



EDUCATION, ARTS AND COMMUNITIES COMMITTEE

Members present:

Mr JM Krause MP—Acting Chair
Ms W Bourne MP
Mr N Dametto MP
Miss AS Doolan MP
Ms K-A Dooley MP
Ms JM Bush MP

Staff present:

Ms L Pretty—Committee Secretary
Dr A Lilley—Assistant Committee Secretary

PUBLIC HEARING—INQUIRY INTO ELDER ABUSE IN QUEENSLAND

TRANSCRIPT OF PROCEEDINGS

Friday, 28 February 2025

Bribie Island

FRIDAY, 28 FEBRUARY 2025

The committee met at 9.04 am.

ACTING CHAIR: Good morning, everybody. I declare open this public hearing for the committee's inquiry into elder abuse in Queensland. I invite Miss Ariana Doolan, the member for Pumicestone, to welcome you here this morning.

Miss DOOLAN: I respectfully acknowledge the traditional custodians of the land of Bribie Island, paying respects to elders past, present and emerging. Good morning, everyone. I thank each and every one of you for taking the time to come to our public hearing today to participate and observe. As you are aware, elder abuse is a significant issue affecting many of the most vulnerable in our community. Your insights and experience on this issue will help to inform us on what our recommendations will be to make sure we can end the cycle of elder abuse in Queensland so, again, thank you. I understand that difficult conversations will be had today. I think you are all brave for coming to share your stories. This will really help us and inform our decisions when we take action on this issue.

ACTING CHAIR: Thank you, Ariana. Good morning, everyone. My name is Jon Krause. I am the member for Scenic Rim. I have the pleasure and privilege to be the acting chair at the hearing this morning because our chair is from the electorate of Keppel and, with the cyclone approaching, he decided to remain in Central Queensland. With me here are the member for Pumicestone, Miss Ariana Doolan, whom you heard from; Ms Kerri-Anne Dooley, the member for Redcliffe; Ms Wendy Bourne, the member for Ipswich West; and Ms Jonty Bush, the member for Cooper. We have a couple of substitute members for other members who could not attend today.

As you have heard, the purpose of today's hearing is to assist the committee with our inquiry into elder abuse in Queensland. We are here today on Bribie Island to hear your views. At the end of the session, you will all have the opportunity to speak to us. If you would like to say something, please do.

This committee is a committee of the parliament and its hearings are subject to the rules of the parliament. I need to inform you that the proceedings are being recorded by our Hansard reporters and will be published on the parliament's website. If you have any concerns about this, please talk to us or our committee secretary, particularly if you would like to make a private submission.

Media may be present and are subject to the committee's media rules and my direction at all times. You may be filmed or photographed during the proceedings and these images may also appear on the parliament's website or social media pages. Please turn your mobile phones off or to silent mode, and that includes members. I will invite to the table anyone who has indicated they wish to speak to us. You may make a brief opening statement, after which committee members may have questions for you.

TRENTIN, Ms Joanne, General Manager, Elder Abuse Prevention Unit, UnitingCare

Ms Trentin: Thank you for the invitation. It is a pleasure to be here today on Bribie Island. My role is general manager of the UnitingCare family and disability services, and within that portfolio sits our Elder Abuse Prevention Unit. We also run a number of aged-care services across Queensland under the brand of Blue Care. I am going to talk about the work that we do at the Elder Abuse Prevention Unit and some of the key statistics that we are picking up through our research.

The Elder Abuse Prevention Unit was Australia's first elder abuse helpline. It was established in 1997 in response to the growing public concern about elder abuse and the significant impacts it was having on older Queenslanders. Since 1999, the EAPU has been collecting data on elder abuse and is widely recognised as having the most sophisticated approach to data collection in Australia. This has positioned the EAPU as a leader in understanding and addressing elder abuse at both a state and national level.

The EAPU operates a statewide helpline that provides vital support for older Queenslanders, their families and the community, offering information, support and referrals. In addition to direct assistance, the EAPU delivers community education to raise awareness, help individuals recognise elder abuse and guide them on how to access appropriate supports. In addition, in 2024 the service

has undertaken a project to strengthen connections in regional and remote communities, particularly First Nations communities, through the 'keeping seniors safe in the community' program.

There is a summary of our key statistics that I can read out, but I am happy to provide them as well. Every year UnitingCare prepares a year-in-review report, analysing the statistics that we collect from the elder abuse helpline. The report is analysed and provided to the state government and then released by UnitingCare.

Unidentified Speaker: Excuse me; we cannot hear back here.

ACTING CHAIR: Ms Trentin, please pull the microphone quite close to your mouth. We have speakers that are projecting back, but you do need to pull the microphone quite close.

Ms Trentin: Is that better?

Unidentified Speaker: If you stand up and talk it might be a bit clearer.

ACTING CHAIR: The format of the committee's public hearing is as is set up. I am conscious of the hearing issue. We are trying to address that by moving the speakers and also asking the witnesses to speak directly into the microphone.

Ms Trentin: The key statistics from our elder abuse report are that in 2023-24 we received close to 5,000 calls, and nearly 3,000 of those were abuse notifications. Most victims were aged between 80 and 84, predominantly female, and nearly one-third had impaired capacity. The most common perpetrators of abuse were aged between 50 and 64, with a notable percentage being female—52.1 per cent. Daughters and sons were most frequently identified as perpetrators. More than half of the victims lived with the perpetrator, although cohabitation rates have slightly decreased recently. Daughters were the most common notifiers as well, followed by the victims themselves and aged-care professionals.

The most reported types of abuse were psychological, which accounted for 75 per cent, and financial, which accounted for 65 per cent. Social abuse saw a notable increase in the last financial year, rising from 24 per cent to 31 per cent from the previous year. Victims reported psychological, relational and health impacts, with increased social isolation linked to rising cases of social abuse.

Barriers for victims included protecting the perpetrator. Most people do not want the relationship to end or they are trying to protect their son or daughter who is also perpetrating the abuse. They are also reliant on their son or daughter for their care and are scared that that will mean they will have to enter aged care. Also, there is the shame and embarrassment of their child perpetrating abuse. These barriers really affect the victim's ability to get help and to provide information to professionals.

We also looked at the elder abuse related deaths in Australia over the past few years. There were 74 of those deaths. Victims were aged between 55 and 88 years and were predominantly female. The perpetrators were aged between 19 and 88 years and were predominantly male in those cases. Most had mental illness, almost half were misusing substances and one-third had prior criminal histories.

ACTING CHAIR: Ms Trentin, if you have all of those statistics and more to go through, I am happy for you to table the entire bundle for the committee, unless you want to go through all of them?

Ms Trentin: Whatever works best for you.

ACTING CHAIR: I wanted to tell you that we can take that all on board.

Ms Trentin: The barriers, as I mentioned, include the fact that there is a relationship, people are living with their children, they are reliant on their care and there is that shame in saying, 'My child has perpetrated this abuse.' There are people who think, 'I will have to go into aged care. There is no other option for me.' Many of those people have lost their home through an enduring power of attorney that has been misused or they have been forced to sign across their home because the perpetrator feels that the inheritance is due to them at this time. The rising cost of living is contributing, because there is more multigenerational living and there are people who are homeless, so they need to find somewhere to live and they move in with a relative. This increases the risk of elder abuse.

People with impaired capacity often are not taken seriously when they note there is abuse. People will say things like, 'Nanna is just confused. She doesn't know. She just had a fall.' What we also find is that the more socially isolated people are the more likely abuse will occur, because they do not have somebody to reach out to. There are no eyes watching around them, particularly having access to aged-care services that come into the house. The less availability of an aged-care service, the more likely the person will suffer abuse because they are so isolated.

ACTING CHAIR: We might ask each of our speakers to make a statement and then we will ask questions of you as a committee.

MOIR, Dr Emily, Senior Lecturer, Criminology and Justice, University of the Sunshine Coast

Dr Moir: Thank you for the opportunity to be here this morning. As a criminologist, I have been researching elder abuse for almost a decade. In 2017 I was part of a team that looked at the prevalence and characteristics of elder abuse across Queensland. Beyond that, some of my other research has looked at barriers around older people reporting abuse; financial abuse, particularly through enduring powers of attorney; evaluating elder abuse protocols for training frontline staff; and applied crime prevention frameworks to elder abuse. I note the committee's terms of reference and I have drafted an opening statement touching on some of them briefly.

First I would like to comment on 1a(iii). My previous work in Queensland found that key barriers to accessing support include: a lack of awareness of what elder abuse is and where and how to report it; social isolation; embarrassment and shame; fear of retribution, particularly given that the majority of perpetrators of elder abuse are other family members; and limited supports, particularly in rural and remote areas of Queensland.

Some risk factors for abuse we found include unintentional abuse. Elder abuse happens on a continuum. We found there was a lot of unintentional abuse, particularly around financial abuse and neglect, especially around enduring power of attorney documents. There was a lack of monitoring and oversight. Many people who became powers of attorney simply did not know how to manage someone's finances or health care appropriately, ultimately leading to unintentional but still very harmful abuse. Other risk factors include co-dependence between an adult child and an older person and ageism and discriminatory beliefs around older people, particularly when perpetrators play on these beliefs and try and make out that an older person is just confused, they have dementia or they are just making things up.

Looking at 1b, the effectiveness and cohesiveness of responses in Queensland, overall our research suggests that the sector is focused primarily on secondary and tertiary prevention. This is responding and protecting people who are at a high risk of abuse or intervening to prevent abuse from re-occurring. Many organisations are doing this incredibly important work. It is time and resource intensive. They are doing this work exceptionally well. I also want to make it clear that we cannot have a sector that does not have a tertiary prevention framework. We need a sector that responds to people who have been abused, particularly when repeat incidents of abuse are high. We found that approximately a quarter of victims have been victims in the past. Our research suggests that, with an aging population, where there is a lack of primary prevention and more and more cases of elder abuse identified and reported it may lead to an overburdened system that cannot keep up with the demand in cases. Some good examples of primary prevention we found were things like 60 and Better, other community programs and other health-in-aging programs. These are particularly important for preventing social isolation and spreading awareness around abuse. Helplines like the one run by the Elder Abuse Prevention Unit not only work as a secondary and tertiary prevention framework helping support victims of abuse but can also facilitate early intervention, education and prevention.

State-based elder abuse awareness campaigns raise general awareness of what elder abuse in the community is. Home support services, particularly in rural and remote areas, provide a really important opportunity for staff to build rapport and relationships with older people in their home. It is really important to check in on an older adult's wellbeing in terms of the early identification of potential abuse. We have heard from frontline staff that interagency forums and networks are working quite well. They provide peer support and opportunities to share information about policies and strategies between organisations.

This leads me to touch on 1c. Our research suggests there are opportunities to enhance primary prevention throughout Queensland through education, training and awareness across a range of sectors. This would include frontline staff working with older people along with allied health organisations, justices of the peace, real estate agents, lawyers and banks. These people are often in a direct position to identify potential abuse, particularly when there are large transactions being made. Education for enduring power of attorney principals and attorneys was also recommended. We also found that supporting planning for old age—estate planning, powers of attorney, advance care and health directives, and proactive planning with some specialist support—could provide an opportunity for education and reduce the risk of future abuse.

Finally, research into what works in preventing elder abuse is extremely limited. This is not a critique of anyone in particular; this is a global problem across several fields of research, including my own discipline of criminology. This provides the Queensland government with the opportunity to

invest in this area of research and evaluation. I am really glad the government is investing in this inquiry into the safety of older people. Thank you for your time. I am also happy to provide the committee with any research papers that may be relevant.

ACTING CHAIR: Thank you, Dr Moir. We will come back to you with questions after we have heard from Professor Robyn Jorgensen and Mrs Lepisto.

JORGENSEN, Emeritus Professor Robyn, University of Canberra

Prof. Jorgensen: I want to talk about a personal experience. To understand my personal experience, I have been doing a lot of research in this same area. The area I want to talk about is adult child estrangement of the parent. It is a growing phenomenon but it is a silent phenomenon. Part of the silence comes from the stigma of your child rejecting you in a very overt sort of way. There is stigma associated with, 'What did you do that was so bad your child does not want to have any contact with you?' There are lots of forums. There is a lot of emerging research in the area, so I want to talk a little bit about that experience.

There is a lot of abuse that occurs prior to the estrangement or alongside the estrangement. For me, there was a lot of verbal abuse, [REDACTED] yelling at me, screaming at me, gaslighting me, ghosting me, coming back in and out of my life, telling absolute lies about me. Unfortunately, a lot of young people, millennials, do a lot of their work publicly on forums such as Facebook and Twitter, trying to get more followers. Their stories are public stories, to the point where at one stage I thought I might have to talk to my solicitor and go for slander because they were absolute lies. I understand that some of that can be about perceptions, false memories and so on. I recognise that and acknowledge that. What I want to talk about is the impact.

ACTING CHAIR: Professor, I hear what you are saying and I want to acknowledge what you are saying. If you could relate your experiences and your testimony to the committee in terms of trying not to identify particular individuals, that would be appreciated.

Prof. Jorgensen: I can do that. I will speak in the third person then. The experiences of many parents who are going through adult child estrangement are very common. There are now many Facebook forums to support parents because of the stigma that goes with being estranged. Probably the biggest impact of the whole estrangement is the denial of access to your grandchildren. We have all seen the series on the ABC where four-year-olds go into the nursing home. The child needs grandparents in their life. It is an important part of the child's development. When parents deny grandparents access to their children it is another form of abuse. I know that in Queensland it is recognised as a form of elder abuse and there are processes through mediation. If that fails, you can go to court. I know people who have gone down that path. To go to the Family Law Court is not only hugely stressful, at a stage in our lives where we are not the strong people we were when we were 50 or 40, but also a huge expense. You are looking at tens of thousands of dollars. Many people just do not have the financial resources to do that. The levels of violence that often go with estrangement are terrible. I have not heard of any physical violence, per se, but I have heard of the social abuse, the verbal abuse and all of the other sorts of abuse that go with that.

I think the current situation whereby you can make a submission for mediation through Relationships Australia and then take it to the Family Law Court is not the way to go. It seems to me that restorative justice would be a much better process, whereby the grandparents can talk about the impact of the estrangement on them, the parents can talk about why they think they need to be estranged from the parent, and the grandchildren can also have a voice. I do not know if my grandchildren will contact me when they are older. I do not know what their mother will tell them when they get older. We do not know those things. I may never see my grandchildren again. That is a big fear amongst many grandparents who are suffering estrangement.

Then there is the issue of our estates. I think we need to address that issue. When it comes to estate planning when our children cut us off—I have friends who have never met their grandchildren. They might be 15 or 17 years into estrangement; they do not know who their grandchildren are. Those children can challenge your estate even though they have decided they do not want to have any contact with you. This is another level of stress that elderly people do not really need at this point in their life. We need to have peace. We need to know that our estate will be carried out in the way we intended. We need to start looking at the whole idea of parental estrangement and the impact it has on the elderly—I know it is beyond the scope of this inquiry—and the grandchildren. We need to look at ways forward other than going through the legal system. To me, restorative justice would be a much more productive way to go. Problems may be solved. The current system is such that if the adult parent decides not to do mediation then there is no way forward other than to go through the courts, which is not a good option.

I think it is time that we looked at the issue of estrangement. To me, it is very similar to where we were with domestic violence 20 to 30 years ago. It was kept in the home; it was okay to do that. It is only through speaking out and naming what the issue is—as with domestic violence—that we have processes put in place. I think we need to start looking at parental estrangement and addressing the impact it has on grandparents.

ACTING CHAIR: Thank you, Professor Jorgensen. I appreciate your testimony.

LEPISTO, Mrs Natasha, Private capacity

ACTING CHAIR: Thank you for being here today. Would you like to make an opening statement?

Mrs Lepisto: I am grateful to be here with you today to help make a difference when it comes to learning and dealing with elder abuse. I was lucky enough to be a carer for both my mother-in-law and my father-in-law for the last five years of their lives. I felt so much joy doing this that I studied individual aged care and became an individual community aged-care support worker. I have worked in the community now for 4½ years, and I love my work. The hardest part about my position is what I see, hear and observe. We are always there for our clients, first and foremost. I have seen heartbreaking circumstances, and I appreciate that I can build a rapport with my clients. The company I work for helps guide us through legalities and offers support and counselling services for us and our clients. Sometimes the clients who are the most vulnerable do not want to bring attention to their abuse. That is why we are here today: to be a voice for them.

I would now like to share a deeply personal story about my [REDACTED] experience. After my [REDACTED] passed away, he was placed in permanent care. He faced unimaginable challenges during his time in a care facility. The experience that I am about to share with you is a reminder of the importance of compassion and dignity—what I call ‘care giving’ not ‘care taking’. At a time when he should have felt safe and supported, my [REDACTED] was subjected to neglect. He was left in soiled clothing and was incontinent. They marked the appropriate paperwork saying that it had been done, when they knew very well that it had not. He was not the only resident on this day that I speak of. Yes, I did bring it to the manager’s attention and the manager on duty said that it would be ‘dealt with’. The word ‘dealt’ is very specific, as far as I am concerned.

My [REDACTED] was subjected to mistreatment that went beyond just physical to mental. He became a victim of physical restraint one day due to the staff believing he needed a haircut. Three staff members placed him in a bathroom chair—one on each arm while one shaved his head. He had never had his head shaved in 18 years of me knowing him and in 88 years of his life, as his daughter and I always did his hair for him. It was not overgrown and my [REDACTED] told them he did not want this done, but they chose to go ahead and treat him like this. There was a salon in the facility, so my question is: why did they not take him to the salon if it so urgently needed to be done? On this day he was met with not just physical restraint; he was also met with disbelief and denial. When he spoke up about his suffering, he had a bald head that he saw every time he looked in the mirror or felt or touched his head—as his family arrived to see him.

I ask you to imagine being held down in a shower chair by three carers speaking amongst themselves in a foreign language while shaving your head. He was stripped of his dignity and confidence—if he had any left by this stage. This is not just an act of physical violation; this is an assault on his dignity and humanity. What is particularly heartbreaking is that, despite his bravery in speaking the truth, he was dismissed as a liar. My [REDACTED] was a man of God’s word. This kind of emotional abuse can leave scars that are deeper than physical wounds. The betrayal of trust, the anguish of being silenced and the pain of being labelled as untruthful can break a person’s spirit and feed dementia.

As I reflect on his experience, let us remember that every individual in a care facility, in their home, at the local shops, at the doctor or in a public place deserves to be treated with respect, kindness and dignity. They deserve to have their voices heard and to have their experiences validated. We must advocate for better training, oversight and compassion in our care systems to ensure no-one else has to endure what my [REDACTED] did. Let us stand together against all forms of elder abuse—whether it be physical, emotional, financial or mental. Let’s strive to create a world where everyone receiving care and support is treated with the dignity they deserve. Quite often the perpetrator can be family, a friend or a neighbour—anyone you trust. It can also come from professionals, as you have heard today.

Lastly, as we sit here I would like you to think: the next elderly person you see somewhere in a public place, give them your smile, have a chat or a giggle. Let them know they look beautiful in their dress or they look handsome in their suit. Please give them time in that one moment, as they might not be supported or cared for and might be too afraid to speak up because of the fear of what could happen—or of what could not happen. I am often told that I am too kind or too smiley, so positive and loud, but when I hear that it gives me a spark. I know I have done my job. I will continue to walk around and hold my head high. Every client I visit and support and every neighbour, friend or stranger I meet or speak with in the street: I will listen and I will hear you.

ACTING CHAIR: Thank you, Natasha, for making your voice heard here today. We appreciate it. Before we go to questions I want to say that if any of the issues raised here today bring about the need for anyone here to talk to someone, the committee has information about people you can contact for help. Feel free to come and speak to us and the committee secretary about that afterwards. Thank you to all of the witnesses for your opening statements. We will go to questions.

Ms BOURNE: Thank you for your presentations and for relating the clearly personal and traumatic stories you have shared today. Ms Trentin, thank you for the work that you do. The report *Elder abuse statistics in Queensland* for 2023-24 notes that people usually reach out to the helpline when they have reached a breaking point. This suggests that a lot of elder abuse remains unreported or is only reported after it has escalated. What types of early interventions would you like to see—to prevent it or catch it earlier?

Ms Trentin: There are systemic gaps in coordination between services which often leads to a fragmented response. There will be multiple providers within a person's life, but they are not sharing or collaborating for the care of this older person. We would like to see more integration between services and more opportunities for information sharing that still protects the privacy of a person. For example, in both the domestic violence legislation and the child protection legislation there are provisions for information sharing. This enables services to work more closely together and to provide care and support. Things like that would be really welcome, perhaps in the Criminal Code or in other legislation, to enable information sharing.

I mention also support for carers. There is very limited support available for carers who are caring for their elderly parents or relatives. We find that the less support carers have the greater the risk of elder abuse. People become frustrated. They become lonely and isolated as well and will then lash out at their parent or elderly relative. We have worked strongly, in the men's space, in domestic and family violence to develop perpetrator programs. We would really like to see something similar in the elder space to support carers—not monitored in that sort of way but supported through various channels.

Ms BUSH: Good morning. Thanks, everybody, for coming along this morning and for your presentations. I want to understand the characteristics of the offenders particularly. What I am hearing from a lot of you this morning is that it occurs on a spectrum. I was interested to hear that some offenders already have criminal records. Is there a spectrum of some offenders who are quite manipulative through to those who might for benevolent reasons offer to assist and through a lack of knowledge fall into elder abuse? Can you unpack that for us?

Ms Trentin: I think there is a spectrum. I think there is a range of people who have abuse histories and criminal histories. Of course, mental health issues and increased drug and alcohol use all contribute. There is also that other end of the spectrum, where people genuinely care for their parents and elderly relatives and want to provide care but are either overwhelmed or not supported and that results in neglect and abuse, particularly emotional and psychological abuse.

Dr Moir: I think it does exist on a continuum. You will have perpetrators who are manipulative and go out of their way to create opportunities for abuse. In the literature we find that a lot of perpetrators are reported to have significant mental health issues or substance abuse issues. Drug and alcohol use is a big risk factor. Gambling is a big risk factor. They have this culmination of risk factors and they manipulate situations in order to access parents' finances or assets—sell an older person's house and keep those proceeds for themselves. There are definitely perpetrators out there who are deliberate and manipulative.

Something we found in our research is that there is also a large portion of 'perpetrators' who do not even know that they are perpetrators, particularly with respect to financial abuse and particularly with enduring powers of attorney. I recognise that it can be incredibly complicated to manage someone's financial affairs. It can be incredibly complicated to manage someone's life and health affairs. There is some really great research that came out of the University of Queensland that looked at attorneys and how they were managing older people's finances—their parents' finances. For all intents and purposes they wanted to do the right thing, but they were making transactions or doing things that were not actually allowed and they had no idea. It is really problematic when you have people who, for all intents and purposes, want to do the right thing—love their parents, love the person they are looking after—and who, because of this lack of awareness, do not know how to do things properly.

ACTING CHAIR: Dr Moir, would you be able to provide some of the research that you just referred to for the committee?

Dr Moir: Yes, absolutely.

Miss DOOLAN: Thank you for your presentations and your personal testimonies. Ms Trentin, you spoke about some of the challenges that the EAPU faced. Have you had any success stories?

Ms Trentin: We have had many success stories, being able to provide support, referrals and information to people as they have called us. One of our success stories is out in the First Nations areas of regional Queensland, out past Mount Isa. What we have noticed in our research is that many First Nations people do not contact the helpline. We took an initiative and self-funded to send our workers out to the rural and remote regions of Queensland and work closely with First Nations communities. We asked them what they needed from elder support and what we could do better. A lot of the information that came back was that people in rural and remote communities, particularly First Nations people, do not feel comfortable using a helpline or have limited access to technology and that face-to-face support is really desirable and needed in those communities. Picking up the phone is very challenging. Once we put on a First Nations worker who went out and around talking, we heard lots more stories and got a lot more information about the support we could provide to First Nations people. For many of our callers, we have been able to raise awareness with the police or with other service providers to do welfare checks to make sure the people we are talking to are being supported and are safe.

Ms DOOLEY: Good morning, all. Thank you so much for your testimony this morning, and thank you to everybody for joining us. Ms Trentin, my question is around the creation of an adult safeguarding commission. Last week we had a presentation from the Public Advocate, who has recommended that and has done extensive research into that. There is also a commission in New South Wales and South Australia. What are your thoughts on that?

Ms Trentin: The adult safeguarding unit is something that we at Uniting Care do support. We have seen success internally with our own safeguarding units. They remain completely independent of the operation so that there is an oversight and a view of somebody else being able to see that and share that information.

Ms DOOLEY: You mentioned more support for carers. Prior to entering politics, I have been a registered nurse for the last 30 years, so I have had to sadly report to the EAPU on many occasions. I appreciate that there should be more support for carers, but what I see is probably a need for more awareness around what is actually available. I have just made a quick list: Carers Queensland, Arafmi, Dementia Australia, Carer Gateway, Dementia Alliances, The Carers Foundation, respite through My Aged Care, Alzheimer's Queensland. These are all organisations that receive either federal or state government funding. Is it more around education to carers about what they can access? For example, when you are exhausted from caring for somebody with advanced dementia, you can go to a support group. This cohort are in their 80s and are not jumping online for online support groups. Is it maybe not about more support but about education around what support is already there?

Ms Trentin: Absolutely. I agree with you there. There is a range of support services and information available, but it is challenging for older people to find that information. A personal story is that my parents are quite elderly, and trying to navigate the Centrelink system and other systems was really challenging, particularly when you are sitting on the phone for hours at a time. I think community awareness is vital. The EAPU does provide that community awareness, but our resourcing only stretches so far, and we are finding so many more callers coming to the helplines that that resourcing is being stretched even further. Absolutely, there should be more education. There should be opportunities for forums in local areas such as Bribie Island to talk about what is available, rather than expecting older people to get online or on phones to get that information.

Miss DOOLAN: Dr Moir, your research considers citizen crime control. Can you tell us more about this and how it might be promoted in relation to elder abuse in Queensland?

Dr Moir: I can give you an example of that in a rural and remote community. We know that social isolation is a huge risk factor for abuse, so this idea of having regular citizens as crime controllers would be about using networks in that community to help identify and respond and potentially prevent abuse. An older person in a rural community would have their regular GP, may see a pharmacist and may know the banker. It is about bringing in and educating those workers in that community who have contact with an older person, a rapport with that older person. They can identify when something seems a bit off or when something seems a bit suspicious. Community groups are also a great network. You have the 60 & Better Healthy Ageing Program, which can be a great contact point for people.

We heard about community groups. They know that—I will just make up a name—Doris came every Tuesday at 9 am, so if Doris misses a week, for instance, other people in that group could look out for her. They could say, 'Where is Doris today? Should we go and check up on her?' It is about using those existing networks and organisations to bring in regular people as a crime control function, just to look after the wellbeing of other people.

ACTING CHAIR: Thank you, Dr Moir. Professor Jorgensen, you touched on the issue of wills and estate law and the fact that even estranged adult children can challenge under the law. Have you considered what changes should be made in that realm of the legislation, or have you advanced any of those ideas in your own mind or with other people?

Prof. Jorgensen: I have, and I have written to the Attorney-General previously. I do think the law has to change. If a child chooses to estrange themselves from a family then they should rescind their right to the estate. Currently, that is not the case. If the child does not want any contact with the parents or the family and the parents decide not to leave anything to the child, it was the child who instigated being left out of the estate so they should lose their right to appeal. I think that is where the law needs to change. A lot of money can be wasted, and I think a lot of older people worry about the child who challenges the will and that money being taken away from the children who have remained in contact and looking after the parent—and, I will say, the problematic child is actually squandering the estate for the siblings who have done the care of the parent. That is where we need to change the rule.

ACTING CHAIR: Mrs Lepisto, thank you for your submission and evidence. When I was listening to you, it struck me that what happened to your [REDACTED], as you stated, stemmed from a lack of respect for elderly people and also an abuse of power for people who are in a position of care and authority. I am sure you have thought about it a great deal, but do you think there is a real need in the aged-care sector, but more generally as well, for there to be more positive education and awareness raising about the fact that everyone has rights to dignity and respect, regardless of their situation?

Mrs Lepisto: I absolutely do. When this circumstance arose, one of the other staff members, who is an amazing human, brought it to my attention that my [REDACTED] was not lying. Along with carers like me going in and out of homes, I think we need someone else who goes into these facilities to hear from the resident or the client. A lot of the time people in these facilities and homes think we are walking in to intimidate or judge or we are going to dob. A lot of them think we are going to dob. We do not dob. We do report, but we do not dob. Building up a rapport with someone can take weeks, months or years.

This lovely lady did hear my confusion when I arrived with my [REDACTED] dishonest—what do I call it? I do not even know the word that I want to use. Anyway, he was broken. It was so important to have someone come in and support us in what we knew and thought was true and to say, 'You know what? You are right. Please report this.' The aged-care commission was brought into it. They did contact me. Being 'dealt with' was not really the way that the manager said. When he said 'dealt', that is a cop-out. He did not; he blamed the agency staff. When we went to visit [REDACTED] again, [REDACTED] pointed out that the staff members were still there. The staff members were still employed, so who else were they not marking the right paperwork for that day? Who else had their head shaved and their family do not visit them? Those people are sitting in their chair looking out the window wanting to die because of the people that are there to 'care'—they do not care.

Ms BOURNE: Ms Trentin, ageism is alive and well in the community. What does your unit do to try to combat that?

Ms Trentin: That is a true statement on ageism. We are constantly making jokes around older people: we say 'seniors moment' and things like that. What we do is community education. We talk about how important language is when you are talking about older people. Jokes may be the start of a continuum, but it is a lack of respect for older people, so we talk about the need for respect. On listening to older people, even when there is impaired capacity, people are still able to articulate their needs and wants and they should be supported to say so. There should be a focus on the fact that older people are valuable members of society; they are able to contribute at all times and at all stages. We consistently provide information around that, to acknowledge that older people are really valuable in society and should not be on the scrap heap or left behind.

Ms BUSH: I wanted to get the view of Joanne or Emily on Robyn's comment around a restorative justice model of resolving some issues. Recognising that there are barriers sometimes to that model, do you have any thoughts on the comment made by Robyn?

Dr Moir: I think that would be a really important aspect to a framework within Queensland, particularly in the context where we know that a lot of perpetrators are adult children. Older people do not necessarily always want that relationship to end. They want to keep that relationship; they just want the harm or the abuse to stop. I think having a restorative justice approach, where you have people who meet in a supported environment and try to have consensus decision-making on how to move forward, could be a really positive endeavour.

Ms Trentin: I certainly agree that there is an opportunity for restorative justice. There are barriers and issues that would have to be ironed out around that. Part of the work I have done over the years is in the family law space, and what Robyn mentioned about grandparents looking to have access to their grandchildren is a huge and significant part of that work. As Robyn also mentioned, if the parent says that they do not want to proceed to mediation then it is the end of the process unless they go to court. Again, the cost to go to court and the issues are very challenging, so I would agree that looking at restorative justice processes would certainly be of benefit.

ACTING CHAIR: I thank all of our witnesses here this morning for their contribution to the committee's inquiry. Ms Trentin, if you are able to give us the full bundle of statistics you were reading from earlier after today, that would be wonderful. You can just email them through to the committee.

Ms Trentin: I can email them, yes.

ACTING CHAIR: To each of you, again, thank you. I thank the members in the gallery for their support as well. I am going to ask four further witnesses to come forward.

██████████, Private capacity

FEENEY, Ms Diana, Private capacity

MILLEN, Ms Jen, Private capacity

MULLER, Ms Anne, Private capacity

ACTING CHAIR: I invite each of you to make an opening statement. After your three- to five-minute statement, we might have questions for you.

Ms Feeney: I am representing a few people from a Churches of Christ complex, and it is the caravan park. We feel that we are experiencing elder abuse because we are not being listened to or having matters taken care of. Ariana has taken care of a mowing issue, which was causing a lot of issues. The other major issue is that we keep hearing rumours—we keep being told that the park is going to close down. Nobody can say to us unequivocally, 'Yes, you'll stay here until you die.' I know it might seem minor compared to what I have just heard, but people do not know if they will have their home. All we want is an answer to say, 'Yes, we are not going to get rid of you.' Basically, that is our main concern.

ACTING CHAIR: Thank you. We will come back to you if we have questions around that.

██████████: My problem has been with my son. Many people in the community might have met him. He is still, I suppose—I do not even know where he is or whether he is dead. He was a very outgoing, wonderful person, and everybody told me what a wonderful person he was. He has been all over the place but he came home at one stage. He was actually railroaded out of the place he was working in because he had embezzled money. He was working to undermine me. I have had two bouts of metastatic melanoma and the last time he came over from Perth he decided that he was going to be my carer but it was on his terms. He would pick me up or do anything but on his terms.

At one stage he decided, out of all the women he has ever known, he had to go to Russia to find another one. He went to Russia, came back and said, 'Yes, she's coming over to live here. We'll live in this house.' I said, 'No, you won't.' I wanted to sell the house but I was medically unfit to do anything so he said, 'If you help me, I will turn the double garage into a unit for you.' Right! No planning—nothing.

He turned it into a unit for me and we lived together as a family. That lasted for four years. At a time not very far in, he was coming in telling me what I had to do and how I had to do it. He would come in and bang on the wall. He was physically violent. He was taking money from me left, right and centre. I had already sent him \$20,000 to help him out of jail. The man was a thief but I could not get him convicted of anything, because I knew that if I told anybody I would be the one who would get it because he would know where it came from.

I have so far lost my house. It was mine. It had very little mortgage on it. I went to the solicitor and the solicitor said that the only way to do it was to turn the house over to him. My son said, 'Yes, we'll be living as a family.' Even though I knew he was not trustworthy, I was in a health state and knew I needed somebody to be there for me. I needed somebody to know if I was waking up in the morning. He had the garage turned into a unit for me—no planning, no details with the council or anything. I lived in there. They came and lived there—it lasted about two months, three months. The Russian woman did not talk to me. She could speak English pretty well but it was my job to look after the little girl. I had to be looking after her.

It got worse and worse to a point where—he thought he knew everything, which perhaps he did; I do not know—I would go and ask him for help, perhaps with my devices, and at one stage he stood up, hands above his head and pulling a dreadful face, and said, 'What do you want now?' If I moved, he would say, 'See! You're frightened of me, aren't you?' I was frightened of him. He was coming into the room. He was getting money from me. He would leave stuff around. I had notices in the house: 'This is my house.'

Eventually he put a camera in the corner of the hallway so he could find out. I had nowhere to go. I had nobody I could talk to. Everybody thought he was so wonderful and my stupid pride made me sort of hide—and I literally did hide. Who do I go to? I tried so many people. I went to Caxton Legal Centre. They helped me. They talked to me and gave me some help. They then put me onto another law firm in town but, because I had no money, I had to go pro bono and pro bono has no teeth.

I was at the point where I was considering where I could go to get out of it. The wharf looked good. I was in hospital at one stage. I was in pain in my bedroom, which was just across the hall. I was screaming in agony and they took no notice. In the end, I rang my daughter and she rang the ambulance. He would not do anything for me.

He had a camera in there. The woman from the solicitors came to me and he suddenly appeared, because that camera in the corner was recording everything I was doing and anybody who came into the house. It broke me. It totally broke me. I was lucky enough to get government housing, because I had been putting it around that I wanted to get government housing. I have always owned my own house. I was a teacher for 37 years. I am very independent. Now, thanks to the government, I am living at their expense and that worries me because I do not feel I should be. There is nowhere else.

I did not know where to go to get help. I asked the police and they said, 'You could take out a DVO.' A DVO would mean that he knew and he would be there. I had a lifelong tenancy in the house and I said to him, 'You can't throw me out of here.' He was trying to get everything out. 'You can't throw me out of here.' 'Where's the paper?' He got it and he said, 'I'll have it,' and I said, 'No, you won't. You can copy it and I'll have it.' Then he turned to me and said, 'You know, you're not my mother. But if you were my mother you'd be helping me.'

He has alienated me from my daughter because my daughter thinks that I was not hard enough on him, that I should have done more. She came down last week and told me the whole thing was my fault anyway. I am sorry.

ACTING CHAIR: [REDACTED], it is okay. Thank you for sharing. I can see it has taken a lot out of you. Just take a moment. I suspect that members will have questions for you, if that is okay.

[REDACTED] Yes. That is okay.

ACTING CHAIR: If it is okay, we might ask Ms Muller to make a statement. You take a couple of minutes and then I am sure we will have questions for you as well.

[REDACTED] That is fine. It is like a scab that never heals.

ACTING CHAIR: I understand. Ms Muller?

Ms Muller: My name is Jen Muller and I work with part of the Senior Relationship Mediation Service with Relationships Australia. Our service provides support for people like [REDACTED]. Basically, anyone over the age of 65, or 50 for Aboriginal and Torres Strait Islanders, is eligible.

I will go through some of our statistics. Over the last year we have had 120 clients requesting information and referral—so just needing to know who to go to, really. They are looking for resources, looking for appropriate services and looking for advice in some situations. We had 111 of those follow through and have some counselling, so we do everything. There are only three members and we will service all of Queensland.

One of the major areas that we work in is family conflict. As you have heard already today, a lot of that is to do with the economy. It might be to do with intergenerational living. I will give you an example. We are seeing a lot of clients who have made a substantial contribution to their children to buy a property and who might then be living in a granny flat. Times get tough, the adult children decide to sell and that elder person does not see the deposit they had given returned. They are suddenly wondering where they will live. Housing is short. We have a lot of issues like that.

As [REDACTED] has mentioned, there are a lot of vulnerable people whose adult children might be abusing them, whether intentionally or unintentionally. We have heard about enduring powers of attorney and also neglect with medication. We have heard about challenges for carers. We also see elders who are carers for their adult children who might have a disability, a mental health issue or addictions.

I really do not have anything different to add with regard to the barriers they have to accessing our services. It is things like shame. It is that they are reluctant to tell a story that involves their adult child. They are worried about the rupture of the relationship. There can be DV that they try to minimise because they do not want to see any consequence for their adult children. A lot of it is to do with intergenerational living. We obviously also deal with a lot of loss and grief. It is a very broad spectrum. It can include everything from the loss of physical and cognitive abilities to the loss of seeing their grandchildren and their children.

In some cases it will be suitable to go to mediation. We have two counsellors who can help with conflict coaching to prepare for that and we have a very experienced mediator. Not every case is going to be suitable for mediation, for various reasons. As you would have heard from Robyn, if the cases are not suitable for mediation then they go down a legal pathway, which has its own challenges.

ACTING CHAIR: In the interests of hearing everyone here today, are there any final points you would like to make before we move to Ms Millen and then to questions?

Ms Muller: A lot of our clients are elderly women. Challenges of housing and social isolation are probably the biggest challenges that we see.

ACTING CHAIR: Ms Millen, we will hear from you, please.

Ms Millen: I would like to draw attention to something that causes a lot of distress in elderly people but just does not seem to be recognised very much; that is, the increasing difficulty of living in society with the rapid changes—the changes to electronic communications and so on. Here on Bribie Island we have a relatively privileged community and I know seven people who either cannot or do not use a computer. None of them has dementia. They are all normal people, but they do not use a computer. They are considerably handicapped by it.

I have an elderly relative near Rockhampton who does not use a computer and who has trouble with electronic devices—smartphones and things like that; they are a bit too smart for him. He has to drive 30 kilometres into town and 30 kilometres back every time he wants to do anything. Centrelink refuses to talk to him because he does not have an email address or a myGov account.

This is a federal matter, really. The federal government seems to have abandoned governing in favour of posturing. They are not taking care of these people. They are not looking at the threats that these people face and the threats that they feel—threats like getting rid of money and other things like that. Recently most banks—I think all banks—got rid of cheques. If this elderly guy near Rockhampton wants to pay the garage for servicing his car, either he has to have hundreds of dollars in his pocket or he has to drive to town, because he cannot do it any other way. A lot of people use the term ‘elder abuse’ when they talk to me about this. If I talk to people about it they will say, ‘I feel abused. I feel the government is abusing me. I feel the banks are abusing me.’

I know of somebody whose law firm has abused them in that when they made arrangements to change their power of attorney, which they desperately needed to do, and then did not do it—because of health matters and having to drive into town, do the business and drive back again and being not well enough to do that all in one go—they received a letter from his lawyer which said, ‘We note the suggestion that you may have impaired cognitive ability.’ Whose suggestion was it? Is the law firm working for him or somebody else? Why do they note it? They should not take any notice of anyone else. He is in a particularly difficult situation and rings me about it. What can I do? I listen to him.

I think there is governmental abuse of elderly people. They feel under threat. They are under threat. They feel that they cannot manage in society at present because they cannot manage this electronic gunk. On Bribie we have lovely people in the library who help a lot with that. Thank goodness for the library staff, but it is an increasing problem. When elderly people think about AI and all the hype about AI, they are terrified. They are on the back foot now. They will fall over backwards soon. That is about it.

ACTING CHAIR: Thank you, Ms Millen. I think you have touched on a real issue that many people will relate to. Certainly it is one that I have come across in this job. People have come to me about those things. We will have some questions from our committee. I will start with the member for Ipswich West.

Ms BOURNE: Ms Muller, I wonder if you have any thoughts on how we could better educate the community about what is happening, as [REDACTED] explained, around elder abuse. There is so much shame attached to it. How do we better educate the community to be aware of these things?

Ms Muller: I think it is a case of having more avenues to talk about it—more forums—and advertising as well. I did have a client who saw an ad on television and that was the first time she had stopped to consider what abuse was. We need more literature and community education. We need to talk to people in community centres and libraries, as somebody else mentioned. It is about having people in the community like GPs, pharmacists, aged-care facilities and retirement villages who see elderly people all the time.

Ms BUSH: [REDACTED], thank you for coming and sharing your story today. You referred to pride as ‘silly pride’. There is a reason we have pride. There is nothing wrong with that feeling. Exactly why we are here is to unpack that and to better connect people to support. I thought it was a compelling story. Thank you.

██████: I am sorry for being so upset.

Ms BUSH: No, you were perfect. Do not apologise at all. I am sorry for what you have gone through. Jen, reflecting on ██████ story, it seems to me that there is an area before it hits a criminal threshold. It sounds to me like ██████ really needed a service to go into that home and read the riot act to this fellow and try to put some protections in place. Maybe it is not so much to read the riot act, but someone needs to go in before it reaches this stage. I heard ██████ say that she did not want to involve the police. It needed a service response first, I think. Who is funded to do that work at the moment and how well is that working?

Ms Muller: Relationships Australia does have elder abuse prevention services. The closest for ██████ would be on the Sunshine Coast.

Ms BUSH: Do you actually go into the home?

Ms Muller: They can do.

██████ How do you contact them?

Ms BUSH: I think that is the gap, ██████.

██████ You cannot find them. You get all sorts of people saying, 'Ring these people.' There is nobody you can ring who will say, 'I can help you.' Sometimes you need that physical help—that one-to-one help—and not someone on the end of the phone. Every time I made a phone call I was listened to.

Ms BUSH: You need someone to go to. That is Anne's point about the digital divide.

██████: It is, yes.

Ms DOOLEY: Thank you to each of you. I appreciate the courage it takes to share your personal stories so I want to acknowledge that up-front. Ms Muller, as a service provider, a lot of questions are going to you. My question is around mediation. If ██████ did know about your service and she came to you and said, 'I want to arrange mediation with my son,' and her son declined, would that be the end of it? Is there an opportunity to continue to work with her son, or are there two or three offers? Can you explain that, please?

Ms Muller: There will be two offers, and after that it will possibly be referred on to a legal service such as Caxton that ██████ mentioned. Mediation has to be voluntary. He will be invited twice and then Caxton will let him know that if mediation is declined then legal proceedings may proceed.

Miss DOOLAN: Hello, everyone. Thank you especially, ██████, for sharing your story. That was really brave of you. My question is for Diana. You mentioned that the maintenance of Churches of Christ land that the caravan park sits on has not been up to standard and they have now made improvements to that. Are there any other forms of abuse that are happening at that caravan park?

Ms Feeney: Probably the main thing is not knowing where we stand as far as our longevity is concerned. I am going to be okay: I am just going to put a solar panel on and I am not moving. There is a general lack of respect for us. There is dismissiveness when we contact them. It is not like they will say, 'Let's see what we can do.' It is more that we are annoying when we present issues to them.

Miss DOOLAN: I can let you know that we have asked the department to send us some information regarding the future of the caravan park. In the coming week I will be meeting with you all to discuss what those future plans are.

Ms Feeney: Fantastic. Thank you.

ACTING CHAIR: Thank you to the current panel for being here today. It takes courage to do that in front of everyone and get everything published in *Hansard*. We appreciate your assistance to the committee.

ALLEN, Ms Marie-Elise, Private capacity

BARNHILL, Mr Bruce, Private capacity

HAIN, Mr Adam, Councillor, City of Moreton

[REDACTED] Private capacity

ACTING CHAIR: I would like to acknowledge Mr Terry Young, federal member for Longman, who snuck in to the back of the room. Welcome to our hearing, Terry. We will proceed because I think there might be some more people to speak after this. I know that some of the issues we are talking about and the experiences you want to relay are quite difficult to talk about, but if it is possible to relay them without identifying particular individuals and speak about things in a more general sense that helps the committee. I understand that sometimes you need to get things out. If you can keep your contribution to around three minutes, that would be lovely. Then we might have some questions afterwards.

Ms Allen: Compared to what everybody else has been saying here, this may not seem quite as bad. It is also about abuse from a care-giving perspective. It is all very well having [REDACTED] Churches of Christ and whatever, but they also do not have transparency and integrity when it comes to things. I wonder how many people in this room ever read the statements that they get from these places and realise what they are being charged.

I know it is not their personal money, but that money is from taxpayers that goes to the government and is allocated. To be charged \$318 for a \$12 lunch that I paid for is absolutely appalling. I have tried to deal with it. The aged-care complaints closed it. It has been reopened and BlueCare has been given until 12 o'clock today to come real with this. This is not just about me. How many aged people do not realise what they are being charged? They get told they cannot have other services for their physical health because they do not have any money left. That is it.

ACTING CHAIR: Thanks, Marie. You are not the only one who has come across that. In my own family unit we have had similar discussions. It is more of a federal issue, but it relates to the funding of My Aged Care and I think you raise a good point. People have questions about the administration of those programs. The NDIS has been questioned over time as well. Thank you for raising that. I can see it took some courage to do it, so thank you. We will go to Mr Barnhill.

Mr Barnhill: I just wanted to tell you of an incident that I was unlucky enough to have happen about 18 months ago. I overheard an argument next door between a mother and son that I thought was getting about an inch from blowing up. I could not think of anything else to do but ring the police. The police eventually attended and the son was told to go away from the house for six months. We are talking about people who are in my age group—80-plus—and the son would be in his 50s. He has come back to the home. Things seem to be reasonably quiet. I had heard discussions. I got the impression that it is something to do with the house. I think the father may have passed away. I cannot be sure of that but he was ill. Is there anything I can do to follow up, to get somebody in there to talk to her and give her some support?

ACTING CHAIR: Thank you, Mr Barnhill. We will take that question on notice and try to talk to you after we have finished our public hearing today. Essentially, that is what our inquiry is about: making better avenues to assist people in the community who might be enduring some elder abuse. Thank you. Mr Hain?

Mr Hain: Firstly, well done for putting this inquiry together. It is obviously near and dear to a lot of our hearts, particularly the elderly lady who sat here before. That is why I am here.

These people should be imprisoned. I do not know how they get away with it. They are the lowest of the low. That is what I wanted to talk to you about: the most vulnerable members of our community are in a lot of trouble at the moment.

As a councillor, I deal with a lot of homelessness situations, of course. We would like to see a lot of effort put into that over-55 and over-60 age bracket. Many of our residents who were renting happily at \$350 or \$400 a week have been pushed out when their rents have gone up. That is when they end up having to find a spare bed at the son's house or whatever and that is where these issues come from.

A local gentleman that I have known for some years—I have made a good friendship with him—reached out to me because his son was taking all his money, spending his money, standing over him and being a bit physical with him. He rang me one night in tears, and I had to go get him and put him

up at our house for a couple of nights. My family had a rent-a-granddad for a couple of nights. He is a lovely bloke. He had me to go around there and basically stare down his son and say, 'Mate, this guy's got a friend. Don't do this again.' That helped the situation until we could find him somewhere else to go.

It seems to me that it is very similar to DV: they get themselves in a position and they have nowhere to run. One situation is where it is the elderly person's house and the son moves in and starts taking over. The flip side to that is where it is not their house, they have zero rights and they have nowhere to go, so they just have to put up with it and lose their pension to Peanut every week. Again, this becomes a housing issue. How do we provide these things? I just wanted to make sure that you guys were going to throw your hat in the ring with the housing minister. I know that in Caboolture there is a whole heap of housing commission blocks with crappy old houses on them where nothing seems to be happening. I know you cannot keep putting up multistoreys. You do not have the money. You do not have the builders. It is too slow. I want to know: when are you going to start doing deals with the private sector to get these blocks of land moving and give our most vulnerable somewhere to go?

ACTING CHAIR: Thank you, Councillor Hain. I did not realise you were a councillor.

Mr Hain: That is okay. I will forgive you, Jon. I did not realise you were an MP until today!

ACTING CHAIR: That is as I like it! [REDACTED]?

[REDACTED]: Hi, thanks. I am really nervous. I should have gone first before listening to everyone else. I want people to know that partners are getting abused as well. My mum is being abused by her husband and there is nothing we can do. He is her power of attorney. He has control of everything. He has isolated her completely from her family, her grandkids. I feel like I have tried every avenue and all that is left now is to go to court, which is not an option financially, obviously.

My mum has high needs. She has dementia and has suffered some strokes. She cannot talk. She cannot walk. She is just pretty much left in a chair all day. I have neighbours tell me what is happening at the house, but they are not prepared to make a report. When she used to go to respite services locally on Bribie and in Brighton, social workers told me that, sadly, there is nothing I can do. Every time I would pick her up or drop her off at the respite centre I was told that he force-fed her, he did this and he did that, but they were not prepared to stand up and have their say.

I want to know: is there mandatory reporting—I assume there is through the duty of care—and are agencies not talking to each other? She has in-the-home care, but every time someone complains he changes to a different company. I do not know where he is up to now because I have not seen my mum for two years. I live around the corner from her. It is horrible. There is nothing that can be done, in my mind. Do they talk to each other? Do BlueCare talk to other in-home care organisations, Home Assist or whatever it is? Are they all talking to each other?

ACTING CHAIR: [REDACTED], we do not know all the answers to that off the top of our heads, but it is definitely a subject of this inquiry: should the process for reporting of abuse be mandatory in different contexts? Thank you for telling us your experience and how you think it should go. I am going to ask if committee members have questions.

Ms BOURNE: Thanks so much for sharing those stories, and well done, [REDACTED].

[REDACTED]: Thank you.

Ms BOURNE: Marie-Elise, do you think there is a way that we can improve what you were talking about in terms of the bills that are coming in, to make people more aware that this is happening?

Ms Allen: It is not about carers; it is about the non-profit association. It is the area managers and people like that who come into your home—some are couples even—and they lie to you. At the end of the financial year, a non-profit cannot donate all this excess money to Lifeline. That is impossible, and they are all under the same thing anyway—UnitingCare.

I do not know how you get around it. There is this [REDACTED] thing that they are doing—that is what they call it—and I know there are people who attend those lunches or sip-and-paints and they need their carers with them. There are a lot who do not. To be charged that sort of money—and it means you cannot have physio, hydro or something else—is just ruthless. It is disgusting and I do not know how you fix it.

Ms BUSH: Thank you, everybody, for all your presentations. We have all taken lots of notes down. They were all very worthwhile. I have questions of [REDACTED], but I do not know if we will have time to even unpack all of the issues. I think the mandatory reporting issue is interesting. I think we have mandatory reporting in aged care, but I do not know if there is a mandatory reporting scheme for older people, particularly those who are vulnerable.

[REDACTED]: Does that not come under the umbrella of duty of care?

Ms BUSH: It may for service providers in aged care; that is right. There are organisations that will do investigations into elder abuse now. I am just curious: when people have said to you that there is nothing you can do, what has been the police response? The Public Guardian's office can also do independent inquiries. They have powers to go into homes with warrants. Have you explored those options? Where do they fall down?

[REDACTED]: I have, yes. The feedback that I got back from those is that they called the doctor and 'he said everything is fine so everything must be fine'. Her carers are not documenting or reporting the abuse. Are they not trained enough? Do they not have enough support to feel like they need to do this?

Ms BUSH: Even though you were reporting a potential crime, they did not go to the home?

[REDACTED]: Yeah.

Ms BUSH: Did no-one go to the home?

[REDACTED]: No. Someone from Home Assist was actually good. Their social worker was liaising with us to try to get a positive outcome where I could see her. When they went to the home to visit, he had taken my mum to a friend's place so she was not even there. That happened twice. Then he got a different company—he just moves services.

Ms BUSH: Which should be a sign itself.

[REDACTED]: Yeah, that is it.

Ms BUSH: You mentioned that the costs of court are prohibitive. What court are you looking at and what are the costs involved?

[REDACTED]: I was told that I would have to go to the family law court.

Ms BUSH: For what type of order?

[REDACTED]: To try to get visitation to my mum. She is in the home with him. It is her husband, not my dad. He actually threw me out of the house so I do not see her. I cannot go in. There are locks on the gates. There are cameras. No-one can go in without him being present.

Ms BUSH: Thank you. I am not going to unpack it now, but I recommend you talk to some of the services here today because that is a little bit different from my understanding of where you could potentially get a QCAT order.

[REDACTED]: I have gone down the QCAT avenue as well. Again, I was told there is nothing I can do because I cannot give them her medical files.

Ms BUSH: You cannot make an application to be a decision-maker?

[REDACTED]: Not that I am aware of, because he is her power of attorney medically and financially. That is what I was told by both QCAT and the Public Guardian.

Ms BUSH: I will grab you later if I have a chance after this.

Miss DOOLAN: Hi, Marie. [REDACTED]

Ms Allen: I wrote a letter to the *Bribie Islander* magazine and outlined everything that had happened and who I had spoken to. [REDACTED]. Blow me down, two days after that magazine was delivered I was told I was going to get a \$240 refund, because somebody had read it. To this day, we are still fighting for that; they have not shown it in the statements. I have changed services but we are still doing it.

Ms DOOLEY: Thank you for your courage in sharing this morning. Adam, thank you for representing your constituents as councillor and raising the issue. We are very aware of it. One of our commitments is to unlock the private sector and church organisations to invest in that space. We are doing that. Thank you for helping your constituent in a time of need.

██████████, as a registered nurse I can say that in residential aged care reporting is mandatory, but I think your story highlights to the committee the need for mandatory reporting in community settings as well. Thank you very much for highlighting that; it is something I would like to see. There is an issue around consent with information sharing between agencies. That can only happen if your mum's partner has given consent. Because the consent form has to be signed by the enduring power of attorney, the agency often cannot share if that consent has not been given. Again, that is very important. Thank you for highlighting that. I wanted to place that on record. ██████████, did you know about the UnitingCare Elder Abuse Prevention Unit?

██████████: No, I did not.

Ms DOOLEY: That again highlights that there is work to be done in awareness. Thank you.

ACTING CHAIR: There being no further questions, I thank the witnesses for being here today. I appreciate it. It has been a jam-packed agenda and we still have some witnesses to come.

KEARNEY, Ms Patricia, Private capacity

[REDACTED], Private capacity

STEBBING, Ms Helen, Private capacity

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

Ms Stebbing: From listening this morning, I realise there are many facets of elder abuse from severe to minor. My situation is very minor, if not below minor. I live in a complex of over 300 residents. For the month of January, out of the blue I started to receive emails from a resident I hardly knew except for the fact this resident was on the committee of the social club within that complex. There was nothing wrong with the first couple of emails but then they became very abusive, humiliating and threatening. There were 18 in total. She turned it around that I was bullying her. It did affect my health. I sought advice from Churches of Christ, who manage the complex. As much as they were sorry it was happening to me, they would not interfere in a neighbourly dispute. I sought words with the chaplain, who suggested conflict resolution. The other person refused; they did not want to do it. I just could not let go of the fact that if this person was not told that what she was doing was wrong then she may keep on doing it to somebody else.

I decided, because my health was suffering—I have diabetes and high blood pressure—that I would send her an email and ask her to apologise, and if she apologised I would lay it to rest. Before that, this seminar came up so I put my name down because I found the website hard to navigate. I thought maybe I could get some kind of answers to the way I was feeling. Anyway, shock: I did get an email back. It was two words: 'I apologise.' I thought, 'I don't have to come to this seminar now. That's all I wanted. I'll lay it all to rest.' Then I got a second email that said, 'My first apology was insincere. Stop bullying me.' So then I decided that I would come to the seminar with my very good friend and neighbour, Ivan Pickering, who was also mentioned in one of the emails, because apparently we have the power to topple this person from the social club committee. That is my story. I am so sorry if it does not fall into the category of elder abuse. I strongly feel that people like this need to be taken to task and told their behaviour is not acceptable.

[REDACTED] I am in a situation of elder abuse—I think—in that my son lives at home, pays the rent sporadically but very reluctantly, does not do anything around the house and refuses to get a job. I went to see a psychologist—I was referred to a psychologist from my doctor—and my psychologist said that there is a generational problem where lots of kids in that age group have fallen between the cracks for whatever reason. I really do not know what to do.

I also had a situation where my mother was bashed in a nursing home. She ended up in a coma in hospital and starved to death. Instead of the hospital saying, 'If we put her on a drip she will linger for a month or a week,' they said to me, 'Do you want to put her on a drip?' I said, 'Does she need to be a drip?' They said yes, but they did not explain to me that if they did not put her on a drip there was no chance of recovery. She had a fractured skull from being bashed. They did not tell me that what they were intending to do was keep her alive for whatever reason. I said, 'If she needs a drip, put her on a drip,' so she lingered for another month. Unbelievably, she regained consciousness.

Over the years she had been telling me that she was being bashed in this nursing home. Every time she ended up in hospital from a fall I would say to the doctors, 'Is this consistent with a beating or a fall?' and they would always say 'a fall', but the last one was definitely a bashing. It was so shocking to me that the nurses knew she was in a coma, knew what had happened to her but did not say to me, 'Look, she's going to die. There's no chance of recovery from this. Do you agree that we should put her out of her misery?'—or whatever words they were going to use, or whatever action they were going to take. Instead, they lured me into putting her on a drip and keeping her alive as a vegetable in a coma. It was really shocking to me that they did not explain what had happened. They did not tell me what the options were; they just pulled me into this emotional response of her needing to be on a drip. Looking at this person who had been bashed into a coma I thought, 'I'm not going to add to her suffering by not putting her on a drip.' It was really confusing at the time. After she woke up from the coma she could not eat or drink, because everything went into her lungs. They did not explain that properly to me, either.

It was really shocking to me. It was not just the people in the nursing home who were not educated in how to deal with people with dementia. It was not just their issues with their parents or whatever reason they were bashing my mother. I think it was a generational thing where they had issues with their own parents, maybe. It is not a very highly paid job, so they are not exactly screened for their integrity or their own issues.

After I got her things out of the nursing home they charged me for another month, because they were not notified that she was dying. I had to pay for an extra month in the nursing home when she had already died because I did not give them notice. I have a lot of issues going on, but the word 'generational' really struck a chord with me. I am wondering how much of it is our own issues with things that happen in our childhood and how they roll onto the employment cycle where this person gets a job. Maybe they are skilled; maybe they are not. They get to do aged care. They do not necessarily want to be there—they would rather be home watching the midday movie or whatever—but they are in the situation where they are getting paid to do aged care but they have issues themselves. Should they be screened before they get a job in aged care? Should they be counselled and asked, 'Do you have issues with your parents?' I think a lot of it goes back to their own experiences as children and whether they have unresolved issues and that is why they bash people in aged care—because people are vulnerable. They cannot bash their own parents but they will happily bash—or they get flustered. I am sorry to take so long.

ACTING CHAIR: No, that is okay. We will now hear from Ms Kearney before we go to questions.

Ms Kearney: I want to touch on a couple of different things. I had to put my mum in respite care because I was physically exhausted. My back was going, my neck was going and so on, so I put her in respite care. She had a health directive in place. She was of sound mind and could make her own decisions—say, whether she wanted to be treated for things that she could potentially pass away from. I had all that covered. She decided to stop taking all her medication before she went to respite care. She has a heart condition. I support her. I am not living her life and I do not fully understand, so I have been very supportive of my mother.

She was in respite care for about nine or 10 weeks and they came and gave her her medication. I said, 'What's that, Mum?' She said, 'Oh, I don't know. They just told me to take it.' Me being the person that I am, I worked out what that medication was. That medication was prolonging her life. I said to Mum, 'That medication is prolonging your life.' She said, 'Well, I ain't taking that anymore.' I said, 'You go, Mum!' They came around to give it to her when I was there and Mum said, 'I'm not taking it.' The person turned around and said, 'Why aren't you taking it?' and Mum said, 'Because it's prolonging my life.' I said, 'It's prolonging her life. Why are you getting her to take it when she has everything in place?' The person said, 'Who's making the decisions around here?' That was like a bullying tactic, what she was pulling. I thought they were prolonging her life because she was lining their pockets, paying them to be there.

Mum had a fall in there and they rang me. I got there about 7.15 in the morning and they told me they had a doctor coming to see her at four o'clock in the afternoon. I went and looked at my mum. I then went down and said, 'You need to ring an ambulance and you need to ring it right now.' She said, 'We have a doctor coming at four o'clock.' Yes, I did use a naughty word—I said, 'Ring up, and ring it now.' She never came out of hospital. I knew what was going on. Anyway, then it became this big thing. I wanted to touch on what is going on there.

There is also something else I want to touch on. I was in a bank last year. I will not name the bank. I was listening to a conversation that was happening with a person at the teller. He was transferring money. I heard the lady behind the counter say, 'That's really a lot of money to be transferring.' He said, 'Yeah, I know. My son wants me to transfer this money. I haven't met this person, but he wants me to transfer this money to someone out west.' She said, 'Are you sure?' I am standing there thinking, 'Don't!' I saw scam all over it. Then she said to him again, 'Are you really sure you want me to process this? It's not a scam, is it?' He said, 'No. I trust my son.' Those were his words. She processed it. Personally, in that situation I would have gone to my manager and said, 'Look, I can see through this.' As another customer, I could see it. Maybe something can be introduced into banks to help reduce this. But if he refused to do it and went home, I wonder what sort of abuse would then follow for him at home. This is part of the problem, I feel.

At the end of the day, maybe people can learn a bit more about health directives and what they actually do, because that was golden, as far as my mum was concerned. Because I was so supportive of my mum, I went, 'No. Here, look, she has a health directive.' I threw that in people's faces. That is a bit of a good story, with the support that she had. She lived with me for a number of years. When I finally got her to do that, I spent \$40,000 renovating under my house so that she still had independence. She had her own disability bathroom and so on. The only thing she said to me was, 'I should have moved here years ago,' but that is okay.

Early intervention, I believe, is everything. I do not know if you can do seminars or things like that to educate people. At my age, moving forward, I believe early intervention is everything—to educate people that it is okay not to give your kids money, that it is okay to say no.

Regarding enduring powers of attorney, I believe something—I do not know what—should be brought in. I could ask you to be my enduring power of attorney and you could have control over everything. I would not do it, but I am just saying. Do you know where I am coming from? People automatically nominate their kids. I do not know the answer, but something needs to be done. That has covered it. I just wanted to cover that. I still live with that bank issue today because I could not do anything personally to stop it; I had to just watch this happen. You can tell I still live with it. This was last year. I support the elderly where I can.

ACTING CHAIR: You just touched on early intervention. It is only early days in our inquiry, but this has come up a number of times: better education, early intervention, and getting more information to people who might become victims of elder abuse potentially in the future.

Ms Kearney: I just want to know where it stands, too. I do not want to say too much, but I know of a situation involving a couple—she has dementia and he has Parkinson's disease—who have carers coming in but the son lives there. He is on meth and this and that. He actually chases the carers out of the house. Why is that not being sorted? They should be doing mandatory reporting. I do not know. There is something wrong with the systems.

ACTING CHAIR: This is why we have this inquiry underway. We report at the end of the year.

Ms Kearney: That is okay.

ACTING CHAIR: Thank you. They are all vital questions that you are raising, though.

Ms BOURNE: I want to thank you all very much for your contributions. We are taking on board everything you are saying. There are no questions from me.

Ms BUSH: I am probably in the same boat. It was really useful evidence. Helen, your story illuminated to me the unique challenges that people have as we age and move into retirement or aged care; we just want to live harmoniously. That has given me a lot to think about as well, so thank you.

Ms Stebbing: I consider myself as a friendly, happy-go-lucky, giving person. That is why I do not know why I was singled out.

Ms BUSH: Sometimes it is for that reason, yes.

Miss DOOLAN: Thank you all for sharing. [REDACTED], have you considered doing mediation with your son, or is there a bit of stigma around shame and pride and those sort of feelings?

[REDACTED] We were referred to a psychiatrist for him on mental health. The psychiatrist said he has ADD or ADHD. He is not bad enough to get NDIS funding. I do not have the skills to deal with my kid. He is very smart—this is the annoying part—but he is starting to manipulate me and I feel like, long-term, it is not going to work for him to stay in my house. I do not want him there, but I do not have the skills to encourage him to move, to get a job, to find alternative accommodation. He has basically worked out that he can tiptoe around the eggshells that I have laid out. It is sort of borderline—not violence, but it is getting a bit—what is the word? I am conflicted about being his mother and loving him and also tolerating his bad behaviour. He knows he is behaving badly, but he is not prepared to change. He needs skills that I do not have. I do not know where to go, really. I have spoken to Arafmi and they have said they are going to send me some contact information and things, but I do not know if there is any help for him. I do not know what to do.

Miss DOOLAN: Do you have family support around you, though, helping to intervene in any way?

[REDACTED] My brother and sister went 'no contact' about 20 years ago, when we came up to Queensland from Sydney, so I did not have any support when Mum was dying. Then when she died I texted my brother and said, 'Mum passed on.' His message was, 'When do I get my money?' My sister contacted me six months later and said, 'Sorry for your loss. When do I get my money?' Because they had gone 'no contact' 10 years earlier, I said, 'You're not in the will. I don't know what to do for you. You're not in the will. I can't just give you money because that would penalise me from Centrelink.' There were all sorts of questions going on, but—

Ms DOOLEY: [REDACTED], you explained about your mother's situation when she was in hospital. Did your mum have an advance health directive?

[REDACTED] Yes. She had a 'do not revive'. They should explained to me that the medication was reviving her. They said they had given her a very strong painkiller, because she was still conscious when she went into hospital and they could see she had been bashed as she had injuries all over her head, including defensive injuries. The nurse said, 'We've given her a very strong painkiller which has put her in a coma. Do you want her on a drip?' I was like, 'I don't know. Does she need a drip?'

Ms DOOLEY: Your point, plus the evidence that Patricia Kearney has provided, raises for us issues around those events, health directives and family—

██████████ Not being enacted.

Ms DOOLEY: Not being enacted.

██████████ Not explained to the family. They did not say, 'If we do not put her on a drip, she will pass away very quickly.' There was no chance of recovery, so they did not respect the 'do not revive'—not that you want her to suffer, but she lingered on for another month.

Ms DOOLEY: Yes. Thank you for raising that. That is really important for us as a committee as we make recommendations around enduring powers of attorney and advance health directives, and we are starting to hear this repeatedly. Thank you to each of you.

██████████ They have their directions; they have to be humanitarians. They cannot make someone suffer by not being on a drip, but, on the other hand, if they explained to me that that was going to prolong her life I would have been able to say, 'These are her instructions.' I did not get that chance, really.

ACTING CHAIR: Thank you, ██████████, Patricia and Helen, for your evidence here this morning and for your courage in coming to give it. Ladies and gentlemen and members of the committee, this does wrap up our public hearing for today. I want to make you aware of the ability to make a formal submission to this inquiry. The secretariat has some sheets of paper here that it can be written on. You can post it to our committee, email it to our committee or use the online portal. There are many different options. The formal closure date for submissions is 10 April, but quite often the committee is able to accept late submissions because we want to get as many voices as possible to this inquiry.

I have been on a number of inquiries, and I reckon these last two hours have been some of the richest in terms of content, ideas and issues being raised that I have ever seen. Thank you all for being here—everyone who spoke as well as everyone who was here to support our witnesses. The committee has another hearing this afternoon in Noosaville, so we do need to wrap things up. Again, I want to thank you. Thank you to our Hansard reporters. In due course, a transcript of these proceedings will be on the committee's webpage so can you have a look back at everything that was said. Thank you once again. Have a great day. I declare this public hearing closed.

The committee adjourned at 11.13 am.