



# ***EDUCATION, ARTS AND COMMUNITIES COMMITTEE***

**Members present:**

Mr NG Hutton MP—Chair

Ms W Bourne MP

Mr NJ Dalton MP

Mr JM Krause MP

Ms CP McMillan MP

**Staff present:**

Ms L Pretty—Committee Secretary

## **PUBLIC HEARING—INQUIRY INTO ELDER ABUSE IN QUEENSLAND**

### **TRANSCRIPT OF PROCEEDINGS**

**Monday, 16 June 2025**

**Ipswich**

## MONDAY, 16 JUNE 2025

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**The committee met at 1.06 pm.**

**CHAIR:** Good afternoon. I declare open this public hearing of the Education, Arts and Communities Committee inquiry into elder abuse in Queensland. I would like to respectfully acknowledge the traditional custodians of the lands here in Ipswich and pay our respects to elders past, present and emerging.

My name is Nigel Hutton; I am the member for Keppel and chair of the committee for today's proceedings. With me here today are: Corrine McMillan, the deputy chair and member for Mansfield; Wendy Bourne, the member for Ipswich West; and Nigel Dalton, the member for Mackay, who is substituting today for Ariana Doolan, the member for Pumicestone. We have an apology from Nick Dametto, the member for Hinchinbrook. Joining us shortly will be Jon Krause, the member for Scenic Rim. We also have here today Lance McCallum, the member for Bundamba. I also acknowledge that Mayor Theresa Harding will be coming at some point during the hearing today.

The purpose of this hearing is to assist the committee with its inquiry into elder abuse across Queensland. As some of you will know, yesterday was World Elder Abuse Awareness Day—a day to promote awareness and a better understanding of the abuse and neglect elder persons may be suffering within our communities. We are here today in Ipswich to hear your views. We would ask that you please take the opportunity to share them with us.

This committee is a committee of the Queensland parliament, which means that its hearings are subject to the parliament's rules. These proceedings are being recorded by our Hansard reporters and will be published on the parliament's website. If you have any concerns or wish to be heard in closed session, please speak to Lynda, our wonderful committee secretary, and we will see what we can organise.

The media may be present and are subject to the committee's media rules and the chair's direction at all times. You may be filmed or photographed during proceedings today and images may also appear on the parliament's website or social media pages. Please turn off your phone or make sure it is switched to silent mode.

I will invite anyone who wishes to speak to come forward and we will sit you at one of the microphones here. That helps our wonderful Hansard reporters ensure they are getting a true and accurate recording.

I would like to start by inviting the member for Ipswich West, Ms Wendy Bourne, to speak on behalf of her community.

**Ms BOURNE:** I too would like to begin by acknowledging the traditional owners and the custodians of the land on which we meet today and pay my respects to their elders past and present. I especially acknowledge the Kambu Health Members Elder Group here today; thank you so much for coming. I would also like to acknowledge Lance McCallum, the member for Bundamba. We also have here Leonie Short, the previous member for Ryan. I would like to sincerely thank the chair of the committee, Mr Nigel Hutton, and all members of the committee for agreeing to bring the hearing to Ipswich today. I am very grateful; thank you so much.

The Education, Arts and Communities Committee has been tasked with conducting an inquiry and reporting on elder abuse in Queensland. We have travelled far and wide to hear from those living with elder abuse, stakeholders and the services that assist. I want to take a moment to sincerely acknowledge and thank those who have had the courage to share their stories. Speaking up is not easy, but it is such a powerful and important step in terms of helping others understand that this is happening and that we need to work together to prevent it. By sharing your experiences, you are giving a voice to others who may not yet feel able to speak and helping to shine a light where too often there is silence. Thank you for coming along here today to the inquiry. Thank you for your strength, your honesty and your willingness to help bring about change.

**CHAIR:** Wonderful, thank you very much. Our first speaker today will be Lisa Hillary, who will give an opening address. How it works is that we invite people to make an opening statement, after which committee members may have some questions. Perhaps they would like to delve deeper or learn something further from what the speaker has said. We will move through the various speakers we have today.

**HILLARY, Sergeant Lisa, Logan DFV & VPU, Engagement and Support Team, Queensland Police Service**

**Sgt Hillary:** Thank you. I would like to start by acknowledging the brave victim-survivors of elder abuse. Unfortunately, from where I sit within the DV sector, which does include elder abuse, we see a lot of people who do not have a voice, so thank you to everyone, whether you are in this room or in the wider community. It is really important that we give you that voice.

I am a proud member of the Vulnerable Persons Unit here in Ipswich. At the moment I am acting officer in charge of that unit. The main issues I would like addressed are systems support—or lack thereof—and the gaps in our systemic failings. We acknowledge that with the voice of victims in this space, in particular our elderly clients, there is an added vulnerability that needs to be addressed. It is already recognised through legislation, and we should not water down voices when they come forward. When they come forward we need to listen. They need to feel heard.

It is domestic and family violence as defined by the act. We have evidence now which shows that perpetrators are overwhelmingly the family members of these elders. This creates a significant barrier, especially when you are working within a systems approach to this issue. Time and time again we see that it is not the system that is holding up these people to support them; it is the community. It would be amazing if we could address that today and collectively bring to the table how we can have those voices heard and fill those gaps in systemic failings, especially in the last decade where we are starting to talk about this more openly in community.

**CHAIR:** Lisa, one of the wonderful opportunities for the committee is not only hearing people's voices but also testing some of the things we have heard elsewhere. We have been told that one of the great challenges is that when someone is a victim of elder abuse their greatest fear is that they do not want to see a member of their family going to jail or they do not want to see a member of their family having to go to the police. They want the abuse to stop, but they do not want to see their family member punished in a judicial way. Are you able to share with us the role that your unit plays in helping resolve such issues so that people can have their voice heard and we make sure that people are not suffering in silence?

**Sgt Hillary:** Unfortunately, that is a huge barrier. As you can see, I am not wearing a uniform today, but perceptions are really strong as to what we do as police in community. It does not mean that we are taking choices away from people. There is a shift, and a pleasant shift, that we have had within our own organisation, but the issues I highlighted earlier are more broad than just within the Queensland Police Service. We are a cog in that system. The judicial system, of course, is our strong suit. How we can break it down is simply through, as I said, the community having awareness and knowledge that speaking to a police officer does not automatically mean that a perpetrator of family violence is going to be put before the judicial system. There are other options out there, but the awareness is lacking.

There are added complexities to these elder abuse cases. As I said, it is highlighted already through our legislation, but, practically, there are limited resources for these victims to draw upon. We are not the right organisation to fulfil all of their immediate needs. I think that is key here. We can be a part of the solution, but we are not going to wholly and solely manage this on our own. If someone did, of course, need protection and someone unfortunately needed to be removed from the home, whether that be temporarily or short term, we could certainly act on that. The legislation is there to protect people, in particular vulnerable people such as our elderly. Utilising that legislation, on a preferred consent basis, is always our preference. That is your five-star quality as far as our engagements with our clients go: we are working with the consent of the client. Of course, we know that not everyone in the elder abuse space has the cognitive ability to actually make those decisions.

It does make for a very complex investigation. Finding the right point of contact perhaps within their community—whether it be family, friends, neighbours or a stakeholder—is generally key to moving things along so those people can receive help and start their own healing journey. We are certainly not the only solution here.

**CHAIR:** Before we take the question from the deputy chair, I would like to acknowledge that the mayor, Mrs Harding, has arrived—thank you so much for joining us today, Mayor—as has Jon Krause, the member for Scenic Rim.

**Ms McMILLAN:** I will pass to the member for Ipswich West, given we are in her community. You can come back to me later.

**Ms BOURNE:** Thank you so much, Lisa, for staying today. Thank you for those words; they were very interesting. I wanted to ask if you think it is clear in the community where people can go to get help for elder abuse. What would you say to this committee about what we need to do to spread that information more into the community?

**Sgt Hillary:** I think at the moment, unfortunately, it is very surface-level awareness. It is not in those areas of the community that cannot have a voice. It was great to have everyone participating in this morning's event, but you can see clearly from those community members turning up that they are actually not the ones we want to target. It is similar to when you have youth who are truant from school. We have education programs in the schools, but they are the ones who are attending school so they are not our target groups. We need to get the ones who are actually invisible in the community. How do you go about that? As I said, it is very complex and needs to be widespread. It needs to have ownership from the community itself so we can identify those pockets where people are not getting the message. Obviously, if police become aware of it we have obligations under the legislation to report on these matters. We just do not have the necessary tools to be impactful the whole way through their healing journey. There needs to be increased community awareness—definitely.

**Mr DALTON:** Lisa, thank you very much for everything you do within the Vulnerable Persons Unit. It is an extremely important area of policing. For those who do not know me, I was a police officer a year ago—I was elected to parliament in October—so I have been through the training the police have been doing over the last four years to bring us into the understanding of how domestic and family violence works. Lisa, could you update me on the training that has happened since then, which I think relates directly to elder abuse, to give some confidence that the police are learning more about this area?

**Sgt Hillary:** We have adopted a growth mindset when it comes to this space, that is for sure. Our training packages have evolved over the last four years, especially in the domestic and family violence sector, and it is well-informed training. The majority of the training is delivered by specialist DV officers such as myself, but we have done that in collaboration with other experts within the DV sector—Caxton Legal, of course, and all of those stakeholders that are frequently involved with elder abuse cases.

The one, of course, that is more recent for us is coercive control. The term 'coerce' has been in the legislation for many years now, but now we have the standalone offence of coercive control. Officers right through to the rank of inspector are mandated to receive the training package for coercive control legislation—what that looks like. Of course, it is not tested in court, but I think it will have significant application in the space of elder abuse. We have to do some lengthy investigations before we can put matters before the court with regard to that. I was pleasantly surprised by that training package, which specifically brought about a deidentified case study of elder abuse. Officers are currently receiving training on how to identify perhaps a family matter which would be fair, reasonable and just between relationships, what defines elder abuse, and what behaviours and red flags to look out for. That training is in effect right now.

**Ms McMILLAN:** Picking up on the comment you made around elders' ability to provide consent and make decisions, we know that with young people we have student protection policy and mandatory reporting. Do you think there need to be further processes in place for those who are most vulnerable and not able to make decisions—some sort of alerting process or framework?

**Sgt Hillary:** I think that is a valid point. We have all known about the information-sharing provisions under the Domestic and Family Violence Act. More specifically for intimate partner relationships, that is generally applied quite robustly now across agencies that have that obligation to share information where they have identified that there is high risk in particular. However, with respect to elder abuse, I think that process, that part of the system, is somewhat lacking. I think a lot of it comes from the mindset of unintended consequences of reporting these behaviours and the impact it might be having on someone they know, because the majority of these perpetrators are also carers for those persons in their home. I think that creates a huge barrier. If we know more, we can do more. Information sharing through that system is already in existence, but it definitely needs to be more robust.

**Mr KRAUSE:** Thanks, Lisa, for the work you do and for your evidence so far. It has been very good. There is a fine line sometimes between allowing a family member to help elderly persons manage their affairs, or in fact manage their affairs completely, and the abuse of that trust. When it comes to sanctions for that abuse of trust, do you have a view about whether there are any or whether they need to be strengthened, just to give more gravity to the seriousness with which community takes elder abuse, particularly in the financial space?

**Sgt Hillary:** I think if we strengthen the information sharing across those industries, in particular the financial side—the evidence suggests that a lot of the abuse is financially targeted. The motivation to commit those types of offences is a financial benefit or gain to that person. If we could strengthen the information sharing across industries and partners a little bit more about the red flags that we do see, we can identify a pattern of behaviour from a perpetrator. That is what police are looking for now. That is what we are trained to do: look at that pattern of behaviour across a particular timeframe. The tricky bit here is that these little flags that come up every now and then might not, in isolation, amount to much that would need reporting. Collectively, though, over a timeline, they would. I think you have to look at it in its totality and with an absolutely holistic view.

**CHAIR:** Thank you so much for your time today.

**McALLAN, Mrs Kay, Private capacity**

**CHAIR:** I now welcome Mrs McAllan. Just prior to Mrs McAllan speaking to the committee, I will remind everyone that the purpose of this hearing today is to hear raw, sometimes challenging, but very honest information. Sometimes that information is only informative in the sharing of wisdom; other times some of the things we hear may be upsetting or confronting to us. Know that we are conscious of that. This is a safe place to have those conversations. Our wonderful committee secretary, Lynda, has a list of organisations. If you find today that there is something that is quite triggering for you, we do have support services that are aware and conscious of the fact that these hearings are taking place. If you go, 'There was something today that has made me a little unsettled,' there is someone to talk to. It is always brave to seek help in those circumstances. I think it is really important to make sure we have that on the record early.

**Mrs McAllan:** Thank you, everybody, especially for providing this area that we could speak at today. I am just a private person who has been affected by this greatly due to the fact of elder abuse of my late mother. I can only speak about my experience, her experience before she passed and our family's experience and the cumulative trauma that has happened throughout the generations of our family due to this event that has transpired by a sibling—my sister. This case that I am speaking about now is actually with the police and it is being investigated. It has been with them for over two years. That is a whole separate situation that I have found is a terrible struggle, trying to move forward with the situation.

**CHAIR:** Before you continue, Mrs McAllan, I remind you that for anything that is currently before police or before the courts we need to be very conscious around naming of people.

**Mrs McAllan:** I totally understand.

**CHAIR:** As long as you are aware, and that means the committee is aware as well.

**Mrs McAllan:** I totally understand. In my late mother's situation, the family did have an idea that there was coercive control and there was financial abuse happening, but it is very hard when the person is so controlled by the situation. Because the person doing it is such a close relative of theirs, they cannot always see through it. Moving forward, after it was found out that did cause the victim—my mother—great heartache and did, I think, bring forward her death.

Afterwards, finding out the whole situation, that was where the problem arose for myself and my family, to try to get help and try to get support. Everything you have said, Lisa, is correct. It is like you hit a wall, especially in the fact that she had passed and then you become a nothing, and you cannot get that help—whether it was through Caxton Street, which was many phone calls, on hold for hours, or being referred to the elder abuse hotline. I was speaking to a lovely lady there who really could not do a lot. It is the progression of what can happen from there.

I went through AFCA, trying to figure out how to handle this with the banking system in Australia. It is absolutely horrific what you have to go through with AFCA. Navigating that portal was an eye-opener and I have learned lots about that. Through AFCA, having to give all the information—the person is deceased and moving on with the estate and everything to do with all of that—the banks in this country have absolutely no respect for these situations. It is a struggle that took 18 months. We did win at the end because it went before the ombudsman, but the bank will knock you back all the way through.

If an elderly person had to deal with the banking system and AFCA, I do not know how they would ever navigate that. They just could not do it. You are told from the start, even by your caseworker in AFCA, 'You've got no hope. It's not going to happen.' If you get all the information together, the bank's duty of care is not there. There is no other way to put it. They will get across whatever they can and they know that you do not have the funds to fight them. It goes around in a big circle. That is one situation.

The other situation is when you do report it. It took five times to get someone in Queensland police to help me to report this and take the evidence. That was an absolute eye-opener. Nobody really knew what to do with it. Nobody knew how to help me do that. I filled out the forms online, but I was told, 'We don't use those anymore. You'll have to do this, this and this.' That was a problem, but I finally got it reported.

Then we have the saga of where we are now. I had to write to the Minister for Police last year to keep it moving. It has been a long process. As I said before, if you were an elderly person or a person who was cognitively impaired and if you did not have relatives or someone else to help you navigate these spaces, you could not do this. You would fall into a hole. I have come in contact with so many in the last two years who are in that situation. They do not know what to do. They cannot

get the help, and nobody wants to listen to them to find out what is happening to them. People have said to me, 'We didn't know that that even existed, that we could get that help through AFCA.' They have gone through the courts as a civil matter and the funding for that was enormous. There is no point. There is not enough information and not enough help.

That is what I would like to put forward. In Queensland, for example, if you say to the police, 'This is domestic violence,' they say, 'I don't know. I don't think so.' Here is the law. Read it. This needs to come forward and they need better training.

**CHAIR:** Thank you, Mrs McAllan. On behalf of the committee, I would like to thank you for sharing your experience. This is a bipartisan committee of the parliament. We have members from the Labor Party, members from the LNP as well as Nick Dametto from the Katter's Australian Party, who, unfortunately, is unable to be with us today. As a whole, the Queensland parliament recognises that more needs to be done in this space. Your sharing of your experiences and our getting a record of it is how we identify the barriers and the challenges that are stopping people from being able to resolve issues. Sometimes we do not know that there is a failing until someone has experienced it. It is really important to hear from members of our community such as yourself. Thank you for being willing to stand up and give a voice to that. We really appreciate that.

**Mrs McAllan:** After going through AFCA and having to fight against those people who are in charge—obviously they have money and you are never going to win against a bank in court—it became apparent that the red flags had been there for three years and they had not done anything about it. That is a huge problem, because there is no law saying they must report to police, report to a solicitor or ask a family member. If they had done that under their duty of care, I would not be sitting here and having this conversation with you. They have a lot to answer for.

**CHAIR:** Thank you so much for taking the time to share.

**BURNS, Ms Janelle, Private capacity**

**SHIPP, Ms Robyn, Private capacity**

**CHAIR:** Thank you so much for taking the time to be here. I know that Wendy was excited when you accepted the invitation to come along. Thank you for joining us today. I invite you to make an opening statement, after which the committee members may have a question or two. We are trying to be concise as we recognise there are plenty of people who would like to have a say today.

**Ms Shipp:** I live in a block that has 15 units. It is supposed to be for over-55s. We have gone to the police. We have gone to Queensland housing and nothing has been done about the people upstairs who are abusing the elders in that set of units. Their father is in hospital. I think he is dying. He is in palliative care. She goes and gets him out once every few weeks and takes him back that afternoon just so she can hold on to the unit.

We have been abused. We have been targeted and threatened. We all feel unsafe there, not just me. There are about seven other people who live up the top there and she is a very inconsiderate young lady. They are not even over 55. They should not even be there. Where can we go for help if Housing or the police cannot help?

**Ms BOURNE:** Aunty Robyn, perhaps I can speak to you at the end of the hearing and make some inquiries for you as to what is happening in that instance. She certainly should not be living there if she is not over 55. I will speak to you after we finish. Thanks, Aunty Robyn.

**Ms Shipp:** Okay. Thanks.

**Ms Burns:** Thanks for having us today. I just want to speak about my experience with my dad. He passed away quite a few years ago now. It is the same thing—family. The police were no better. This person was allowed to do what she did and get away with it. I finally figured out why, but I will not bring that up here.

She had him on the floor and kicked him in the head. When I got there, there were three police cars and a paddy wagon—they were all standing outside—and I said, 'Why aren't youse in there arresting this woman?' 'It is only alleged.' I got in there and one side of his head was swollen. They had gotten him into the bedroom. The police did nothing. I know why they did not do anything, and I told them straight out that I knew why.

The other thing was the small loan sharks—MoneyMe et cetera. She would take him to each and every one of these places in Ipswich and make him take out loans. He would ring us and say, 'Why haven't I got paid?' It was because all of that money went back to paying these loans. There needs to be a crackdown on that. My father could not walk and she was pulling him around the house on a sheet. She put it up on Facebook, and the older sisters and I got concerned and had him admitted to hospital. We decided then that we would look into his affairs, because we did not know who to call, and we found that all his money was going to all these little loan sharks.

My older sisters and I decided to go visit them and say, 'He's not paying you guys anymore. If you want that money, you get it from whoever brought him in here because you guys shouldn't have approved it in the first place knowing he was on the pension.' They threatened to take us to court and we said, 'Take us to court. It's not us. You should not have allowed it to happen.'

**CHAIR:** We have learned from our hearings across the state that there are people who have a legal right to care for the finances of someone else—the enduring power of attorney laws provide for someone to fulfil that role when they lose capacity—and there are those with informal arrangements. They might say, 'Here is \$50. Can you go down and get the milk and the bread and bring it back to me?' and then they are told, 'You wouldn't believe how much the prices have gone up. I had to get fuel as well on my way there.' There are those little informal moments.

**Ms Burns:** She used to do that and then turn up again a week later.

**CHAIR:** It can be very challenging. Thank you very much, Aunty, for sharing with us this afternoon.



**SHORT, Ms Leonie, Owner, Seniors Dental Care Australia**

**CHAIR:** Welcome.

**Ms Short:** I would like to talk about a matter which can involve trauma just mentioning it. I am going to be talking about oral health care and dental treatment. I realise that just mentioning dental and oral health may bring trauma. In my day job I see poor oral health care in our senior Queenslanders. I am a dental therapist who works in aged care.

I would like to acknowledge the assistance we do get—federal, state and council. I know that the Ipswich City Council assists with the Ipswich Disability Interagency Network and, I think, with the Ipswich and West Moreton Senior Services Network. The federal government helps through the primary health network with the West Moreton Older Persons Care Collaborative as well as giving out some small grants.

Unfortunately, women are more affected than men. In my mother's day, women used to have all of their teeth extracted before they were 21 or before they got married. This was quite common in Australia, New Zealand, Canada and the UK. Some of those women still have the same set of dentures they got when they were 16. The dentures are over 50 years old. They are virtually useless—the crowns are completely worn down, they cannot chew and they are too big. It does affect women more.

Men had their teeth looked after a bit more if they went to World War I or World War II. 'No teeth, no fight' was one of the slogans, actually. They had to have good dentition to be able to go to war, and that is one of the reasons dental services were actually started. That is just a bit of history. It was about getting men with good teeth to fight.

I work in aged care. I am not interested in high-end dental treatment. My interest is in twice-daily oral health care. I am a very simple and basic person. What you can do with a toothbrush and a denture brush can change a person's wellbeing and quality of life. What I see, unfortunately, are teeth, gums, tongues, mouths and dentures that are not correctly maintained by carers in the aged-care and home-care sectors. This is a lifelong passion of mine.

I know that is not a direct concern for the state government—and I know this is in the health department, not in education, arts and communities—but the Queensland government's last report stated that only 12 per cent of the population eligible for dental treatment were seen. I do not know what percentage of over-65s they saw. I would actually like to know. It would be a hell of a lot less than 12 per cent.

We know that there is private dentistry, which so many people cannot afford. We know that the government sector means you are waiting for a long time. Indigenous health services do have some dental clinics—thank you, thank you, thank you so much. That leads us into this state of what I call dental neglect. I do not see years of neglect; I see decades of neglect and current neglect. In my job, I educate health workers and carers in how to do proper home care.

I just wanted to highlight that for the committee. If it has raised dental trauma, I am happy to talk to people after the forum. I know that it is difficult. It is something that is very important. Just last week I was in a care home and when I saw the dentures I was almost sick. I gagged because the denture was green with fungus. It had not been cleaned for weeks, if not months. Unfortunately, this is what I see. Thank you for asking me to speak. I am open to questions.

**CHAIR:** Thank you very much, Ms Short. I acknowledge that you have also provided a submission to the inquiry, which is wonderful, so thank you so much for that.

**Ms BOURNE:** Thank you for coming today. I wonder what you think this committee can do to try to change that? Do you have any suggestions?

**Ms Short:** I do. I know it is similar to the lovely police officer who spoke, but raising awareness is important. We have to get over the negativity about dental. We have to try to do that somehow. I think we need to ask Queensland Health what they are doing for seniors in Queensland. Their new strategic report includes seniors for the first time. It never included seniors as one of the priority groups. I would like to ask what they are doing. Also, whether it be at federal, state or council level, there needs to be more awareness, like what we are doing with the West Moreton Older Person's Care Collaborative. You have survivors of breast cancer and people with dementia or motor neurone disease, but there is no consumer group for oral health. We do not have one. I am sort of the mouthpiece, I suppose—and I can talk a lot—of those people. It is trying to work with consumer groups in showing people about oral health care. That might be something all of the different levels can work with. I think raising the profile and education would go a long way.

**Ms McMILLAN:** Thank you very much, Leonie, for coming in. Your insight is really tremendous, particularly around dental care or otherwise. I myself have noted it is quite a significant issue. Do you think Queensland would benefit from a statewide elder abuse strategy or framework? Part of that could include dental care, vaccinations, enduring power of attorney preparedness et cetera.

**Ms Short:** Yes. It would be great. That is why I put the submission in, because we forget that dental neglect is also elder abuse. These are women who have sacrificed years for their husbands and children. They have had all of their teeth out, their faces are caved in, they cannot eat properly and their nutritious is affected. It has roll-on effects. If anyone needs some health care it is always dental treatment and it is one thing they cannot get. I can hear other people behind me saying yes. Thank you. It is forgotten. I know that we put it in the too-hard basket, but it is an example of neglect. We actually call it the epidemic of neglect. It is in the dental literature.

**Mr DALTON:** Thank you. That was really interesting. My wife is a dentist.

**Ms Short:** Great. I did not know that.

**Mr DALTON:** We also look after my 100-year-old mother-in-law. You can imagine that she is fastidious in dental cleaning. I have noticed that some of the carers who come in are not as detailed. How do you think we can encourage dental therapists like yourself, or dentists, to get to nursing homes in particular when there are no facilities in there for them to do their treatment, apart from cleaning?

**Ms Short:** That is a great question, thank you. Sadly, dental is not included in the Aged Care Act at all. We do not exist. We are nothing. That is a problem. We are not in the act at all. There is only dental treatment for children funded under the federal scheme. That is the Child Dental Benefits Schedule. There is nothing for adults. I say that Medicare covers the whole body but not the mouth, and so does the Aged Care Act. It is the training of the personal care assistants, the AINs, the enrolled nurses and the registered nurses. That is where I do my work. When all of the states and territories get together and have meetings with the federal minister, they just need to keep putting pressure on the federal government. A lot of consumer groups—Consumers Health Forum of Australia, ACOSS, COTA, OPAN; you name it, nearly every group—have said that we need a seniors dental benefits scheme. You need to just keep pressing that. Because we are not in the Aged Care Act, education is the way we can try to go in there and that might need some state funding.

**CHAIR:** Thank you very much.

## **LYNCH, Ms Kerri, Ipswich 60 and Better Program**

**Ms Lynch:** Thank you for the opportunity to come and speak today. We see a lot of people who come through our program. The 60 and Better Program has been in existence in Ipswich for over 30 years. We have been operating on a very small budget. Staffing is 25 hours a week. I share that coordinator role with my colleague Anne, and we have a small admin assistant. That is it. Our office is open Monday through Wednesday.

For those of you who do not know who we are, I have some lovely newsletters which we put out every month and a general information pamphlet which would be a lovely bit of light night-time reading for some of you. There are 60 and Better programs across the state funded under Seniors Social Isolation Services funding through the state government. We run a number of different programs. Our focus is on social isolation prevention—supporting people and breaking that down and providing them with opportunities.

Our program is run by seniors for seniors. We could not exist without all of our volunteers. The volunteers are on our management committee. All of our groups are facilitated or convened by volunteers. We could not offer the number of programs that we have if we were reliant on paid staff to do it because those programs run six to seven days a week. The office is open three days; we offer those programs six to seven days a week.

On the issue of elder abuse, this morning I spoke to two of our groups who are meeting in the building and said to them, 'Are you aware that this is happening this afternoon and would you like to come along?' A number of people I spoke to this morning said, 'You can use my case, but I'm not coming to speak about it. I do not want to speak publicly about what happened to me.'

When you work in the sector with older people you realise that abuse happens in many forms. There is systems abuse, there is family abuse and there is financial abuse, and it is not always the family member who does that. Telstra is a great one for making phone calls to seniors and vulnerable people. Before they know it, they have signed up to free tablets and free upgrades of their phones and suddenly they are stuck with a couple of hundred dollars a month for their phones because somebody from overseas called them and sounded great. They have just agreed to it: 'Yes, this is fantastic.'

I mention telemarketers. People may not have a diagnosis of dementia but may have some cognitive failing. Do not assume that because people are getting older they have cognitive failure. Sometimes if you are on your own at home alone with no-one else to talk to and you get a phone call from someone who asks you how you are going—'How has your day been? What is happening for you today?'—before you know it, you have signed up and agreed to everything. A verbal contract is all they need.

There are more abuses that are happening than what you are talking about. There is a whole systems approach. I do not know how you are going to address that. With family abuse, you can come with the legislation. I worked in the domestic violence sector more years ago than I care to mention. I came back into that sector about 20 years later and I was a bit worried about how I was going to manage with the changes in legislation. I thought I would have to do a bit of midnight reading. I discovered that nothing had changed. It was like, 'Yes, I know this legislation off by heart.' Then I went, 'Hang on a minute. Nothing has changed in that timeframe.' You have a situation where you have services that are at capacity now with domestic and family violence and you are adding another layer to pick up the elder abuse. How are they going to manage that?

**Mr DALTON:** They are not going to.

**Ms Lynch:** No. It takes time to develop trust and trust relationships with services like ours. That does not happen like that. They might start to share little bits of a story with you. That little bit of a story might give you a red flag and you go, 'Hang on a minute. I need to ask some more questions here,' but, no, they are not going to give you any more. So you might ask another little bit and another little bit and over a period of time you get a picture painted where there is very definitely some form of abuse going on within that family. By the time you get to that point and you make those reports or work with them to make those referrals, it has gone too far: they have lost their house; they are now in a nursing home because the son or daughter has moved into their home because they no longer are capable of managing their home on their own. 'Mum has dementia. She doesn't know.'

With so many of our professionals it does not take much. If someone is having an off day, has a urinary tract infection or something else has happened and they are a little bit confused on that day, that is a great day to take them to the doctor to have them diagnosed with a background of, 'Look, she is good today, but this is what we have experienced.' Who has the louder voice?

I could spend all day talking to you. In fact, I would be more than happy to. It is a very complex area you are looking at. Legislative change is wonderful, but it does absolutely didly squat unless you are prepared to put funding into services to support people at the grassroots level on the ground. Education is important. Community linking is important. It goes so far.

**CHAIR:** We may pull you up there just so we have the opportunity to ask you a couple of questions, if that is okay. I am conscious of making sure we provide opportunity for everyone—

**Ms Lynch:** I could rabbit on all afternoon.

**CHAIR:** At the same time, we appreciate and love your passion. I am going to ask you something that is a bit of an extension of what we have spoken about today, but I think with your background you will be able to provide an answer. One of the things we have learned from the inquiry so far is that there is a very clear cultural shift or change whereby this idea of ageism has affected the role of seniors in families and communities. A lot of the communities we have spoken to have said that what they are looking for is help to redefine the boundary line, to put back in place the boundaries so that there is respect for elders. Do you have any suggestions as to how we can help achieve respect for elders in our families and communities—how we can help make that line a little bit darker to protect family relationships?

**Ms Lynch:** What you are asking for is a total cultural shift in the Australian community. That is bigger than Queensland. Some of our different cultural groups within our culturally and linguistically diverse communities do this brilliantly. I have a lot of friends from different cultures. They have inbuilt in their language words for elder, and they are said with respect. They are held up in that progression through the life changes. In some of those cultures, when people come to Australia they become Australianised and the younger people coming through are not necessarily fully adopting that level of respect. I do not know how you shift a culture. There are lots of really great articles and books and research done into that. Have you seen the ABC programs where you have the kindergarten?

**Ms BOURNE:** Yes, it is amazing.

**Ms Lynch:** Where you start is that intergenerational interaction. In Australia, with a lot of our families, if you have two parents in the family, whether it is a blended family or the original family, they are working five to six days a week to afford food and shelter, so the children are in child care and school. A lot of them are disconnected from their grandparents or extended family just by the nature of work in Australia. I come from a Defence Force background. They might have gone from South Australia to New South Wales to Victoria to Queensland to the Northern Territory. The families that grow up in those states tend to migrate to where their children grow up. They might end up in the spot where they finished high school rather than where they started which is where their grandparents live, so you have that disconnect.

**Ms BOURNE:** Kerri, it is so good to see you today. Thanks for coming along. We have heard a lot about centralised reporting. The police have their reporting and Health has theirs and it is all over the place. What happens on the ground if you get a case of elder abuse? What do you do?

**Ms Lynch:** All we can do is very little. It is to walk alongside that person and assist them with the referral process. That is all we can do. We do not have the resources. If we had the resources we could do more than we do but we do not. It is frustrating because we hear the stories. We are on the ground and we hear the stories. What do you do with that?

**Ms BOURNE:** You do not report it in your organisation at all?

**Ms Lynch:** There is me and Anne. Where else do we report it to? We are a small not-for-profit community organisation. We do not have mandated reporting. If there was mandated reporting then that would be different but, from my experience in working in DV, would you get them speaking up if they knew that if they spoke to you then you would be mandated to report it to the police?

**Ms McMILLAN:** Kerri, thank you for all of the work that you do for the elderly in Ipswich. Picking on your point around you being the only not-for-profit providers for elder abuse in Ipswich—

**Ms Lynch:** No, we are not.

**Ms McMILLAN:** How many are there? Are there enough? Do the elderly of Ipswich know where to go for help?

**Ms Lynch:** We are not funded to deal with elder abuse. That means that we do not have the physical resources—we do not have the human resources—and we do not have the financial resources. Our coordination role is basically administrative. Both Anne and I put in at least 15 to 20 Ipswich

hours on top of what we are paid for, just to keep this program growing. When someone comes in who shares that information, all we can do is give them the information about where to go and support them and follow up with them: 'How did you go when you spoke to'. That is all we can do. We do not have the resources to do anything else.

There is one other program that we are aware of that was funded recently, and that is at the Y at Springfield. They have been funded to do the same thing we are doing to cover the Ipswich region. There used to be Able Australia, but they withdrew from the state and that funding was dispersed to other organisations within the state. You could probably find out more about that than I can tell you. We are not funded for elder abuse.

**Ms McMILLAN:** What are the organisations that are funded to deal with elder abuse in the Ipswich area?

**Ms Lynch:** There is the elder abuse hotline and there is TASC.

**Ms McMILLAN:** Do you feel that the elderly know where to go?

**Ms Lynch:** No.

**Ms McMILLAN:** That is a good job for our mayor.

**Mr KRAUSE:** Kerri, thanks for coming in. I would love to grab some of those brochures, if possible.

**Ms BOURNE:** It is an amazing program.

**Ms Lynch:** I have more in the car.

**CHAIR:** Thank you very much.

**BEVAN, Mrs Jenny, Social Worker, Seniors Legal and Support Services, TASC Legal and Social Justice Service**

**Mrs Bevan:** I am a social worker. I work with TASC Legal and Social Justice Service. I am part of the SLAT, which is the seniors legal abuse team. We do have other sections but I will talk on the elderly because that is the area I work in. I have to say, it is very challenging. I started there in February. I am also a carer for my husband with Parkinson's and Lewy body dementia. I get challenged, I suppose, because I am the age of a lot of people we support. To come to our service, for Indigenous it is 50 and over and for us it is 60 and over.

In most of the cases I have worked with, it is a family member who is the abuser. They will come into the office or it is done by phone. The first port of call is the social worker, just for that comfort because the legal language and the social work language are two different languages. We will do a bit of an assessment of capacity over the phone, but obviously that cannot be done in one go or even over the phone. Then we will assess their safety. They might be in hospital. I have one at the moment in hospital and I have to check every day to see if they are still in hospital. I communicate with the hospital social worker.

For a lot of them, the social worker walks alongside them to support them emotionally because quite often it is a son or a daughter or a business partner or a person they trust. They may not progress with the legal, but they will get their information and see if there is something they can do. They may stay engaged with the social worker just to ensure their safety. If they are coming out of hospital we have a safety plan, because quite often they are going back home to the abuser.

Naturally as a social worker I see all that muddy water but also as a carer. Before my husband was diagnosed with Lewy body, I get home one day and he says, 'We have to talk.' I was working in mental health and substance abuse then. We sit down to talk. He says to me, 'You've taken all my money. I don't know what you've done with it. Look where you've got me living.' I am like, 'Hang on, I will just go to the toilet.' I go to the toilet and I cry. I bawl my eyes out because I have just been accused. I would report someone like me. He had not been diagnosed then, and for a couple of years I had been saying, 'There's more going on.' I had the knowledge, whereas someone else would not have the knowledge. We eventually were diagnosed—I think it is coming up to three years now—with Lewy body. He is still at home.

Even though his world happens around him, I am forever saying, 'I have this bill to pay. Do you want to have a look?' I tell him what I am doing and I show him, but he is not interested. He has even made the comment that the cost of living does not seem to affect us. If only! Isn't that beautiful? With Cyclone Alfred, he was stressed. He ended up in hospital through the stress of the cyclone, I think just because his routine was broken because people could not get in and out. He went to hospital with stress, would you believe—if your TV is not working because you have no power and that has been your life. I can see both sides. I am also a mother of three sons. I have been told by one child that I am not able to see my grandson for a little while because I may have said something and that is abuse. I am faced with all these challenges every day.

As far as TASC goes, we walk alongside them and try to support them through a very difficult decision. On top of that decision, we are looking at their capacity.

**CHAIR:** Firstly, thank you for being so honest and for sharing your personal journey with your family and your husband.

**Mrs Bevan:** The challenges! There is no confidentiality when it comes to my husband.

**CHAIR:** I want to ask you a question in your professional capacity around supported decision-making. Our committee has heard a few times about the need, when people might have diminished but not non-existent capacity, to make sure we have things in place to provide for them to participate in decision-making around their lives and decisions. Do you believe that there is enough in place or do you believe more things can be done? If so, what would you look to having put in place?

**Mrs Bevan:** I think probably more things could be done. Without names, I have one at the moment who had a stroke. I think he is 65. He had a stroke and he has been told that he has to stay in this facility for the rest of his life. He tells me this every day. His brother is giving \$50 a week. First of all, he contacted us because he wanted to get on the pension. I am like, 'You're probably on the pension.' I investigated it and I found he is on the DSP, but it took me about two weeks to find all that out. It was not until after a referral to ADA and a referral to human rights that we found out that he is on the DSP. He has had a stroke but he does not remember having a stroke. You could be talking to him like we are talking and he will be fine. Then he will say something and you think, 'Oh no, he's gone.' At the moment, we are with the legals trying to work out his capacity. The first time our lawyer

had a conversation with him, she is like, 'He's alright.' I said, 'Hang on. You need a few more conversations.' By her third conversation she is questioning, but it is not my role—thank goodness—to decide that. He still knows what he wants. He does know what he wants but he does not want to challenge it.

**CHAIR:** One of the things we are learning is how we protect the wishes of a person, particularly when they have diminishing capacity and all of a sudden the enduring power of attorney becomes enacted and it is almost like going from zero to hero as opposed to a progressive process.

**Mrs Bevan:** We have one that is only a three-month one and we are asked if there is another one, but we do not seem to be getting anything. As I left the other party rang, but I was coming here so I will leave that with them. Even with my husband, he goes to hospital a couple of times a year, usually from a fall. Not the last time but the time before, he broke three ribs. They had him on strong painkillers so he would breathe normally and did not end up with fluid on his lungs. For three days, every day I would get a phone call about resuscitation. I was like, 'My husband had a fall. He doesn't need to die.' 'If he goes into cardiac arrest, do you want him resuscitated?' They did not know I was a social worker. They did not know I had done a bit of work at the hospital. By the third day, I said, 'If you ask me again, we're going to go to court.' I said, 'I want a stakeholder meeting with the OT and your physio and everyone.' 'Why do you want that?' I said, 'I want the treating team.'

The next time I went up, all pains were off my husband and he was sitting up as bright as a button, ready to go home. One of the doctors said to me, 'Why do you want to keep him alive? He has Lewy body and Parkinson's. Why don't you let him go with dignity?' This was a year ago in June. They were ready to write him off. That was a hospital. We have since gone back to the hospital. Did they do that then? They kept him for two weeks. He did not have a nappy rash when he went in. By the third day, he had nappy rash. I got up there and he was sitting in a wet nappy. Again, they do not know I am a social worker. I said, 'My husband needs to be changed. He has a rash.' 'Oh, we're very busy.' I said, 'You can't be that busy that you can't put barrier cream on. All you need to do is put barrier cream on.'

**Ms BOURNE:** Jenny, thanks so much for coming along today and thanks for the work that you do.

**Mrs Bevan:** I have probably talked more about him, I am sorry. We do very good work at TASC and it is all in elder abuse.

**Ms BOURNE:** But also the care of looking after your husband. It is a big job.

**Mrs Bevan:** It is. I am only here three days a week.

**Ms BOURNE:** If there was anything that you could get across to this committee in terms of making a change, what would that be?

**Mrs Bevan:** Education in the hospitals. Every time my husband goes, he is in the dementia ward. They are people. You do get snippets of him. They are not always off in whatever world they are in. They are still people.

**Ms McMILLAN:** There are good days and bad days.

**Mrs Bevan:** Yes—so the systems, hospitals. I spend a bit of time at Ipswich Hospital as well just really to be known, because I am fairly new at TASC—only since February. I spend a bit of time there giving out leaflets and trying to make people aware where we are. It is education, I suppose.

**Mr KRAUSE:** I want to go back to something you mentioned about one of the questions asked of you in hospital about your husband.

**Mrs Bevan:** Whether I want him resuscitated?

**Mr KRAUSE:** 'Why are you trying to keep him alive? Why don't you let him die with dignity?' is what I think you said they said. Were they trying to point you towards euthanasia, voluntary assisted dying?

**Mrs Bevan:** Yes, I think they wanted to up his painkillers so he would go into cardiac arrest.

**Mr KRAUSE:** He is not in a palliative care situation or anything?

**Mrs Bevan:** He is not. We are fortunate enough because, again, I know the system, so I got him on to NDIS before he was 63. I think he might have been 61. I have been caring for him for about 15 years. We got NDIS and we started off with a little package, and it has gone up. We have eight support workers all-up. I wanted him to go under the radar, because he is now 67 and I want him to stay on NDIS. When he went to hospital with Alfred, at first we thought it was a stroke because he was just different. When he fell this time, I put him in recovery. Fortunately, next door there was an

off-duty ambulance officer who came over. If it was a stroke he could not have stayed on NDIS because it is medical, but because they said it was an acceleration of his disease due to the stress of Alfred he could stay on NDIS because it was associated to his disability. I had enough funding. I am pretty tight with his funding. If I am around we do not have anyone and I do the doctors and—

**Mr KRAUSE:** Prudent financial management.

**Mrs Bevan:** Yes. I am pretty tight with it because I never know when I am going to need it. I would rather him have the support. We have respite for him and me as well.

**CHAIR:** Thank you so much for your time today, Jenny. We really appreciate it.



**COVELL, Ms Judith, Private capacity**

**CHAIR:** Thanks so much for your time today, Judith. We invite you to make an opening statement, after which members may have some questions for you.

**Ms Covell:** Thank you for giving me the opportunity. I was feeling quite traumatised when I was listening to that because—

**Unidentified Speaker:** Oh, I am sorry.

**Ms Covell:** No, it is all right. It happens very often, so do not take it personally. I cared for my husband with dementia for 10 years. It is now almost 10 years to the day since he died and I think, 'Oh, my God, nothing's changed.' I still cannot trust the hospital. That was one of my terrors: going to hospital.

I am also a social worker, a 76-year-old woman, and I worked until I was 68, finishing up in private practice under the Better Access to Mental Health program. I have worked in aged care in the community sector for Queensland Health, in mental health for 15 years, and I also worked briefly in the acute sexual assault after-hours unit for West Moreton, so my experience is fairly broad. I am also a survivor of childhood sexual abuse in an institution. That was in a hospital at the age of 4½. I have major issues now as an older woman in thinking about going to hospital and aged care. It has actually gotten worse. I have become extremely agitated at the thought of it.

I kept thinking about abuse. You know, we focus so much on the abuse that happens in families. I am last person to deny that it happens. Of course it is happening, and it is much more prevalent than we have figures for. I have to tell you that I live in an abusive community as an older woman. There have been times when I have really had to talk very strongly to myself about walking out the front door, because I am not quite sure what I am going to face when I get out there. There is so much ageism in our community. It is just so prevalent. I am going to call it out: I think government has had something to do with this, particularly at the federal level. They talk about us baby boomers as being this privileged lot and what a burden we are now to the community. This has been swallowed.

In my retirement I am now a volunteer with the national older persons' advocacy reference group for the Older Persons Advocacy Network. Last year I lived their consultancy into aged care and the development of the new Aged Care Act. I am not speaking for OPAN; I am speaking for myself. When I look at that act, here we have an act that is—I am getting really angry, I am sorry. I have a reputation for being a bit that way. It starts with a statement of rights for older people because we do not have a covenant yet at the United Nations level on the rights of older people. It has been developed largely from the work that has been done in the disability area. It is not great, but it is certainly more than we had. In the old act, which we are still operating under until 1 November, the charter of rights sat outside the act. It starts at the beginning of the act and it is supposed to inform the standards. The providers, I am telling you, are ignoring it because there is nothing that says they have to comply with that statement of rights.

I think we have all been conned. I think the community at large has been conned into believing that, with all of those abuses that were identified in the royal commission, there is nothing to see here now; it is all getting fixed. I will tell you that it is not getting fixed. I now refer to the aged-care system as the systemic coercive control of older people, because that is how it operates. It is an horrendous monster to deal with when you are in it. I receive level 1 aged care in the community and it is just a constant battle. When I go out into the community I am faced with—often it is an older man who thinks it is okay to verbally abuse me. I have stopped taking my dog to the park for a walk after some random man just stood there and abused me. I have no idea why. It did happen.

Before Christmas I went to our local shopping centre and walked past what I thought was an artificial Christmas tree. I did not realise there was actually a person inside of it. As I walked past with my walking stick—that is my walking stick that has been giving you grief; I am sorry, it has a life of its own—this person deliberately jumped out in front of me to frighten me. It was a joke. There was an older man standing there. I think he filmed me. He thought it was hilarious. When I approached centre management about that, they did not want to know. They actually employ these people. They had contracted them, but they were not prepared to take responsibility. This is the major shopping centre in this city. It just happened here. I do not know.

The one highlight I have to mention is the customer service people employed by Queensland Rail who stand on platforms and help people with disabilities. When I go on the train I use a wheelie walker. These people are just amazing. If you want to do anything, get them to teach everybody else about how you respect an older person, because they do a bloody good job.

**CHAIR:** That is absolutely lovely to hear amongst all of the sadness and failings we have heard today.

**Ms Covell:** Someone is doing a good job. You were asking questions about whether elderly people know where to go when they are abused, and I can tell you no. Here I am with a social work background. I have an arrangement with an organisation which is funded by the federal government in the aged-care sector to ring me every morning to see if I am still alive or lying on the floor or whatever. One of their volunteers, a male volunteer, at the beginning of last year suggested that he actually visit me—that he drive up from the Gold Coast so we could ‘get up to mischief’ together. I told him that I was perfectly capable of getting up to mischief on my own and I did not need his help. When I approached that organisation—and we are talking about a major national organisation who should know better—they just minimised it. They were going to leave him in place.

I rang 1800RESPECT because I did not see it as an elder abuse issue. I had come from a background of dealing with sexual abuse, so I thought this is potentially sexual abuse. I was concerned for my own safety for about 48 hours because I did not know whether he had my address. When I knew that he did not have my address I relaxed about me, but I was really worried about all of these older ladies who are ringing who have diminished cognitive capacity and whether he had done it before. No-one wanted to know.

When I rang 1800RESPECT, the woman actually congratulated me on what a young voice I had and that I should be proud of it. I do not know where that came from, but there we are. I had a retired geriatrician say how lucky I was. This is where our community sits. They do not see the possibility that older women can actually be raped. They do not want to see it. I think it is all to do with the way we see sexuality and the way we see women as sexual objects. We all have to look pretty and young. We are told to use anti-aging products all the time. I am constantly told how young I look for 76. So what? I do not care. I am happy to be 76. I am happy for people to know I am 76.

I did not know where to go. When I rang 1800RESPECT and got that response, I gave up at that point because I thought, ‘I do not know where else to go.’ I went to an elder abuse forum in Brisbane last year at the Brisbane City Hall. Robert Fitzgerald made the mistake of saying that most sexual abuse of older women happens in families. I got wild and I told him that I knew I could not rely on providers to safeguard me—that the only person who would safeguard me is me. I did not realise there were police in the room. The Vulnerable Persons Unit actually stepped in and asked me if I wanted their help. I accepted. They did an amazing job. That is what it took. I think there is this problem amongst the community of actually not wanting to see, not understanding that it is happening.

I also want to draw your attention to Anna Gillbard’s work at the Elder Abuse Helpline. She did her PhD on the way older women actually report sexual abuse. We have a different language, so it does not get picked up. It really needs to be looked at and used in training of all sorts of people.

**CHAIR:** Thank you so much, Ms Covell. Ladies and gentlemen, I would just like a show of hands of who else would like to speak today. I am conscious to make sure we have time for anyone who would like to speak. No-one is feeling inspired to have their say and to share their story or experience. Okay. I thought before we go to questions I had better make sure we had enough time. Member for Ipswich West?

**Ms BOURNE:** Thank you so much for sharing your stories. It just goes to show that we as a committee have a lot of work to do in that education space, letting the community know. Is there anything else that you would like to tell this committee that you think we should be looking at or doing?

**Ms Covell:** Yes. I would like you to look at the interface between residential aged-care facilities and your state response to reports of sexual assault. It seems to me that these providers have to report to SIRS, which is federal, within 48 hours. I am told that they do ring the police, but I do not know whether that is a requirement. I am hearing often that it is family who make the decisions about whether investigations proceed. Because I have been with victims when forensics is being done, that is where my head goes. If there is an old lady in a bed who has been sexually assaulted, there has to be semen on the sheets or there has to be semen on her nightie, so there need to be procedures on how that is gathered up. It should not go to the laundry.

**Ms BOURNE:** No. I agree.

**Ms Covell:** I do not know whether she has dementia or not. If she has dementia, she cannot give consent.

**Ms BOURNE:** I completely agree.

**Ms Covell:** There is a criminal act that has happened there and it does not require her to give evidence.

**Ms BOURNE:** Thank you so much, Judith.

**CHAIR:** Ladies and gentlemen, we will close the hearing and then we will have an opportunity to have a chat over a cup of tea. Before we close the hearing, I would like to share with you some of the things we have learned.

We have travelled from the Gold Coast to Hope Vale to Thursday Island and everywhere in between holding hearings. We have heard of people who, due to family isolation—they have moved somewhere because they are looking for warmth to deal with arthritis or other medical ailments and then find themselves separated from their family—are reliant on service agencies, so when something happens that is an abuse they really do not feel confident sharing. We have heard of a grandmother who was told that the only way she would see her grandkids was if she paid for their private education. We have heard of an elderly gentleman who was reliant on the man in the caravan next to him to help him because he was no longer physically able to do all of the things he once did but that relationship went from being a positive neighbourly relationship to one where all of a sudden it was, 'Can you give me \$50 to get the loaf of bread for you?' We have heard stories about people in the community who have said that they do not fall under the definition of 'elder abuse' because, unfortunately, in their community their elders die so much younger. They do not get to the age of 65 and would not meet the current definition of 'elder abuse'.

What we have heard again and again is this idea that respect in our families and respect in our community for the role of elders and our seniors has changed. Once you used to ask grandpa, 'How do I do this?' or ask grandma, 'Can you teach me how to cook?' Now 'Dr Google' or YouTube can give us all of those answers. The intergenerational connection has been reduced because we have found our families being replaced by distant connections on the internet.

This committee has heard all of those pieces of information. We have heard about data collection from different government agencies. We have heard about people on the front line of responding in Queensland Health or in the Queensland court process. We have also heard about challenges with the NDIS and how it affects people accessing the supports they need in times of short-term need or as they get to long-term need.

This committee is taking all of that on board. By the end of this year we will write a report that will be presented to the Queensland parliament to speak to these things. We will hopefully put forward a series of recommendations—not that there is any silver bullet—about things that can be done to ensure that in Queensland we do better than we did yesterday.

I want to thank each of you for giving voice not only to victims but also to the agencies that are doing such important work on the ground. I would like to acknowledge Wendy Bourne, the member for Ipswich West, for bringing you all together today. Really early on in this process, we talked about where we could travel across the state to make sure we had a broad cross-section of the community. Wendy was a great advocate for coming here, and it has paid off in spades, so thank you so much. Thank you all for your attendance today.

With that, I have to say some very official words. That concludes this public hearing. Thank you to our Hansard reporter. Thank you to our wonderful secretariat. A transcript of these proceedings will be available on the committee's webpage in due course. I now declare this public hearing closed.

**The committee adjourned at 2.38 pm.**