is a relatively new thing.

Getting back to what is, I think, the more common situation with elder abuse, which is persons related to the older person, some of that is a continuation of domestic violence into old age. You have the added complexity which underlies all of this elder abuse discussion of capacity not just of the victim, if I can use that term, but also of the perpetrator of the abuse. That is one of the things that makes it incredibly complicated and particularly needs to be considered in mandatory reporting.

Evidence even at the police level can be quite difficult. I recall a patient whose family all said one sibling was abusing the patient. The police turned up in the ward to get a statement from the person and I had to say, 'They're simply not capable of doing that.' That is a complexity, and it may be that either the victim loses capacity or the perpetrator loses capacity—or, quite commonly, both do.

There is another situation where the adult disabled child of the older person becomes abusive in one way or another. That may be financial; that may be physical. Sexual abuse is really complicated because of consent issues. In the setting of long-term relationships, it may have been like that all along but one or the other of the parties is probably not really able to consent.

The next part of it in elder abuse is often simply the incapable carer who just is not capable of caring, and that comes across as neglect but nobody is really responsible. Families can often see that this is going on but find it very difficult to intervene because the victim does not want the circumstances changed and intervening usually means separating them. We need to be careful that we have enough expertise in the area to deal with those complex situations where you have to negotiate an outcome. While we might see the legalities of it, the answer is usually not a legal one.

Mr DAMETTO: Thank you very much for that complex answer to a complex question.

Miss DOOLAN: What sort of follow-up support is provided by health services for a patient who is being abused?

Ms Bryant: Dr Yelland, did you want to respond to this one as well? I know you have talked to us about the role of clinicians and social workers in this space.

Dr Yelland: You are probably aware that the evidence of significant physical abuse or neglect of older people very often ends up in residential care. That is a common outcome of that situation. In that case, the follow-up moves to the residential aged-care sector. Follow-up of financial abuse obviously goes through the legal things that were outlined before and so moves into the realm of QCAT and the Public Guardian.

What do we do about the more subtle cases which are quite often due to the incapable carer or the carer who has partially lost capacity to care? We would refer those people to the community aged-care services. We also have community outreach services and community geriatric services which may monitor that patient longer term. Of course, the primary care sector—the general practitioner—is really important in this area, including the domiciliary nursing and the other community services.

Ms Lewis: There are a few other referral pathways that are possible, but it will depend on whether they actually exist in the local area for a clinician to refer them. Specialist domestic and family violence service providers are not consistently available across the state but, if they are, that might be an avenue. There is also the Office of the Public Guardian and QCAT, as Dr Yelland said. We also work closely with the Older Persons Advocacy Network—OPAN—and other advocacy representatives, such as ADA Law, who have from time to time, especially through the COVID-19 response, been involved in the way that we best support our patients into other services, such as health services—so primary care—aged care or those advocacy support services.

Ms Bryant: If it is helpful, Chair, we could provide some more use cases. In our submission, we did have the metropolitan example. We can provide some use cases to say, 'Here's a regional example around the partnerships approach to supporting people after an event.'

CHAIR: That would be most appreciated by the committee. I would like to take this opportunity to thank you all for your attendance today, your participation and also your willingness to share your wealth of experience and the research that you have done across the 16 health services.

That concludes this briefing. We would like to thank everyone participating today. Thank you to our Hansard reporters as well as our committee secretariat. A transcript of these proceedings will be available on the committee's webpage in due course. I declare this public briefing closed. Thank you.

The committee adjourned at 12.29 pm.