



EDUCATION, ARTS AND COMMUNITIES COMMITTEE

Members present:

Mr NG Hutton MP—Chair

Ms W Bourne MP

Mr NJ Dalton MP

Hon. EM Enoch MP

Mrs R Young MP

Staff present:

Ms L Pretty—Committee Secretary

PUBLIC HEARING—INQUIRY INTO ELDER ABUSE IN QUEENSLAND

TRANSCRIPT OF PROCEEDINGS

Monday, 16 June 2025

Logan

MONDAY, 16 JUNE 2025

The committee met at 9.00 am.

CHAIR: Good morning everyone and welcome. I declare open this public hearing for the Education, Arts and Communities Committee's public inquiry into elder abuse in Queensland. I would like to respectfully acknowledge the traditional custodians of the land in Logan and pay our respects to elders past, present and emerging. My name is Nigel Hutton and I am the member for Keppel and chair of the committee for this morning's proceedings. With me today we have: the Hon. Leeanne Enoch MP, the member for Algester, who is substituting for the deputy chair of our committee, Corrine McMillan MP, the member for Mansfield; Ms Wendy Bourne MP, the member for Ipswich West; Nigel Dalton MP, the member for Mackay, who is substituting today for Ariana Doolan MP, the member for Pumicestone; and Rebecca Young MP, the member for Redlands, who is substituting today for Jon Krause MP, the member for Scenic Rim. Nick Dametto MP, the member for Hinchinbrook, is an apology for today's hearing. I would also like to acknowledge the member for Logan, Linus Power MP. Thank you for welcoming us to Logan.

The purpose of this hearing is to assist the committee with its inquiry into elder abuse in Queensland. As some of you may know, yesterday was World Elder Abuse Awareness Day, a day to raise awareness but also to encourage a better understanding of what abuse looks like and how the neglect of our elderly people has consequences for our entire community. We are here today in Logan to hear your views on how you would like to tackle elder abuse in the community. We would encourage you to please take this opportunity to share your experiences with us.

This committee is a committee of the Queensland parliament and therefore its hearings are subject to the rules of parliament. These proceedings are being recorded by our Hansard reporter and will be published on the parliament's website. If you have any concerns about this please talk to our committee secretary. Media may be present and are subject to the committee's media rules and the chair's direction at all times. You may be filmed or photographed during proceedings and images may also appear on the parliament's website or social media pages. Please turn off your phone or turn it to silent.

I would invite to the table anyone who has indicated they wish to speak to give us a brief opening statement after which committee members may have questions for you.

YOUNG, Mr Darren, Chief Executive Officer, Council on the Ageing Queensland

CHAIR: On behalf of the committee, I would like to thank you for not only attending today but also the very thorough submission you provided on behalf of your group to the inquiry. Please make your opening statement when you are ready.

Mr Young: Thank you for the opportunity to speak today. It is terrific to be here. Council on the Ageing Queensland came into existence back in 1957. That was out of concern for older people at that time. If you know a bit about our history, we came together with other community groups. We formed some of the first seniors clubs, Meals on Wheels and also Volunteering Queensland. We have a history of wanting to respond to need for older people. We put this submission together because we felt older people's rights and the needs of older people who are experiencing abuse—there is a long way to go. We are really pleased to be able to put this submission together.

We have formed in this submission a series of insights. These insights were formed from the community engagements for us going back to 2022. This is us going out into communities across regional Queensland as well as here in Brisbane. We have also been interacting with seniors and interested organisations, and earlier this year we put out a survey to older people directly because we felt they may be a little bit intimidated by the inquiry and we wanted to give them an alternative way to participate. We got about 87 people, which we thought was terrific given the sensitivity of this topic. Our insights highlight: ageism is foundational to enabling abuse, and that came out very strongly and we continue to talk to people about ageism. Elder abuse is widespread and often hidden. Abuse and mistreatment occurs within the complexity of family and caregiver relationships. Individual vulnerabilities increase with things like chronic health conditions, social isolation, digital literacy, cognitive decline—all of these things increase vulnerability and increase risk for older people.

We note service responses remain fragmented, not coordinated, even though we acknowledge there is some strong goodwill and willingness to collaborate by individuals within these services. One of the strong themes that came out for us from people's comments was that it is difficult to know who to trust, who to go to, how to raise topics with potential people who could help like GPs or in a hospital setting or with aged-care workers, and there is a view that that is a barrier. Finally, one of our observations was that we need more community awareness and community discussion about this topic. We need our community to understand the different forms of abuse and mistreatment and the different contexts within which this occurs. In fact, we need—and to take that expression from child protection—more eyes on vulnerable people in our community and we need to give those people the ability to not only recognise abuse and mistreatment when it is occurring, but give them the knowledge to act on that and the confidence to act on that in that response.

As a peak body, we seek to give a voice for older people. The respondents to the most recent survey have also said to us that isolation was one of the biggest factors that they saw that opened up the opportunity for abuse and mistreatment. Dependency and cognitive decline certainly increased vulnerabilities for older adults and they saw potential solutions in the education and awareness of younger people and the training and support of formal and informal carers and building multiple points in our communities where people can go to access support and assistance. In this submission we have provided small vignettes, or case studies, to give a better sense of people's experience. We have also put in for the inquiry 130 quotes from older people because we were very surprised at the number of free text that people gave in response to this and we wanted to share some of the comments that people were making.

A key recommendation within our submission is the development of a state strategy. We have learnings we can draw upon from other work that has been done with vulnerable groups. I have certainly worked in both the child protection space but also domestic and family violence and I think we can learn a lot from the reform work that has been going over many years. They are things like centralised reporting, streamlined information sharing, integrated responses, common datasets, workforce development training and protection of rights. All of those things could apply to the elder abuse space.

We think that elder abuse requires a specific strategy. It should not be brought in under domestic and family violence; it should be a standalone topic. We think that because even though there is some similarity, of course, to domestic and family violence and the protection of other vulnerable people, elder abuse has different relationship dynamics and different modes of psychological, financial abuse and neglect. Underreporting is often for different reasons. Power and control are connected to cognitive and physical impairment and a high degree of dependency on the sole carer, social isolation and disconnection from community. Elder abuse can also occur in different settings such as aged care which require a different type of legal response. Lastly, we think that it needs to be separate because of the intersection with ageism and human rights, so we are calling for a state strategy here in this document. It should align to national policy and strategies as elder abuse knows no borders. It must embed anti-ageism and age-friendly actions. Elder abuse is the sharp end of ageism.

The principles in the state strategy should include: a rights focus; a focus on prevention and early intervention; ensuring that the voice of older people are represented including diverse voices; ensuring a whole-of-government approach; and ensuring that strategies are informed by evidence and are regularly reviewed. Most importantly, from my perspective, this state strategy must create a system. We do not have a system here in Queensland. Rather, we have a collection of services that do effective work but are not integrated in a coordinated way where we could have more impact.

There needs to be more than a state strategy; there needs to be coordinated implementation. That requires strong government leadership and a mandate. It requires a statewide and a regional focus as well. It needs to build upon the strengths of the existing collaborative networks and relationships in the sector. At the same time we need to be bolstering some of the existing services and other points where people might access help. We need to recognise those other aspects which increase people's vulnerability, social isolation, digital literacy and other things like the education and support relating to enduring powers of attorney. People need to better understand how to administer those and we think that will be a protective factor.

In addition to the state plan and coordinated implementation, we also think there needs to be strong governance; a single point of leadership and accountability; clarity of objectives for investment; a co-design road map so we know where we are going; clarified roles and responsibilities; a structured

collaborative approach to monitoring system performance and supporting the evaluation of strategy investments; and a commitment to outcomes using evidence to both inform the strategies but also inform the ongoing development of the system as a whole.

We believe a state plan is a commitment to leadership to resolve this problem. The state plan with the right leadership allocation within the state government can be a strong tool to drive action across portfolios within government agencies. The right leadership and planning which can reorientate and move us towards a system which can weight investments towards prevention and early intervention will give us better results for government spending. This is the time, we believe, the Queensland state government needs to be the leader and own a state plan to achieve this.

Conversely to this, we believe the lack of a game plan will lead to poorer outcomes for Queenslanders. No game plan exposes Queensland to a growing and costly problem in our community. No game plan means that our resources are being used in an uncoordinated or ineffective way. No game plan means we do not know whether we are being effective or efficient or whether we are doing anything with our current strategies. We can do better by using a state plan.

Lastly, we believe that we need to act now. We cannot go back to business as usual after this inquiry. This is a generational opportunity for all of us to strengthen our approach to prevention and early intervention not just for people who are older now but all of us as we age. On that point, we are an aging Queensland. We have an aging population. The latest Chief Health Officer report emphasised what many of us already know: that the 65-plus-years and the 85-plus-years cohorts are significantly growing in numbers. People are living longer, they are developing more complex needs and we have a larger population who will have vulnerabilities that will expose themselves to abuse and mistreatment without strong safeguards in place.

I will conclude on this last point. The need is here and now, but we must also prepare for this sizeable demographic shift towards an older population. Strategic actions that we take now, the system that we build to protect older Queenslanders now can prevent what could become a silent epidemic here in Queensland in our near future. Thank you for the opportunity to listen to me.

CHAIR: Thank you very much, Mr Young. Once again, you have provided a fulsome response and articulation of your submission. We are at a point in our inquiry where members will have questions around your particular submission itself but they will also want to challenge or test some of the learnings we have taken from elsewhere in the state. I note your submission is very much about the systems-based approach, particularly around the government not-for-profit sector response. I am going to ask you a question in regard to cultural-family scenarios and seek your feedback and thoughts in that space.

One of the things we have been learning is that there is a cultural paradigm shift, which I think you refer to as ageism in your submission, which has affected the role of seniors in family units and communities. One of the messages we had from Thursday Island was around a desire in that community to help redefine or to put back in place the boundary of what is respect for our elders in our families in community. Do you have any suggestions as to how we achieve respect for our elders in our families and communities?

Mr Young: Gosh, that is a big question.

CHAIR: We do not want to start small.

Mr Young: I think one of the most effective ways to do that is through intergenerational activity, bringing the different generations together. We have gone from a society where families grew up together where we had grandparents and great-grandparents sometimes in the same household with younger children. That has all changed now. We have become much more isolated in many ways.

I was running a big residential aged-care facility at one point. We had new staff there and I met the new staff. There were probably about 15 of them there at that time and not one of them had any interaction on a regular basis with an older person. That later focused us in terms of we needed to enable them in terms of how to have conversations with older people and how to understand what an older person might be experiencing. Even though they had gone through some training, they actually in their day-to-day life had not experienced interaction with older people.

Core to this is how do we facilitate intergenerational activity in our communities? It could be within school settings or enabling spaces like this to be age-friendly or having opportunities for different generations to be able to work together on community projects. Intergenerational interaction is the key.

Ms BOURNE: Mr Young, thank you for coming along today and thank you for all the work that you have done on your submission. It was very good. My question relates to what the chair was saying. In your submission you comment that 'ageism is a significant root cause' of elder abuse. How do you think government can educate the community? Is it an education piece? How do you think we can change that?

Mr Young: Yes, we have to influence values. When you have no exposure to older people, it is very easy to distance yourself. In fact, in terms of ageism a lot of people do not see themselves as older. I think that also creates a bit of a barrier. I think there is an opportunity for large-scale, campaign-style communication to our communities. I think that is very important to send some really key messages. We know this works in many other areas. I do think in coming years we have to think about that. How do we build that into setting the right groundwork for a society that is age-friendly, but I do think it can happen locally as well. I think local government, local councils, are a terrific opportunity to be promoting age-friendly communities, age-friendly services and age-friendly spaces that bring people together. I think that is very important as well. I think we have to work from both ends—local as well as big key messages to our communities.

Ms ENOCH: Thanks, Darren. It is lovely to see you here today. Thanks for your submission. I want to go straight to the question of statewide systems. I absolutely agree with you about a strategy of some kind that pulls together all of our work. You mentioned something in this submission just now about how you recognise and act on abuse, knowing that quite often people might not know that they are engaging in it or that they are seeing the results of it. What would the system look like—who would it be picking up—if we were to focus on this idea of how do you recognise and act on abuse? We have a whole system around child safety, for instance. Is that the same kind of thing you are thinking about at the elder level?

Mr Young: Yes. I think there are learnings from child safety. I think we do need to enable people to see maybe the subtleties in elder abuse. The subtleties can be where you have a daughter who is in control of mum's finances and then gradually over time she starts to have a stronger say in those finances and then cutting mum out of those conversations. To enable other family members to see that and recognise that, currently I do not think enough people are attuned to that situation. They would probably look at that situation and go, 'Okay, she's just looking after mum's finances, and that is all very well.' I do think there is an education opportunity there to really pick up on the nuance of what elder abuse looks like.

I think that will drive it in the short term, just like it did with child protection. As we helped people to understand what child abuse looks like, the notifications went up. I think that is what we need to see. Even though we do not want to see those figures, in the short term we have to accept that once we start to educate people we will get a significant increase in those numbers over time. That is something that we can really work with as a community.

Ms ENOCH: In terms of the system though, when somebody presents at a hospital or at their local GP or at their aged-care facility, there is a trigger that then moves into a response?

Mr Young: Correct. I think so. As happened in the child abuse space as more professionals started to see and recognise it, the same thing needs to happen here. We heard people directly in here say that it is very difficult for people to try to pick up a phone and call an elder abuse hotline, but when you are sitting in front of your trusted GP that is an easier bridge to get across. We then need to make sure our GP is responsive to it, knows how to recognise it and knows how to take action in the short time they have available. I do think it is about a variety of professions being more greatly attuned to what it looks like and what the many forms of elder abuse are.

Mr DALTON: It is a very interesting and very in-depth report. I am very encouraged by the science behind what you have done there. My question is on another level. In the phrase 'elder abuse', the word 'elder' can be misinterpreted within many communities as somebody who has an overall historical coverage of the community. It may not be someone who is old. Have you come across any ideas or other definitions of 'elder abuse' where the word 'elder' could be changed when we are talking about it generically?

Mr Young: Yes. Certainly bringing in the word 'mistreatment' of older people also starts to change the dynamics. I think people also relate abuse to physical violence and threats, whereas the spectrum of abuse is much broader than that. Including the notion of mistreatment in that phrase and maybe dropping out the word 'elder'—abuse and mistreatment of older adults is a much more appropriate term.

Mrs YOUNG: Thank you for coming in. This report is amazing. I go to the cross-departmental view on everything. We think about Health and we think about departments specifically relating to child safety. Where do you think the laws come into this aspect of it where we have an actual criminal act? Do we need to strengthen any of our state laws to accommodate that?

Mr Young: I am probably not too qualified to comment on strengthening state laws. I can comment on the challenge within government to be able to work across departmental barriers. I have been working in and outside of government now for 40 years and watching it very closely. It is part of the nature of how we set up bureaucracies, but it is very easy for Health to work in that silo and Justice to work in that silo. We need a level of leadership that sits above that that drives outcomes to lower the incidents of elder abuse and pull those stakeholders around the table. It is not just enough to be able to do that across the portfolios, because at the moment no-one is really in charge. If you said, 'Who is in charge? Who holds the outcomes for improving or reducing the rates of elder abuse?' there is no point of accountability.

If we get coordination both in government and outside of government—because now we have a range of NGOs and agencies that are also working in that space—we need to pull all of that together to have some level of impact. If we make a change in one part of the system—say, it is one part of the legal system—it will then have ramifications in some of those other services. Conversations need to be had across government.

CHAIR: Mr Young, in terms of enduring power of attorney, we have heard that we have three distinct challenges in this space. No. 1 is that quite often people are putting in place a very young enduring power of attorney, saying that one day this will be the person who provides that support. No. 2 is that the person who is the enactor of the enduring power of attorney has never fulfilled the role. It is likely to be a once-in-a-lifetime role they fulfil, so there is an education deficit there. No. 3 is that, when an act of enduring power of attorney has taken place, we need to ensure that the opportunity for supported decision-making remains for the person who is at risk of becoming an elder abuse victim.

My question to you is this: do you believe that there is a level of education in the community currently around enduring powers of attorney that protects our seniors or do you believe there is work to be done in that space? Acknowledging the digital divide and other things that you have listed in your submission, how do we best tailor that to meet the needs of our elders in community?

Mr Young: Last year, together with the Public Trustee, I did a series of workshops. I chose to do it in a style where we had the Public Trustee on a panel like this and we had a number of other services. We brought in say about 50 older people into the room. I facilitated a conversation with the panel. Rather than doing a presentation, I wanted to encourage a conversation. We knew that was going to be a little bit difficult because everybody has a particular story and they want to ask questions, but I felt strongly that we needed to do this.

In our review of that, we thought it was a really successful strategy. We spoke to older people both in the break and afterwards, and the ability to hear others' experience, learn from others' experience and be able to talk that through with different people as well from different perspectives, I think is what our community needs. For older people, the ability to jump online and read something and absorb something is not great. It may be not great for all of us. The power of being able to have a conversation, I think, is what our community needs.

The EPOAs have tended to be done in a lawyer's room, behind closed doors. Let's pull that out, as it is something that we all need to be able to talk about. I think there is a community conversation that needs to be had. I was surprised that some people walked into that room with no knowledge. I was particularly concerned when we started doing some of the regional work in a range of different forums, not just in that one. I was surprised at the lack of knowledge around EPOAs and what they meant and even how you would administer an EPOA, which I think is probably the second part. When we are handing over an EPOA, a lot of people do not know what is expected of them. There is training but we need to formalise that. We need to upskill community to administer an EPOA and better understand that.

I agree around the supported decision-making. We do want to be able to facilitate that. We have just seen that uplift in the new aged-care act and provisioning for that. We need to be thinking about how we do that outside the aged-care context.

Ms BOURNE: Mr Young, do you think it is clear in the community for people at a grassroots level? Do they know where they should go to get help?

Mr Young: No. I do not think so. They may stumble across information. I do note I am involved in the Queensland government's Seniors Expos. I emcee those and talk to a lot of older people through that. Every single expo I must get a dozen people going, 'We have learned so much from today.' That is a simple strategy of getting out there and just talking, and having some different people getting up and talking, to say, 'Here is what is available for you.' Knowing about concessions—we talk about advance care directives, another area that a lot of people don't know about. That ability to be able to reach out to those communities is very important.

Ms BOURNE: If I could follow up. It interests me that you talked about Meals on Wheels. I have been out with Meals on Wheels and they are sometimes the only people that older people will see during the day or during the week. Do you know how we pull them into the conversation? They will identify if something is wrong because they are there all the time. Is that your experience as well?

Ms Young: Yes. I think Meals on Wheels is a great example. We have a range of good services in communities. If we have people going into people's homes, how do we connect them, make them aware of things, use our natural strengths to say, 'Do you have an EPOA?', or 'Do you know where to get your concessions?', or whatever it might be? We cannot just accept that older people are going to jump online and try to find out. We have to engage with them.

CHAIR: I know that all of our members would like to ask you further questions, but we have some limitations on our time today so I would like to thank you for your time. Thank you very much for the submission your committee has made.

WILLIAMS-BRENNAN, Ms Danie, Policy Director, Mental Health Lived Experience Peak Queensland

CHAIR: Good morning and thank you so much for your time today. We appreciate your attendance. We would invite you to make an opening statement, after which members of the committee may have some questions for you.

Ms Williams-Brennan: I will keep it relatively brief so that we can have a discussion about what is in my statement. I firstly would like to respectfully acknowledge and honour the traditional custodians of the land on which we meet today and thank their elders past, present and emerging for their wisdom and enduring strength. I also acknowledge the expertise of those with a lived experience of mental health challenges and pay respect to the wisdom they bring to systemic change in the mental health arena. Mental Health Lived Experience Peak Queensland, I am going to refer to them as MHLEP today, was formed in July 2021 as an initiative funded by the Mental Health, Alcohol and Other Drugs Branch of the Department of Health. I am the policy director there at the moment. The purpose of my work is to provide advice and advocacy, informed by people with lived experience of the Queensland mental health system. We place specific focus on those who are socially disadvantaged and marginalised.

Today I am going to talk about elder abuse and the idea of coercive control as in Hannah's Law. I do not know if we are all aware what Hannah's Law is? Yes, so I will not go into it then. When we look at elder abuse we have to admit that even the most mentally fit person can experience mental ill health as a result of elder abuse. A person may be 90 years old, travelling along just fine, do their own finances, get around in the community, but then they can have that breach of trust with a family member—a niece, a nephew, a friend, kin—and that can set them on a path of depression, anxiety and things they have never experienced before in their lives. When we think of elder abuse it is targeted. It is inflicted harm that is deliberate, calculated and can result in emotional, psychological, financial, physical or sexual harm or neglect. We know that reporting levels are relatively low. This is partly due to the feelings of shame, the fact that it is a family member and they don't want to get other family members involved, feelings of low self-esteem as a result of the abuse, feelings of powerlessness and feelings of being trapped in that relationship with that person of trust. If you put all this together, you have the unfortunate perfect recipe for coercive control to be present.

When I talk about coercive control, coercive control is when someone uses patterns of abusive behaviour against another person. Over time this creates fear and takes away the person's freedom and independence. This dynamic almost always underpins family and domestic violence which can include the abuse of older people. That is a definition by the Commonwealth government, the Attorney-General. At MHLEP we take a very strong stance against any kind of coercive or restrictive practices, including cases of elder abuse. Elder abuse and coercive control can cause confusion, low self-esteem, depression, being or feeling isolated and trapped physically, emotionally and financially.

Some examples of coercive control can be the person in trust not letting the older person out of the house, preventing them from seeing family or friends or being socially active. It can also be taking control of finances, so restricting the money flow to the older person so even if they did want to leave they have no money for a cab to get out anyway. It is important to note that it can be subtle yet targeted, making it really hard to detect by loved ones, friends, carers and even by the person sometimes subject to the abuse. The perpetrator is very skilled at convincing others, including the older person, that what they are doing is normal and part of everyday life. So a son may take over the finances of their mother, for example, and it may start off as a relationship of helping the mother pay the bills, but then it can turn into misappropriation of finances and it can turn into, as I was talking about, that restrictive flow of funds to the mother. This is perhaps the Achilles heel of coercive control elder abuse advocacy: the difficulties with successfully recognising it and the ability to prove and prosecute it.

This brings into play Hannah's Law. On 26 May 2025, not even a month ago, coercive control became a criminal offence. It has a penalty of up to 14 years imprisonment. It is now illegal for adults to use abusive behaviours to control or coerce their current or former intimate partners, family members or informal carers. This law is seen as a groundbreaking game changer because it is seen as being able to deter people from committing the offence, reprimanding offenders and protecting those who are subject to the coercive control. MHLEP certainly welcomes this law, but does put the caveat on it that a significant number of potential perpetrators will not be deterred by this law alone.

How will it apply to elder abuse? Who knows. It has not even been in effect for a month. Certainly there is a positive view of it that it is going to provide a legal avenue. It will not cure the problem, but it will give people some access to a solution. Sadly, as Mr Young pointed out, there is a

big question about whether it is appropriate to get it under that domestic and family violence banner. I do not know because I do not know how the law is going to play out. That is a real issue, I think, that we need to keep track of and look to as the months ahead progress.

What we need to do, I believe, is mobilise Queenslanders, just like Hannah's Law has been mobilised. That law has been a result of the Clarke family getting up there, day in, day out, basically retelling their trauma and promoting and advocating for changes to the law. This has been extremely effective, as can be seen by this new criminal offence, and I believe that we can use society's general intolerance for this insidious behaviour in the elder abuse sector. I think the time is right for actually going down that path. Whichever way you look at coercive control of older people, you arguably come to the same conclusion as me: it is insidious, it is more widespread than we would like to admit, most times difficult to prove and significantly difficult to spot. Thank you for your time.

CHAIR: Thank you for not only sharing your wisdom but also having the frankness to say, 'Hey, we are still waiting to see how this will work.' I think that is important. When we speak to experts we are looking for the knowledge and the wisdom, we are not looking for the easy answers so I really appreciate the complexity of what you have said. We have heard in communities from the Gold Coast to Hope Vale and everywhere in between of stigma and shame—the stigma of the idea that a member of my family is taking advantage of me or, alternatively, the shame that I am not strong enough to be able to stop what is happening to me. Obviously from a mental health perspective we know that there is lots of data and research in that space and probably a longer history of managing and dealing with stigma and shame and the education to overcome those barriers. Do you have any suggestions as to how we can take elder abuse from being something that very clearly has this stigma and shame attached to it to overcome those barriers?

Ms Williams-Brennan: I think you need to have people who are influential within society actually stand up. I am talking about celebrities, politicians, people who are leaders that people can look up to and say, 'Wow, yeah, they said elder abuse is such-and-such. Wow, I hope that's not happening to me.' I think that is really strong, having leaders in the community, because if your voice is silenced, you do not feel heard, you do not feel understood; however, you get the community on your side if you do not have that leadership.

Ms BOURNE: Thank you for coming along today and thank you for your opening submission. I like what you talked about when you said mobilise people. How do you think this committee can go about doing that? Is it celebrities; is it an education piece? How do you see that happening?

Ms Williams-Brennan: I see it as both: a well-oiled campaign basically. I guess we have to walk on the coat-tails of domestic and family violence because that is the banner it is coming under. I think we can grow that into coercive control not just being in that setting but that it is actually elder abuse as well and this is what we mean by elder abuse. I certainly think you could have celebrities, politicians, debates within parliament about it and you could have a show on *Four Corners* because they do look at mental health systems probably two or three times a year as well as on commercial news stations because that is where the majority of people get their information from.

Ms ENOCH: I want to acknowledge all the work that you do in the mental health space. We know that that touches every single cohort of humanity, not just elders but all groups of people. I want to go a little further into the comments that you were making about coercive control and other pieces of legislation. Queensland is a state that has a human rights act so all laws should go through the Human Rights Act filter, if you like, and that includes coercive control. I am thinking through your idea of how you balance the rights of older Queenslanders with their capacity, whether that be impaired by mental health or other ailments as you get older. Are the laws that we have in place enough to be able to balance those two things?

Ms Williams-Brennan: That is the million-dollar question. I think one of the complexities of this area is the fact that a certain percentage of older Australians will have diminished mental ability. It becomes a 'he said, she said' battle where they are not placed on an equal playing field with the potential perpetrator. Proving it is a really big issue. I am not sure how you would legislate to actually remedy that problem. Obviously, if you are talking about criminal laws then it is not the balance of probabilities, which makes it even harder to prove that there is coercive control. I think it is a bit of wait and see in the hope that some of my colleagues take on cases and test them in front of court. I do not think the answers are there at the moment, to be honest.

Mrs YOUNG: I want to go back to the notion of a campaign around the identification of elder abuse. My head goes to 'Slip, slop, slap' or 'Click, clack, front and back' when we were talking about seatbelt safety. I can see that abuse types are sexual, physical, neglect, social, financial,

psychological and in the mental health space. Do you think that there is something that we can pull out that would be easily identifiable if we were to put an ad on 9News? Is there something that comes to mind for you in your space?

Ms Williams-Brennan: I think decision-making. If you look at domestic and family violence decision-making, it is being able to decide when you go places, your finances, what people you mingle with, your community support and I think that is easily digestible to actually have that as your focus. Then with further campaigns, it is getting into the upper nitty-gritty.

Mrs YOUNG: So that control in the first instance; saying I have control of where I go, how much I spend and that kind of thing. That is a good starting point.

Ms Williams-Brennan: Yes.

Mr DALTON: Thank you for that interesting look from a mental health perspective. I am going to twist it around to the perpetrator. In the elder abuse statistics submitted by UnitingCare in the 2024 review, they say that 17.9 per cent of perpetrators are reported to have some form of mental illness. How can we realign that and bring that down? Is there anything that you can think of to explain why it is happening?

Ms Williams-Brennan: I guess it is like anything in society when it comes to mental illness; there is a lot of stigma involved in having a mental illness. Getting people more involved in their community can help to break that stigma and it can help that person look for assistance so that their mental illness does not spiral out of control and does not mean that they act in particular patterned ways.

Mr DALTON: Therefore, they stop being or becoming an abuser?

Ms Williams-Brennan: Yes. I think that is a big part of the solution. I am not necessarily saying that people should be medicated but I think with a whole variety of different support systems then that can alleviate for some, although not all—it is only for some.

CHAIR: Ms Williams-Brennan, I thank you for your time this morning and for your capacity not only to share but also to take on board some of our questions and give us some feedback. Thank you so much for your time. We will take a five-minute break and then we will welcome Ms Tara Brussell.

BRUSSELL, Ms Tara, Private capacity

CHAIR: Thank you so much for taking the time to speak to us today. I invite you to make an opening statement, after which committee members may have some questions for you.

Ms Brussell: My name is Tara. I care for my aging mother; I am also a foster carer. First of all, I would like to thank you all for holding this inquiry. I woke up with one of the clearest minds I have had in the last few years just because I am able to speak to somebody who is going to listen. I am here to tell you why I am in therapy. It has a lot to do with elder abuse in my family.

It all started a couple of years ago just after lockdown. I received a call. My father had remarried. His now ex-wife—unbeknownst to me—tells me he has had dementia for quite some time and she has not told anyone. She is throwing him out of their joint house. She has had enough. Despite the fact I was living with his ex, my mother, and I had a full house, I took him in. When he arrived at the airport from Cairns his lips were blue. He had no ID; he had no idea. He had no bank cards or money in his bank. He did not even own underwear.

Dad, considering everything through this, decided it was best to sell and take his share of the money so he could return to his Maori culture in New Zealand to die and be buried with his mauri. I felt this was an appropriate choice. He had always wanted to retire in New Zealand, but in this case he wanted to go home and die. There were some problems with that. His entire pension had been allocated to their joint mortgage. That equity had been used to buy a second house just in his ex-wife's name. His super was gone. Everything was gone. He had \$4 to his name. The family, despite having done this, still tried to claim that he had no claim over that house because he had never contributed to it. The paperwork showed otherwise. He had contributed everything. I even caught them defrauding through the Medicare system. They would get him to pay for their medical bills as well as his, but the money was returned via his ex's bank account. It was insidious, it was intentional and it was preying on his disability, his age, his dementia.

One of the things that I noted was that my step brothers and sisters and half-brothers and half-sisters became very adamant about their entitlement to anything he owned. There was a real sense of entitlement. I really want that to sit there: before he was dead, they felt that they owned his belongings. They took his belongings. My youngest stepbrother, without a licence, took his car and started driving it around their little town. When I said, 'You'll have to give that back,' his reply was, 'Well, Dad said I could have it when he dies, so why can't I have it now?' I saw that entitlement play out again and again.

One of the things that was pretty obvious was the fact that my dad, with his childhood, always struggled with literacy and therefore he was unable to use the internet. He did not own a smartphone. The digital abuse was prevalent. The ex was very well skilled at getting on there, even when he was living with me, constantly cut off the dole, constantly having to go back into the bank to set up his account again and other things like that. It became very obvious that he was being more than just neglected; he was being abused.

Dad eventually asked me to get him a lawyer. Funnily enough, I advised him to walk away from the situation. I did not feel he had enough time left, enough capacity left, to deal with it. But he had worked his whole life for that house and he wanted his share so he could die with dignity in New Zealand, so I got him a lawyer. Within days of the family being contacted by that lawyer one of my half-brothers showed up and asked dad to go to dinner with him. That was the last time I ever saw my father.

It did not matter what agency I called. The police would direct me to the elder abuse line, saying there were no specific laws on elder abuse and therefore they were unable to act, 'but here, have a counselling service'. When I called the elder abuse line they would simply tell me to 'call the police'. It was a devastating concept to me about how alone you are when you are trying to advocate to get somebody out of a toxic situation. People who are paid and trained to help you are just following loopholes presented to them by their predecessors to avoid more funding, more paperwork and the complexities of the situation. Nobody wants to put their neck out for an old fella who is not an Australian citizen, is black, and cannot talk for himself. They certainly were not interested in listening to me.

I wanted to talk about why the family that I loved did this to one of my favourite people in the universe: my dad. In the end, it all came down to the housing crisis. You may wonder, 'Wow, why is that?' Well, they were all younger than me. I am the second oldest. They have lost all hope that they can, on their own, ever own their own home. That home of Dad's represented their only hope for the future to ever get a mortgage and have their own home, and they were outright saying it. My stepsister in New Zealand said, 'We have 11 children, and as my blood father why do you think he would not

want me to have a piece of this so I can provide a home for his grandchildren?’ It seems reasonable on the surface from her point of view, but nobody owns somebody else’s things. We are not entitled by birth to our parents’ belongings—we simply are not. It is a matter of understanding the moral and ethical implications of the will and who gets it and families just tearing each other apart because this is the one chance. Everybody is now waiting for their parents to die. Honestly, we have known about the housing crisis and all of the concerns, including elder abuse and domestic violence abuse, that come with these stressful times. For 15 or 20 years people have been warning us, but we have allowed it to come to fruition. The people on the firing line are always the most vulnerable in our community—people with dementia, people with mental illness, people with a disability and people who are very lonely.

We need some urgent protections. We needed them yesterday. We need to catch up with the times. We have families who are piling in on other families in a culture that no longer supports that idea. With that comes opportunities to take over a person’s life and finances or just to mooch for free rent. I have indeed met several people now who are literally just hoping and waiting for their parents to die to ease the burden of their own rental crisis.

The helpline reminds me of what the DV line used to be 10 years ago—nothing. It is a bandaid fix. It actually makes matters worse. It gives the police somewhere to refer people away to when they call them. I do not believe the police should be referring straight off to a helpline. There is no help in that helpline when your father has disappeared, when his money has disappeared. They ‘offer’ you to go back to the police or a counselling service. Neither of these things was going to save my father.

He died alone. He got a very late diagnosis. The guardianship, after 18 months, decided to act and go out there. Why? I sent my father a letter. It was a nice letter telling him how much I loved him. That later showed up on the internet: my father, his eyes deranged, a joint given to him by his ex-wife—and now carer—in one hand and my burning letter in the other. If you feel like being traumatised you may see the photo, but I recommend you do not. You might not sleep tonight. They went out there to check on him. He had a few weeks left to live, but they refused to tell me that. He died alone—no children, no wife, ex-wife, no carers—nothing. Even if you do not die alone, there can be a lot of abuse by the system as well.

I would like to speak on behalf of my mother and what she went through with my grandmother, because it has traumatised her like it has traumatised me. My grandmother, in a rural nursing home in palliative care with days to live, was left for three days without pain medication while her doctor went on a golfing trip. He did not arrange for any other doctors to come in. The hospitals denied her access because of a misinterpretation of laws. If you choose to not be resuscitated, in some cases they will deny you pain medication based on that. It is not the first time I have heard of it, but then I witnessed it. She was denied a dignified death and she died screaming in my mother’s arms. What she was screaming was ‘Help!’ No-one would help her—not the nursing home, not the doctors, not the hospitals. My mother has been so traumatised. It aged her so badly.

It is like the housing crisis. When we look at what happened to my grandmother we always seem to come back to the same thing: money. Do they have enough staff? Do they have enough finances? Do they have enough doctors in town? Money, money, money, money, money. Look at what happened to my father. Money, money, money. I think this is where aged neglect is a bit different from DV, because with DV sometimes it is money motivated, but a lot of the time you have a partner with a lot of issues taking it out on the other partner. It is not straight out money. You would be hard-pressed to find an elder abuse case that did not come back to finances in some way.

I find that my generation is pro-euthanasia. I am not. When I discuss with them why they would prefer to die if they were in a palliative state, they discuss fears of abuse from family, institutions and the state, but most of all they fear what would happen to them in a nursing home. They would rather die an early death than wind up there and see what they saw happen to their grandparents or parents.

I think the past generation knows that we are very well supported in life. As we come into this world, we have an array of teams keeping us there, watching out for mother and child, watching out for family. We are supported all the way. Yet when we get to the end of our life we are so unsupported. We are often left alone to die in nursing homes, with a palliative care worker dropping in once or twice a day just to make sure you have not fallen out of bed.

We cannot respectfully and humanely deal with the concept of euthanasia until we make life more worth living. That is my answer, because you cannot consider the array of abuses that we worry about as a genuine option away from that concept. The reason I bring it up is that whenever I mention my grandmother people say, ‘That’s why I am for euthanasia.’ Well, actually I am for supportive palliative care with the correct medications and a better way of following through when people are not

doing the right thing. That doctor in town was known for doing this to people in the nursing home. He had little to no care for the aged dying. He cared about the young dying but not the old. There is an attitude problem, but older people still count and their death is important to them. To do it with dignity and pain relief is just so important. We are just not ready as a society to deal with the concept of euthanasia.

If I could change things, I would, much like DV laws, make specific laws just for elder abuse. That would clog a big hole because it is being used as an excuse across the board for inaction. It fits in with other types of abuses, but because elder abuse is not specific they will not act.

I would like to see elder abuse ads as prevalent as seatbelt ads, drink-driving ads and smoking ads to remind my generation and people younger than me that we are simply not entitled to our parents' things, not when they are dead and not when they are alive. Even in death, they are in control. They have a will. If they want it to go to charity, if they want to spend it all before they die, that is their choice. We are not privileged to our parents' wealth and assets. The community needs to understand this, as we move towards a bigger housing crisis. Mum and dad are not the solution to your problem; the government is. Spend less time trying to find ways to get money out of mum and dad and more time petitioning the government to make our future and our retirement look something like the boomers had, because right now we do not. At age 45 I have spent my life trying to save for a house and realised a few years ago that it was not going to happen. I have made my peace with that. I would never try to make that somebody else's problem, particularly not somebody I love dearly.

The state should also consider having a third compulsory choice when people are making their end-of-life decisions—medication or no medication. I do not believe that it is up to some strangers at a hospital or a stand-in doctor to be making choices on palliative medications. I think that needs to be set out like other aspects of their end-of-life choices, and it does need to be specific. When I talk about my grandmother, most often I hear, 'That happened to my grandparents. They wouldn't give them pain medication. He said, "Don't resuscitate." The hospitals wouldn't come. Nobody would help.'

I also believe that the state should reconsider euthanasia until we have sorted out this mess. I do not believe offering that choice in a situation where our elderly are being so manipulated and we have no control over the situation at this moment. We cannot consider it a viable option when there are clearly no other options available that do not include the fear of abuse and neglect.

These are really dark thoughts that I have every day. I go to sleep thinking about these things and I wake up thinking about these things. That is why I am in therapy. I do not have too much more to say on the matter. Once again, I would really like to thank you all for listening because, for the first time since I found out my father had dementia, I feel a little bit lighter in the heart.

CHAIR: Tara, I want to firstly thank you for the service you do as a foster parent. I think that is such a special role in the community and one that we can only wish for more. I know that it takes a lot of heart to be able to give yourself in that way, so thank you for that. I want to acknowledge your courage. As much as you have said it feels that there is a little lightening of the load, what you have done in raising your voice is you are giving a voice to the vulnerable in our community who cannot or will not for stigma, for shame or for a whole myriad reasons have their say. I really want to acknowledge that and say thank you for raising your voice.

This committee hears you. We hear your pain and your suffering but, most importantly, we hear the fact that you want to make a system that is better. That is why we are here. This inquiry is bipartisan. We have members of the Labor Party and members of the LNP. Nick, who is not with us today, is a member of the Katter's Australian Party and he will be reading the transcript. This inquiry's purpose is bipartisan because it is not one party or the other that thinks there is a problem in Queensland. It is all parties saying that we see elder abuse. We know that elder abuse is occurring and we want to look at what interventions we can put in place, what education we need to have for our community and what systems response we need. I know that the gentleman from the Council on the Ageing earlier gave us some recommendations.

It is to make sure that we have respect for our elders at the heart of what we do here in Queensland. Evidence like yours that tells us, not just the nuts and bolts of the policy—and that is really important, so I do not wish to diminish the wisdom of what we have had shared with us today—but where you have seen failings of the system or where the system just did not meet the need, helps us. It informs us, and that is so incredibly important. Our practice as a committee has been that in such circumstances, when you are so raw and so honest, we have not asked questions previously. On behalf of the committee, I thank you once again for you taking the time to share with us. I am so sorry for the loss of your dad.

Ms Brussell: Thank you all again for taking the time to be here. I really do hope we can move forward in the future. It is not going to be an instant fix. This is something that multiple generations need to be set on the right track to fix. This is a good start, so thank you so much.

CHAIR: Thank you very much.

FOELZ, Ms Maree, Domestic and Family Violence Project Officer, Settlement Services International

PERRY, Ms Astrid OAM, Head of Women, Equity and Domestic and Family Violence, Settlement Services International (via teleconference)

CHAIR: I now welcome the representatives of Settlement Services International. Thank you so much for joining us. Maree, would you like to make with an opening statement?

Ms Foelz: We thank the committee for inviting SSI, Settlement Services International, to present today. We acknowledge the traditional owners of the land—the Yagara language speaking peoples and the Yugambeh language peoples.

The SSI group is a national not-for-profit social services organisation, with its primary focus on migrants and refugees. While we deliver services across the east coast of Australia, we have operated in Queensland—some of you would know the name Access Community Services—for over 40 years across the south-east and now from the Gold Coast to Moreton Bay, to Ipswich and North Queensland. We provide extensive settlement services to new arrivals including older people who may arrive to support their children and grandchildren, often not having full access to health services due to their visa conditions and the expenses associated with health care.

It is important to also state here that the perceptions of older people and aging can vary across our many different cultures. Therefore, elder abuse may be more common in some cultures than in others. As previously mentioned, even the word ‘elder’ for communities often refers to community leaders or church leaders, so even that name would need some consideration.

In Logan, SSI provides aged-care navigation services for multicultural communities which cover casework. In that context only, there may be some contact with residential aged-care services. However, we see elder abuse in the context also of domestic and family violence. Our funding covers casework only and, sadly, is insufficient to provide much needed education on aged-care services and elder abuse. Here are some of our key findings from the aged-care navigators and our domestic and family violence services.

Elder abuse, as we know, is often hidden and in multicultural communities more so. Cultural values such as family loyalty, deference to children and avoiding shame can deter older people from disclosing abuse. They may also normalise controlling and coercive behaviours by family members, and they face the language barriers, limited social networks and high levels of dependency, thus increasing that vulnerability and limiting access to services and exercising their rights, if they even know their rights.

Financial abuse is a major concern. CALD seniors may lack financial literacy or be unfamiliar with the Australian banking and social services system. Family members often may, and do, take control of pensions, aged-care payments or financial decisions and pressure seniors into transferring assets or signing documents they do not understand. Adult children often manage all of My Aged Care and financial communications due to a lack of digital literacy, leading to informational abuse, where seniors are kept in the dark about their entitlements or decisions made on their behalf. With aged-care reforms, introducing co-contributions and more individualised funding, there is a risk of increasing financial manipulation and coercion. Families may misuse care funds by acting as intermediaries.

There can be mistrust of institutions and a fear of authority, especially from our seniors from refugee or war affected backgrounds. This can be exploited by family members. Misconceptions about visas, housing or eligibility for services can be used to intimidate our CALD seniors into compliance or silence them with them fearing repercussions or being put in a home which often prevents people from seeking help. Being in a home is also associated with shame in many of our communities.

The scenario we most often come across in elder abuse is the financial abuse also through grandchildren, especially when parents of the grandchildren are away at work all day. In some cultures older people are revered. In other cultures they may be undervalued. In our more collective cultures and multigenerational households, income might be used for the benefit of the whole family. However, consent may never have been sought from older people to use their income in that way or for the whole family.

SSI recommends embedding safeguards through the Care Finder Program, for example, into aged-care reforms, as the suggested reforms may facilitate and increase elder abuse given the limited understanding some of our multicultural communities have of government systems and the decisions they should be making under that new system. It means that family members can take decisions for them which may or may not be in their interest.

There is a strong need then for consumer protection, investment in community education and engagement, partnering with our other ethno-specific organisations and multicultural services and community leaders to raise awareness of elder abuse. We must maintain non-digital access, face-to-face support options and bilingual workers and interpreters and culturally responsive social workers, particularly in high-need areas like Logan and Ipswich. We need to deliver information through trusted community channels, such as churches and temples, and in language groups and community events.

As for the wellbeing of older Queenslanders, it has to be said that the services targeting multicultural communities are currently quite insufficient, let alone ethnic-specific services where one can speak in their own language and feel at home among that culture. There is a need for a holistic review that focuses on multicultural communities in our highly diverse areas. Thank you very much. I am happy to answer questions or take them on notice.

CHAIR: Thank you very much for your opening statement and for the work that your organisation does for Queenslanders. My question relates to the highest risk that your organisation identifies. As an example, the highest risk identified in Hervey Bay was related to isolation from family, so the risk of service related elder abuse was enhanced because people had moved to Hervey Bay for the lifestyle for their retirement, but that meant they no longer had access to family in the same way that they may have had if they had remained in their original communities. For your communities what would you say is the highest risk related to elder abuse?

Ms Foelz: I think the lack of education and awareness and understanding that it actually is a factor, that some of the behaviours our elders may be experiencing are, in fact, elder abuse or abuse of older people. Generally, across the realm of domestic and family violence community education is a big need and it is a big part of the work I do across our region in South-East Queensland.

CHAIR: Is that exacerbated in any way by limitations related to access to interpreters, bilingual resources and things like that?

Ms Foelz: I will speak and Astrid may want to speak also.

Ms Perry: The relative isolation and lack of knowledge of their rights limits them to access like Maree said. There are simply not enough services in their language because interpreters only come into the equation when you have a conversation with someone. The day care groups, for example, in language are an amazing vehicle to pick up what is going on at home. Because it is in language, they are trusted to go there. To go and seek help outside the family is always an issue of shame as well because the family is expected to look after the elderly. We find that isolation is also geographical. Often the younger families cannot find any longer accommodation near their parents because it is too expensive so they become even more isolated and the families have to travel a long way to take care of them, which means that often they are on their own for quite a long time. There is that issue of isolation that can occur also in our families.

Ms BOURNE: Thanks so much for your opening submission. You have touched on this, but do you think it is clear to the community where they can go for help if they are a victim of elder abuse? Are all groups supported, for example, multicultural, refugee, LGBTIQ+ and First Nations people? Do you think it is clear?

Ms Foelz: It is not clear enough. The fact that in places like where we are seeing our communities move into Ipswich, for example—and you will hear from Ipswich more this afternoon I am sure—we do not have those multicultural services there for generic service support. A lot of our identification of family violence or potentially elder abuse comes from a client seeking support for their settlement journey. What we have done with our team and, in fact, in my settlement team is to build their capacity to understand and identify any red flags. That is where we will pick up indicators of any elder abuse but unless it is really serious and maybe there is a police response, then the number of places those people get referred to is very limited.

Ms Perry: I might answer that too. The most important first responders would be the health system to ask extra questions and for the GPs to ask extra questions. Even if the access point was known—and I agree with Maree, it is not known well enough where they could go for elder abuse because they rarely have a specific service for elder abuse—they would not necessarily approach Logan

directly an elder abuse service. It would usually be through an intermediary who said, 'Look, this is not right,' or, 'We can do something about this.' We should think about first responders and who would be well placed to have that conversation with a person.

Ms ENOCH: That last bit of the conversation changed my question. In 2021 the report on the inquiry into social isolation and loneliness was delivered by the previous government. Recommendation 7 was about social prescribing. When you think about prevention, early intervention and other avenues to be able to support people, is social prescribing a piece of work that SSI is interested in or has used or has researched at all?

Ms Foelz: That was a little before my time. I am not sure if Astrid can answer some of that.

Ms Perry: Yes, I am just thinking. Social prescribing—you would have to explain a little bit more to me about what social prescribing is.

Ms ENOCH: Basically, it is another way of being able to wrap supports around people, not just through physical health facilities. Often it is happening in community development kind of circles where you wrap a whole heap of other supports around a person and there is an individual plan et cetera.

Ms Perry: Yes. We absolutely would support that.

Ms ENOCH: Like a prescription, but not for medicine but for support.

Ms Perry: We would be interested in it. In a way that is a lot of what we do in our aged-care services and also in our settlement services. We develop a plan with them to go forward with. The prescribing is the interesting bit to me. It sounds like it is a little bit more directive. In some ways that could work in ethnic communities because it is often somebody else, particularly a GP in language, who has the power to persuade someone to do something about it. A level of prescribing could be quite beneficial because we are then standing alongside the older person and their rights which could influence an improved approach.

Ms Foelz: We have other models of that around our housing responses and certainly our footprint, particularly in Logan, has established many strong connections with our other partners. Of course, we see that in the DV sector as well with our integrated responses and our high-risk teams. While the concept of a common risk and safety framework that we have across the domestic and family violence sector can include our elder abuse—some of those factors—something more specific to our elders and CALD elders could be beneficial.

Mr DALTON: My question relates to visas. I know within domestic and family violence when we have some partner visas granted there seems to be an ability for one party to get away with DV because they threaten that they will not support that person. Have you noticed that within the elder abuse framework, that we are getting families come in on a family visa and there is the potential to use that as a catalyst to say, 'Don't you start telling anybody what we're up to here'?

Ms Foelz: I will answer first and Astrid can add. I must admit I am not a huge expert on visa categories. Absolutely anecdotally, we see that in the mix of what we see as an extra use of the dynamics of coercive control for our families in our migrant refugee communities that, 'I'll send you home,' or, 'I'll take away your visa,' which of course is not necessarily the case. The fact that the older person does not know that—and often in our families even people on partner visas do not know what visa they are on. A lot of our older community members do not know what type of visa they are on. Sometimes the more controlling partner or husband in some cases will hold that visa and hide it away. Visas are used in that type of controlling behaviour quite significantly and that would relate similarly to our older people.

Mrs YOUNG: My focus in a culture context goes to the family that would often be seen as potential perpetrators in a culture where it is quite common that financial resources go back to the family to support the family as a whole. How do we manoeuvre that because we do not want to come in and just sort of dictate, 'You can't do that.' What would you recommend to tackle that one?

Ms Foelz: It is complex because of the nature of how finances are provided to our families and we even see the dynamics change in families when mum has a few children and they get support from Centrelink or Services Australia. I am not sure. Astrid, would you like to add to that?

Ms Perry: That is okay. The key issue is about consent because we are not saying that sharing of the finances is unacceptable. What is unacceptable is if they do not consent to it. In many cultures the money is pooled for the better good or bigger good of the whole family but people do not usually fall short of anything they want or need because it is an agreed system. When it is exploited, then that is the issue.

I have seen a case where the elderly were put in the garage to live, were hardly fed, they were not invited to the main house to sit around the table and eat, and they became completely isolated. It was only through our day care services that we picked that up because we pick them up once a week. That is then no longer an agreed system. If it is an agreed system and they feel included and they have what they need, then there is nothing wrong with it. It is just a system that has been a cultural practice for many years. It is about when it becomes abusive and whether the person has a gateway to actually complain about it and have it rectified.

CHAIR: I would like to thank you, Maree and Astrid, for your time here today and for following up, knowing that only last week we had you for our domestic and family violence legislation inquiry. Thank you for your time and thank you for your willingness to come and speak to our committee today. We really appreciate it.

Wood, Mrs Beverley, President, Logan West Meals on Wheels

CHAIR: I now welcome Mrs Beverley Wood, who has been next door cooking up a storm for Meals on Wheels to look after the community of Logan. We heard earlier today about Meals on Wheels and the unique position they have in attending isolated people's homes. It is a great opportunity to have you come and speak to us today, Bev.

Mrs Wood: I think this is a wonderful thing, which I have never come across before—all these numbers and inquiries for elder abuse. I have not dealt with it personally but a few of our delivery volunteers have had to deal with clients upset over family who might be interfering or something. We have never had a number to say who they could go and talk to. We have just calmed them down and that sort of thing. I think they get worried that if they talk to us then we might contact their relatives and dob on them, if you like, or that sort of thing.

I think this is wonderful because we are governed by Queensland Meals on Wheels, QMoW. They have always said that we can help our clients but we cannot do it for them. We can nudge them in the right direction with the right telephone numbers, but we are not allowed to interfere, ring up and do it for them. I would absolutely love these flyers. I could send them out to every one of our clients so that they have it there and know who to call if they are in distress.

CHAIR: Mrs Wood, we will make sure that you have enough flyers to distribute to all of your clients. I think what you raise is probably one of the greatest challenges that has been identified by not only the submitters but also hearing participants, which is that our more mature Queenslanders are not always on social media or no longer go down the street to pick up the paper every day so how do we make sure that they have access to the information that they need to educate themselves as well as protect themselves. Do you think that there is a role for not-for-profits like yours?

Mrs Wood: I think this is a good way of getting that out there to them because they would not know. I did not know there was a number. Obviously, I have seen adverts on TV for Beyond Blue and things like that where you grab a number. The oldies do not sit there and really take it in, but if they have a flyer that gives them the number and we can help them that way then they can contact people.

Ms BOURNE: Mrs Wood, I am absolutely delighted that you have managed to come along today because in a number of our inquiries the issue has been raised about Meals on Wheels being the ones going into the home and they see the situation and they can see a situation deteriorate. I am really pleased that you have come along today and also managed to get some of these forms.

Mrs Wood: Thank you for inviting me to talk. We tend to miss out on these things. It is nice that there is a group of you that wants to include Meals on Wheels to deliver this and get the word out there for them.

Ms BOURNE: Perhaps Meals on Wheels needs to do some of this in their training when new people come on board, just to let them know about this service that is available.

Mrs Wood: Absolutely. We are quite happy to deliver flyers and let them have these numbers.

Ms ENOCH: This is Linus and my local Meals on Wheels and it is lovely to see Bev here.

Mrs Wood: It has been a long time.

Ms ENOCH: It has been a while since I have seen you, since before the election, I think. It is good to see you here. I know that from everything that you have shared with me over the years the number of people your volunteers see on a daily or weekly basis is quite high. The needs of those clients are quite complex sometimes. Simply knocking on the door and making sure that they are home to receive their food makes a huge difference. Between the knocking on the door and providing the food and then when your volunteers see something that needs some assistance, is there anything there that you think a government might be able to step into to support Meals on Wheels?

Mrs Wood: We do get some people who are very lonely and the volunteers have asked me how we can help. I am not really sure if there are groups out there that go to the homes and maybe have a little chat and a cup of tea—I do not know. It is something that I should take some time to look into because several of our clients get very lonely. They will say, 'Do you think you could come back this afternoon and have a cup of tea with me,' but of course we are all volunteers and have other things to get on with, I am afraid. Sometimes it is pretty sad because they do not have relatives or if they do they are in Sydney or Melbourne so they do not get any sort of contact. I do believe that probably BlueCare and Anglicare and those sorts of people would have people who would come out and talk. I am not sure how they would get on board with that if they are not having any services through BlueCare or Anglicare et cetera. Do any of you on the panel know how to deal with that situation?

CHAIR: The member for Mackay, Nigel Dalton, has a suggestion.

Mr DALTON: Mrs Wood, I was a police officer before I took on this role as an MP. Only a year ago I was giving elder abuse talks to seniors in various places throughout Mackay, where I live. I would suggest you contact the Logan police. They have a Prevention and Engagement Unit. I know they will be able to give your volunteers some education, some flyers, in that area of elder abuse and many other areas as well. Put on your list of things to do contacting the prevention unit and invite them to come to a meeting with your volunteers and they will be able to help you in that area.

Mrs Wood: That would be great. Thank you very much.

Mrs YOUNG: I do not have any questions for you, Mrs Wood, only to say thank you for all you do.

Mrs Wood: Thank you. It is lovely to meet you all. I will let you get on with your meeting. Perhaps you could get some more of these flyers for me?

CHAIR: Ladies and gentlemen, that concludes this public hearing. Thank you to everyone who participated today. Thank you to our Hansard reporters as well as our committee secretariat. The transcript of the proceedings will be available on the committee's webpage in due course. I declare this public hearing closed.

The committee adjourned at 10.53 am.