



EDUCATION, ARTS AND COMMUNITIES COMMITTEE

Members present:

Mr MA Hunt MP—Acting Chair (substituting for Mr Krause)

Ms W Bourne MP

Mr NG Hutton MP (via teleconference)

Ms SL Bolton

Miss AS Doolan MP

Ms JM Bush MP (substituting for Ms McMillan)

Staff present:

Ms L Pretty—Committee Secretary

Dr A Lilley—Assistant Committee Secretary

PUBLIC HEARING—INQUIRY IN ELDER ABUSE IN QUEENSLAND

TRANSCRIPT OF PROCEEDINGS

Friday, 28 February 2025

Noosa

FRIDAY, 28 FEBRUARY 2025

The committee met at 2.30 pm.

ACTING CHAIR: Good afternoon. I declare this public hearing open for the committee's inquiry into elder abuse in Queensland. I would like to acknowledge the traditional custodians of the land in the Noosa region. My name is Marty Hunt, acting chair of the committee this afternoon. I am substituting for Mr Jon Krause, member for Scenic Rim. Mr Nigel Hutton MP, the member for Keppel, is the usual chair of this committee. He is unable to join us in person this afternoon because of weather events up north. He is joining us on the phone and he has asked me to stand in as chair for this particular meeting. Also with me here today are: Miss Ariana Doolan, the member for Pumicestone; Ms Wendy Bourne, the member for Ipswich West; and Ms Jonty Bush, the member for Cooper, who is substituting today for Ms Corrine McMillan, the member for Mansfield. I also welcome Ms Sandy Bolton, the member for Noosa, who joins us in Noosa this afternoon with leave of the committee. At this point in time I would invite Sandy to briefly address her local community.

Ms BOLTON: Thank you, Acting Chair. I would like to thank the committee for coming to Noosa. Elder abuse sometimes has a stigma attached to it and there are not open conversations about the forms it takes. Often when we are out and about talking to individuals on the street we meet people who might give what they are going through a different label than elder abuse. This inquiry gives us a wonderful opportunity to talk about some of those issues. I am really pleased to see some of our residents here, and I acknowledge Mayor Wilkie and Kerri.

I will briefly provide a couple of examples that may not have been considered previously. I might have a 78-year-old resident who is couch surfing as a result of protracted court processes that sometimes go on for years, and even though they are told that priority is given to them because of their age they are still couch surfing years later. There are numerous examples, and hopefully today we will hear more about those. Thank you to everyone, and again thank you to the committee for coming to Noosa.

ACTING CHAIR: Thank you, Sandy. The purpose of this hearing is to assist the committee with its inquiry into elder abuse in Queensland. We are here today in Noosa to hear your views. Please take this opportunity to share your experiences with us. This committee is a committee of the Queensland parliament and its hearings are subject to the rules of parliament. These proceedings are being recorded by our Hansard reporters and will be published on the parliament's website. If you have any concerns about this, please talk to our committee secretary. Media may also 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 the proceedings and images may also appear on the parliament's website or social media pages. Please turn off your mobile phones or put them on silent mode. I will invite anyone who has indicated they wish to speak up to the table to give us a brief opening statement, after which committee members may have questions for you. I will call you up one at a time.

CONTINI, Ms Kerri, Director, Community Services, Noosa Shire Council

WILKIE, Mr Frank, Mayor, Noosa Shire Council

ACTING CHAIR: I invite you to make a brief opening statement if you have one, after which committee members will have some questions for you.

Mr Wilkie: Thank you, Mr Acting Chair. I also acknowledge the traditional custodians of the land on which we are gathered here today, the Gubbi Gubbi people, and pay my respects to elders past, present and emerging. I also reiterate their invitation for us to join them as joint custodians in respecting and caring for this place that we all love and, more importantly, respecting and caring for each other. I especially welcome members of the Education, Arts and Communities Committee which is conducting this much needed inquiry into elder abuse in Queensland. I also, of course, acknowledge our esteemed local member, Sandy Bolton.

At the outset, I would like to state the importance of this issue, especially in light of Noosa's population demographics. We have a growing demographic of older people in Noosa—we have a significantly larger percentage than other areas in Queensland—and 24 per cent of people in Noosa

live in single-person households. Older people are supported and encouraged to live independently. This has significant positive benefits but it does expose this vulnerable group to risks, one of which is elder abuse. Population trends in the Noosa LGA include: 36 per cent of Noosa residents are aged 60 years and over compared to 22.8 per cent for Queensland; and 17.8 per cent of Noosa residents are aged 70 years and over compared to 11.9 per cent in Queensland. The largest changes in age structure in this area between 2016 and 2021 were: seniors, 70 to 84, we have an additional 2,650 people; empty nesters and retirees, 60 to 69, we have an additional 580 people; elderly, 85 and over, we have an additional 238 people; and 12.8 per cent of Noosa people aged 65 years and over live in single-person households compared to just 9.6 per cent in Queensland.

I will outline the council's approach to supporting older people before we go on to our priorities. Noosa council supports the healthy aging of our older residents in a variety of ways, including fostering social connections, physical and mental wellbeing, and education. Noosa Seniors provide in-home support, home maintenance, day respite and programs to enhance education, awareness and social connection. The Living Well Noosa program provides: introductory activities to support physical and emotional wellbeing and enhance social connection; healthy aging activities and events across our community services and facilities; and community education programs through services such as our libraries and Noosa Seniors, where we are meeting here today, and relevant topics including aged-care services, cyber safety and wills.

The Noosa council encourages—as I am sure many others have—more funding to enable programs to support older people, enhance social connection and improve physical and emotional health via education programs to help the community understand what elder abuse is, how to recognise the signs and what to do about it. We also advocate for education programs to help older people know what to do if they are experiencing abuse and the retention and greater promotion of the Elder Abuse Helpline. Everyone knows about the youth helpline but not so much the Elder Abuse Helpline. I am here today with our Director of Community Services, Kerri Contini, who will assist me if you have any questions.

ACTING CHAIR: Thank you, Mr Mayor. You mentioned the Living Well program. Can you expand on that and what sort of services it provides in practical terms?

Ms Contini: Our Living Well program operates across the community and allows people to step into the space of getting some assistance through yoga, coffee and a chat, or an art program, for example. It does not require them to be expert. It does not require them to commit for 12 months. It just says, 'Come along and make a start.' It is either low cost or free. One of the most important aspects is to create that sense of communities and connection in a safe way. We are a big believer that sometimes the easiest way to have difficult conversations is not to make that the topic of the event, but at a yoga class a conversation might happen on the side and then through that we are able to support people. We find that we are better able to support people if it is done in a soft way. Sometimes when we make something a particular topic we do not get the same attendance as we would if we did it on the side.

Ms BOURNE: We have been very fortunate in this inquiry to hear from a lot of people who are doing some very good work in the elder abuse space in terms of programs they are running or hotlines and different things like that. Do you have an opinion on whether the three levels of government are working well together to deliver all of these programs, or do you think we could do that in a better way?

Mr Wilkie: I think the fact that I cannot give you an answer as to whether the three levels of government are working effectively together indicates that perhaps more work needs to be done. I am certainly not aware of how well the three levels of government are working together. I think there needs to be more general awareness about this topic, which is why your inquiry is most welcome at this time.

Miss DOOLAN: Do you have your own ideas about how we can improve our response to elder abuse?

Mr Wilkie: I would like to reinforce the priorities mentioned previously about advertising campaigns and community awareness campaigns about what elder abuse is and the signs that it may be occurring to an individual. If we can go to that level of detail in a public advertising campaign—it might need to be graphic, but it is not a pretty topic we are talking about—I think greater community awareness is the key. Personally, I would not necessarily know definitively what the signs are. I may have an instinct about whether someone is suffering abuse, but I am at a bit of a loss as to whether I am on the money or not except I have an instinct to inquire about people's wellbeing if they seem

unusually uncertain of themselves or there are marks on their body. There are other forms of abuse which are well hidden, and I would not be alone in being someone who says they are unskilled in being able to recognise that.

Ms Contini: What we see is that sometimes people will have, as Mayor Wilkie said, an instinct that something is not quite right and then they do not know quite what to do next. They do not want to take the step, for example, of ringing the police and they are not sure what else to do. Elder abuse might be a topic that we understand well because they are words that we use, but it is not necessarily a term the general community uses. While the elder abuse component of the state's website is fantastic—there is an amazing amount of resources there—I do not know that a member of the general community would easily find that. I think it would take a level of knowledge to know that is what to search for and to then go and get the information to know what to do. Often we see that people know or feel there is something wrong but really are not sure what to do about it.

Ms BOLTON: Going back to the Living Well program, what I am trying to understand from the residents I talk to is how they get this information? It may be in My Aged Care packages; however, they are unaware of what is available. For those who are isolated and living at home, we have heard examples where the only people they ever see are from Meals on Wheels. How do we get that information into every single household that has somebody who is in need of those services or resources?

Ms Contini: With our programming we go back to basics. For a demographic that is isolated at home, we know that some type of abuse comes around withdrawal of technology. While technology is amazing at being able to distribute messages quickly, efficiently and in a cost-effective way, there are barriers to it. With a lot of our information we resort to paper leaflets. At least that is something that can go on a fridge so it is easily accessible. It is simple for somebody to use with a phone number on it to get help or some clear instructions to just get some help.

Ms BOLTON: Is that delivered to every household? I am just trying to understand it.

Ms Contini: I think it is going through existing providers, Ms Bolton. I do not think that there is a single solution because a lot of people living at home, particularly those on their own, might be getting services through a variety of ways. There is not one common way that they would receive it. This is where the question was asked about how levels of government are working together. There is an opportunity here. It is not just around levels of government working better together; it is about our wonderful not-for-profit service providers, our other agencies, working better together in this space rather than each of us using precious resources and doing it on our own.

Mayor Wilkie referred to Kids Helpline. That took a coordinated approach from many people for that to get traction and for people to start to be aware of that. I think it is the same with the Elder Abuse Helpline. It needs people coming together so that that becomes something that everybody is familiar with.

Ms BOLTON: Acting Chair, can I sneak one more question in?

ACTING CHAIR: I will point out that, according to the hearing program, the time has expired for these witnesses. However, I understand we have some free time at the end so I will allow this session to continue.

Ms BOLTON: We do have some residents who are not with providers. Do you have a suggestion as to how we can reach them?

Ms Contini: Once again, I think it is networks coming together. For example, in this community our aged-care providers come together. The council actually facilitates that. I think it is about using the forums that already exist and not trying to invent something new. Where there are working forums we need to use those more effectively.

ACTING CHAIR: Member for Keppel, do you have anything to ask?

Mr HUTTON: I do have one question. I am very conscious of your capacity to hear me. Please accept my best ambitions. One of the things that has been raised by a few of our communities has been around the capacity to network the services within a community so that the education is not just on constituents but rather on the agencies that may be visiting them at home. Obviously, living in an urban centre you are likely to have many more providers, especially in the NDIS space. Does council feel that there is a good network or mapping of service providers? Could you provide that to the committee to help with education and outreach to providers in the local area?

Ms Contini: That is an excellent question. Council facilitates those networks. It does so so that we can get buy-in from the centre managers. We often find at a regional, state or national level with those service providers that there is very good awareness, but it is in the facilities themselves where we find we have to do the work to help them know locally and in terms of the state resources what to do. In Noosa we are a community of the size that we can facilitate that ourselves. I could not comment on the rest. That may be very difficult to do elsewhere.

Ms BUSH: There are two areas of interest for me with council. The first is in relation to place-based responses. I absolutely agree with your point that education is key. The next step of course is once people's awareness is piqued is: 'Where do I go and what do I do?' This morning people raised place-based responses where multiple agencies come together to coordinate a response. I am interested in your views on that. The second part of my question is around libraries. We had a submitter this morning who said that her library was her lifeline in terms of bridging that digital divide. Do you see libraries as playing a key role in that and is there a possibility for enhancement in your opinion?

Mr Wilkie: The Noosa council coordinates a lot of round tables with service providers. I think that would be a good starting point. Would you agree, Kerri?

Ms Contini: I would. I think a place-based approach is very important. We see with a place-based approach that sometimes there is a sweet spot in terms of size. It is very difficult with an issue like elder abuse to take a place-based approach in a very small community because it might be evident there are very strong connections and sometimes you need to step out a little bit. We say that we are the shire of villages and they are very strong villages. Our focus is on strong communities, strong connections. Normally within that community somebody who is at home will be getting services. An older person will have some connection. Education and promotion is important in that context. I think in a small community there has to be an avenue as well.

Your question around libraries is an interesting one. We have social workers and community development workers operating through our libraries. We find it is a trusted space and it is a space that has no judgement so people feel they can ask all sorts of questions at a library. We find it is a very effective way of getting information out, but we also find it is an effective way of linking people into services. Just like we were talking about before, on the edge of a service you can have a conversation and provide a pathway into something.

Ms BUSH: Do many libraries have social workers in them? I have not heard of it.

Ms Contini: I think we are one of the first certainly in Queensland to have them. We have found it very effective in being able to link people into local services within their community. Often people with an issue think we have to be inventing new services. I often find that is not the case. The services exist. We have amazing community organisations. It is joining the dots at the time that the person needs it. We are surrounded by information so people filter it out because they do not need that right now. We need to be able to help link people in at the point they need help.

ACTING CHAIR: Thank you, Mayor and Kerri, for coming along today.

Mr Wilkie: Thank you for the invitation. I wish you well in your work. It is very important.

PLOWMAN, Mr Ross, Private capacity

ACTING CHAIR: Thank you for coming along today, Mr Plowman. I understand you drove quite a distance to be here. We are very keen to hear what you have to say. Thank you for making the time to come and present to the committee. I invite you to make an opening statement. We will ask any questions afterwards.

Mr Plowman: What you are going to hear today is probably a little different to what you have heard so far. I am going to come at it from a different angle. I will read this statement to you because I have prepared it and I would like to stick to it. If you want a copy of it later, you can have it. This is only the start of what I am going to contribute. This committee has pre-empted a public submission from us in the media and everywhere else about elder abuse. I have been working on this with a solicitor for quite some time. You pre-empted it. All of this is going to come out in the next few weeks. We will put a big submission into you by the due date.

This committee has now heard from government entities and non-government entities about elder or older abuse. It does not matter about your age, sex or origin; do not categorise it. Call it for what it is—abuse. All people need to be protected from abuse—full stop. Their submissions describe regular and increasing abuse in all forms. What does this tell you? It clearly tells you that the current laws and policies are not effectively providing trust and protection to people. How many government and non-government people are employed in this field and what is the cost? The abuse is increasing. This clearly indicates that the current laws and policies are not working effectively. Changes are needed; hence the reason for this inquiry.

I am not going to tell you today how to fix the abuse. I am fully committed to participate in this issue with changes in the future. I am going to give you an insight into what is wrong with the current guardianship and financial administration system in Queensland and, by all accounts, in Australia. I have made similar private submissions to the royal commission into abuse. When completed and in its final form, our future submission to this inquiry will tell you what needs fixing from our experience of over eight years of abuse.

Many other unfortunate people are in the same circumstance. They are also the victims of abuse. Not everyone is able to do what we have done in terms of speaking out and raising awareness of abuse because of their personal circumstances. Much of the personal drain, anguish, mental trauma and torture caused by the abuse is hidden by not being reported and recorded due to fear and loss of privileges.

Examples of our real-life abuse will be reported and explained in our future submission. It is fully supported and corroborated by substantiated evidence. Our future submission will also clearly demonstrate the extensive legislative changes that are required to bring about the change needed to stop the abuse, the physical and mental trauma and the financial damage inflicted on victims.

The inquiry entities have admitted full knowledge of abuse in all its forms. Inquiry entities admit it is increasing. Inquiry entities have avoided identifying the real causes of abuse. Inquiry entities have continued to fail in making clear recommendations for real and positive change that would appropriately, effectively and efficiently reduce and even eliminate the abuse. Inquiry entities, through their avoidance and failure to make the recommendations needed, have effectively been causing or even promoting the continuation of abuse. The inquiry entities have been betraying the trust of victims. The inquiry entities, that have already made submissions to this inquiry, are devoid of a motivation to change and should be considered accomplices in terms of the continuation of abuse. Inquiry entities are responsible for change and devising clearly defined solutions to the abuse. Inquiry entities should be publicly promoting such solutions. Inquiry entities have admitted their failure to protect the victims of abuse. Inquiry entities have betrayed trust by previously not providing solutions to proactively reduce and solve abuse under the Queensland legislative system. Why have the inquiry entities failed when their express purpose is to protect the vulnerable against abuse? Inquiry entities must be held accountable for not acting and betraying trust.

The purpose of my statement and substantiated evidence I will provide is to convince you that nothing less than strong recommendations to the Queensland parliament or a royal commission into elder abuse should be made as a matter of priority. Through a royal commission funded by the Commonwealth government, Australians may get a national guardianship system at a federal level which is much improved, including in terms of addressing or even eliminating abuse.

I will make myself available to the committee for whatever time is required to explain my submission and evidence to ensure you fully understand the seriousness of the current guardianship and financial administration system. I have inoperable stomach cancer because of the years of stress caused by the guardianship and financial administration system. Please accept my invitation as soon as possible as I do not know how much time I have left to live.

The corrupt entities that facilitate abuse are: QCAT; the Office of the Public Guardian; the Public Trustee; Queensland Health; and the Queensland Police Service. These corrupt entities are in a position of trust and, knowingly and with intent, continue to condone the repeated abuse, particularly of vulnerable older people, causing them and members of their support network physical, mental and financial harm and distress. They are fully aware of the shortcomings of the current laws that allow this continuing abuse. They knowingly and with intent have not responded by initiating and promoting changes to the Guardianship and Administration Act and other associated acts that govern the corrupt entities. They have knowingly and with intent not responded to effectively identify protective safeguards for the abuse of old, vulnerable and impaired people. They are not acting responsibly, pro-actively and taking appropriate action to implement effective reform within their organisations to prevent abuse. They are knowingly and with intent acting criminally in order to actively profit from the abuse of the vulnerable through their financial maladministration, corrupting their fiduciary duties, engaging in malfeasance in public office, committing perjury through their lies, deceit, misleading and deceptive conduct, perverting justice, and allowing continuation of criminal acts of abuse by condoning abuse through their inaction which resulted in the establishment of this committee of inquiry and many other earlier inquiries.

I have substantiated evidence of corruption, maladministration, failure in fiduciary duties, malfeasance in public office, perjury and perversion of justice. My wife and I are honest, law-abiding, reputable, respected residents of Queensland and citizens of Australia. My wife often says to me, 'Where would I be without you?' I refrain from saying, 'In a grave,' because people die quicker in aged-care homes.

My wife's family put her in an aged-care home where she was effectively incarcerated. My wife got herself out of that aged-care home. QCAT was determined to put her back in. We have been knowingly and with intent abused by QCAT, the Office of the Public Guardian, the Public Trustee, Queensland Health and the Queensland Police Service. We have both been knowingly subjected to repeated elder abuse over eight years and it is continuing; repeated human rights abuse for eight years and it is continuing; repeated psychological trauma that has seriously affected our health; repeated psychological trauma that has affected our family relationships; and repeated financial disadvantage.

I am going to tell you what has happened to us in those eight years that has brought all of this about. This is our story.

ACTING CHAIR: Mr Plowman, before you go on, I just caution you to not mention any specific names.

Mr Plowman: No. No names are mentioned.

ACTING CHAIR: Thank you. I just give you a little bit of guidance.

Mr Plowman: My wife and I, we, commenced a de facto relationship in 2023. We were married on 2 July 2018 and she became my wife. We both were and still are retired businesspeople. We each had substantial assets. We had separate houses and separate finances. We enjoyed each other's company and interests, and travelled extensively domestically and overseas each year. There was no unwanted or unnecessary repeated interference in our personal lives. We were living as we both wished, wanted and preferred. We had no elder abuse, no human rights abuse, no financial abuse and no discrimination.

In mid-2017 my wife—that is, my de facto partner at the time—was removed from her own home against her wishes, will and preferences by her older daughter and son in their capacity as my wife's enduring power of attorney—EPOA children—and put in a unit at Cooina aged-care home. This amounted to elder abuse of my wife by the EPOA children. The EPOA children disregarded my wife's Queensland Health psychologist's recommendation that my wife's wish and preference was rather to relocate to a retirement village where she could enjoy independent living as an able-bodied woman. This amounted to elder abuse of my wife by the EPOA children. The Queensland Health psychologist did not recommend an aged-care home for my wife. The Queensland Health psychologist assessed my wife and declared she had full capacity.

The EPOA children accordingly had no valid reason to act under the EPOA and make decisions against the will and wishes of my wife. The EPOA children did not have any capacity assessment of their own done in relation to my wife. The EPOA children did strongly assert and allege that in their view my wife had impaired decision-making capacity. The EPOA children had no expert medical advice of impaired decision-making on the part of my wife. This amounted to elder abuse of my wife by the EPOA children.

In September 2017 the EPOA children arranged for an expedited ACAT assessment of my wife while she was incarcerated in a unit at Cooina. The EPOA children did not explain to my wife the real reason for the ACAT assessment, nor did they ask her if she agreed to it being done. The real reason for the ACAT assessment was to have high care approved for my wife when required in the future. My wife did not need or want high care at Cooina or elsewhere. This amounted to elder abuse of my wife by the elder daughter.

The elder daughter EPOA knowingly and deliberately provided false, misleading and deceptive information to the ACAT assessor. The ACAT assessor noticed that there was no medical evidence of impaired decision-making capacity on file. This amounted to elder abuse of my wife by the elder daughter. The ACAT assessor failed to have the false, misleading and deceptive information provided to her by the elder daughter checked and collaborated. The ACAT assessor failed to contact me to check if I agreed with the information despite knowing that I was the de facto partner of my wife at the time and that I had been in a longstanding personal relationship with my wife as a de facto partner.

The ACAT assessor accordingly did not discharge their responsibility and duty of care. There may have been previous interaction between the ACAT assessor and the older daughter who also works in the disability field. This amounted to elder abuse of my wife and me by the ACAT assessor. This amounted to malfeasance in public office by the ACAT assessor.

In November 2017 the EPOA children and Cooina management knowingly and with intent used the corrupt September ACAT assessment to change and amend my wife's accommodation agreement at Cooina without consulting her and against her wishes, will and preferences and knowing that it would not be in her personal interest for the obvious reasons as explained below. The accommodation status for my wife as per the Cooina agreement was changed and amended from self-contained independent living to high care. This was unnecessary, unwanted and not required to be provided for my wife.

The corrupt September ACAT assessment did not state my de facto partner needed high care. The ACAT assessment provided only for approval for high care when required in the future. The accommodation unit provided by Cooina for my wife did not change after the change to high care. Cooina, in fact, continued to provide my wife with the same self-contained unit located distinctly separate from the Cooina aged-care home. The services provided by Cooina to my wife did not change after the corrupt ACAT assessment and after the change and amendment to my wife's Cooina agreement to a high-care category agreement.

The amendment of my wife's Cooina agreement caused her to be restricted to spending no more than 52 nights per year absent from her unit at Cooina. The amendment of my wife's Cooina agreement imposed the restrictive practice on my wife being a penalty fee and charge of \$100 for each night in excess of 52 nights per year spent absent from the Cooina unit. The amendment of my wife's Cooina agreement imposed further restrictive practice on my wife in that Cooina would hold her daily medication so that my wife would be compelled or forced to return to Cooina to take her daily medication. Prior to the change to high care my wife took her medication with her whenever she wished to leave Cooina for an extended period of time to stay with me. Neither the EPOA children nor Cooina obtained the prior or subsequent consent of my wife to amend her Cooina agreement. My wife never wanted or needed the amendment of the Cooina agreement. My wife never wanted to be subject to the said restrictive practices at Cooina.

The essential reason my wife never wanted or needed the amendment of the Cooina agreement is that my wife spent most of the time with me at my home and not at Cooina and that my wife wanted to continue to spend more than 52 nights every year with me. Consequently, my wife went from a person who could ingress and egress her unit at Cooina to a person subject to restrictive practices who was forced to remain at Cooina during such times that my wife wanted to spend time away from Cooina with me.

The EPOA children were aided and abetted by Cooina management to impose these restrictive practices on my wife and to severely restrict or limit my wife's time with me. This constitutes elder abuse inflicted on my wife by EPOA children and Cooina. Aiding and abetting by Cooina to amend the agreement with my wife may have had financial benefits to Cooina at the expense of the

Commonwealth of Australia. The EPOA children also sold my wife's house without consulting her. The sale of the house was against my wife's wish and preference. My wife and I were fully aware of the upcoming tax changes to be effective from 1 July 2018.

ACTING CHAIR: Excuse me, Mr Plowman. I just pull you up there. I see you have a couple of pages to go. We do have limited time. I just wanted to make sure that we get some questions in. Do you want to round it up and make some final points?

Mr Plowman: It is a bit hard to round it up. Did you go over time with the other people?

ACTING CHAIR: Could I ask you—

Mr Plowman: I have quite a bit here, but I did not realise there was a time limit on things.

ACTING CHAIR: Mr Plowman, how much more do you have to read?

Mr Plowman: I have read nine of my 19 pages.

ACTING CHAIR: It is probably best coming through as a submission, and the secretariat will help you with that, so we can get all of that evidence on the record.

Mr Plowman: Yes, I definitely want to get this on the record and out there where people can see this.

ACTING CHAIR: Yes, and that can be done via a submission. I appreciate you sharing your story with the committee this morning.

Mr Plowman: I will just say a few more words.

ACTING CHAIR: Okay. I will let you wrap up.

Mr Plowman: All of that evidence was presented to the OPG, the Office of the Public Guardian. They did not investigate anything.

ACTING CHAIR: That was going to be my first question, Mr Plowman. You seem to have gone through quite a bit there.

Mr Plowman: That is only the tip of the iceberg. There is another five or six years to go yet.

ACTING CHAIR: I understand that you have been through quite a bit. My question was going to be: have you been able to seek help from anybody and has anybody provided help for you?

Mr Plowman: Yes. We sought help from ADA, which was a lame dog. We engaged a solicitor from ADA. An ADA solicitor represented my wife at QCAT. We went to QCAT. The solicitor stood up and said something about human rights for my wife. The QCAT member said, 'I'm running the show here and human rights don't come into it. Go and sit in the corner,' and that is the last we heard from her. That is how you get treated.

ACTING CHAIR: That was in QCAT, was it?

Mr Plowman: QCAT, yes.

ACTING CHAIR: So you got a solicitor to represent your wife. You went to QCAT and that was your experience there.

Mr Plowman: Plus a lot more.

ACTING CHAIR: Is that detailed in your submission there?

Mr Plowman: I will give you all of that by the due date.

ACTING CHAIR: Thank you. I will move to other members now.

Ms BOURNE: Thank you so much, Mr Plowman. Thank you so much for sharing that information with us. I certainly look forward to reading your submission when you have submitted it so I can get a better understanding of it. Thank you so much.

Ms BOLTON: Do you think that you and your wife would have been better assisted with what you have experienced if we did have a Queensland age and disability commissioner? Do you believe that would have assisted? Do you believe that your situation—what you have gone through—could have been assisted if Queensland had an independent age and disability commissioner?

Mr Plowman: I have no idea. What is needed is change to the legislation.

ACTING CHAIR: That was going to be my question. What are your recommendations?

Mr Plowman: You will get all of those.

ACTING CHAIR: Thank you for making the time to come today.

Mr Plowman: I just hope you understand that what you have heard so far from all the other people is nothing like this and there is so much more of this.

ACTING CHAIR: The inquiry is going for the rest of the year. I am not usually on this inquiry. I am filling in today for the chair. The committee will be making recommendations at the end of the year once we have received submissions and held public hearings.

Mr Plowman: I might not be around then. That is all. That is why I said I want you to talk to me before then before I die.

ACTING CHAIR: We look forward to your submission, sir. Thank you. We appreciate you coming.

O'ROURKE, Ms Lorrae, Manager, Carers Outlook

O'ROURKE, Mr Vince, Manager, Carers Outlook

ACTING CHAIR: I welcome Ms Lorrae O'Rourke and Vince O'Rourke. I know these good folks from years ago. Good afternoon. Thank you for appearing. I invite you to make an opening statement for the committee.

Ms O'Rourke: This is a very important inquiry. I am here speaking on behalf of people with dementia and also the family carers. In my history I had a mother who had Alzheimer's disease and through that journey I did have a number of wonderful staff and people, but I also came across her being abused and neglected with pain. I had to fight and advocate a great deal for her. Even when she was dying at the palliative care stage, I still had to advocate for her peacefully leaving us.

Because of her, I started working for Alzheimer's Queensland. I was trained in dementia. I used to facilitate the family carer support groups around the state, I also organised education programs, and I was rostered on to work on the helpline as well. I did that for about four years. Then I was organising a conference at Toowoomba when I was asked to have a speaker involved in the caring capacity. I invited Vincent. He cared for his first wife who was diagnosed with young onset dementia at the age of 59. He cared for her at home for six years and in the last 14 months of her life in a nursing home. He was a man who went to the nursing home every day. He also had to advocate a great deal for her care. After the journey and she died, he wrote a book out of grief so he could reflect on the good things and the bad things that happened. The book is called *I Wish I Were A Leper*, named because his first wife said to him, making the bed, 'I wish I were a leper,' and with his typical Irish response he said, 'Why the hell do you want to be a leper?' Of course, in Jesus' time, he 'might have been able to heal me' because she knew at that stage she had a terminal illness. It is one of the things I always keep in my forehead all the time when working with people with dementia: they have a terminal illness. After that book was written, it was published to help people. It has just been picked up by an American publisher to be in the American environment.

With other seminars and carer support groups, Vince and I got together. We married on 1 January 2010 and we decided to set up our home, Carers Outlook, so we can provide family carers with respite, because we could see the difficulties and the challenges that they were faced with. We did this as volunteers for about 10 years until COVID hit when it became very difficult for us due to the restrictions.

Around about the same time, about 2011, we were asked to continue the Dementia Network on the Sunshine Coast. The originator of it, OzCare, could not continue it, so we decided to facilitate it as volunteers. We have been doing it now for over 12 years. Originally, it was for staff to be involved with. However, we expanded it so that now we have something like five coffee mornings around the coast because we knew that people were socially isolated. The person with dementia, the family carer and the staff can bring someone along, and it is also, importantly, for post carers. Post carers are the ones who place their loved ones into a nursing home or they have died. They can still come along because of the friendships that they have created and also to get emotional support. We have five of those mornings that rotate around every two months.

We have created a calendar of events—a calendar planner—so that people can write down their appointments and also know what is happening. We have included in it a list of all the events that people can go to. As well, on the back, we felt it was really important that they had an emergency contact list: their lawyers, their doctors, superannuation, bank, chemist and so on—it can all be recorded here and photocopied.

We also have two family carer support groups, one at Nambour and one just started at Caloundra. We have a dementia choir that is at the Anglican Church at Caloundra. We also have an aqua aerobics group at the Nambour pool, plus one just started at Caloundra pool. I think that is about it. We have a range of activities that people are involved in.

We get a lot of feedback from people, and in our own respite business, we know that there was a lot of abuse that was happening. We have engaged with police locally to help carers. The most effective response we had was to be able to take a carer and his wife who had dementia to the local lawyer and he was able to apply for a QCAT interim order. That very afternoon they received word that that was successful and that the social worker was visiting them on the Monday morning, and that the two sons, the perpetrators, were not to contact them over the weekend or see them until the social worker had visited them, so it was a positive outcome.

The main point that I want to make today—and I will make this available in the written submission—is that, to us, dementia needs to be understood a lot more. Dementia is a broad term to describe symptoms such as memory loss, short-term and long-term; cognitive or thinking changes; communication changes, so a loss of speaking and understanding words, reading and writing; judgement, including financial judgement; behaviour and personality changes. When we look at dementia, there are different stages of losing these abilities along the journey to death. We need to look very carefully at the stage the person is at, and sometimes even the time of day, such as morning, because they might have differing capacity. Some of these symptoms create risk factors to be abused. Aging and being a woman are risk factors to dementia.

There are many types of dementia as well. Alzheimer's disease is the major type; about 50 to 70 per cent of the dementias are due to Alzheimer's. The next one is vascular dementia resulting from medical conditions, including strokes, heart disease, diabetes and hypertension. Lewy body dementia can also be linked with Parkinson's. Frontotemporal dementia has another aspect that shows behavioural problems in executive functions. It might present with those changed behaviours, but not necessarily with memory loss in the beginning. Another is Huntington's disease-related conditions such as Down syndrome, multiple sclerosis, acquired brain injury, epilepsy, Korsakoff syndrome associated with alcoholism and, of course, substance abuse.

When you look at these stats from the Australian Institute of Health and Welfare, one in 12 people aged 65 and over are living with dementia, and two in five people aged 90. So, when we look at it overall, dementia is the second leading cause of death in Australia. A lot of people do not know this. Dementia is also the leading cause of death for women. It is the second leading cause of death for men ahead of coronary heart disease. Dementia Australia has stats that you can access. It is a bit hard to find, so I would like to table that.

ACTING CHAIR: Leave is granted to table those statistics.

Ms O'Rourke: In 2024, in Queensland alone, it is estimated that there are over 82,000 people diagnosed with dementia. This figure is projected to increase to around about 170,000 by 2054. On the Sunshine Coast, there are over 7,000 people who are diagnosed with dementia. One can assume that these increases in dementia mean there is going to be an increase of elder abuse.

Alongside the person diagnosed with dementia is usually the family carer who was supporting that person. In 2023, it was estimated that more than 1.5 million people in Australia are involved in the care of someone living with dementia. Two in three people with dementia are thought to be living in the community. About 68 per cent of aged-care residents in nursing homes have moderate to severe cognitive impairment. There was a study done by the Australian Bureau of Statistics Survey of Disability, Ageing and Carers, 2018. One in two carers provided an average of 60 or more hours of care per week. Three in four, or 76 per cent, reported one or more physical or emotional impacts of the role. One in four, or 23 per cent, reported that they needed more respite care to support them. One in two, or 52 per cent, experienced financial impacts since taking on the role. Of course, you know the elder abuse facts that are on the elder abuse website. The one that I want to highlight is that women are more than twice as likely to be victims of elder abuse. Psychological abuse is about 76 per cent. Financial abuse is about 65 per cent. They were the most often reported forms of abuse. Sons and daughters are the perpetrators in 95 per cent of cases.

The reason I have been motivated to come today is that I have experience in a work situation because I became employed as a support officer or support worker in a My Aged Care package program. We had befriended this lady, who was 74 years of age, in a retirement village where she used to come to an exercise group. She showed early signs of dementia in that she had memory loss. We would collect her and we would take her to all the other events. Also, I supported her and her son to get a My Aged Care package. He asked me if I would come to the ACAT assessment, and I supported them. He even said, 'Mum has financial difficulties,' to which the ACAT assessors said, 'Oh, dear, is that the cost of the body corporate fees?' et cetera. He called me twice to say that mum did not have much money, so for all of 2023, we—generously, I think—not only gave of our time, but we paid for her lunches and her morning teas, and I did things like buy her some trousers and so on.

When it came to fund the package, he got a service provider that employed independents, and of course, they asked if I would be interested. I said, 'Yes, I will help Lyn and her son because he also has some health issues.' Everything was going really well and I became more her carer. I had a very systematic approach of taking her to the doctor, got her thoroughly checked, got her to the podiatrist, the dentist and so on, and there always was this overtone 'she does not have much money', so I even accessed a dental health clinic without knowing that she did have private health cover. A tooth was removed which was cheaper than having it recapped. These are the things that we worked through. I would even buy blocks of cheese instead of sliced cheese to save her \$5 a week.

She did show some confusion and so, to help her, I set up a whiteboard so she knew the date of what was happening; she knew yesterday what happened and she knew what was happening tomorrow. That one strategy allowed her to have some control of her world with her memory loss. She could read and she could write. She had been a businesswoman with three dress shops in New South Wales. She had her own home. She had an investment property.

I had to intervene a couple of times when she got return calls from Westpac. I am ashamed to say that I dismissed her. 'It is okay, it is all right. Your son is looking after your money.' 'I am very sorry, Lyn has some memory loss and so she cannot remember why she called you.' But I noticed that she was ringing up a lot of different banks. She was doing her own research; she knew something was not right. Then one day she came out to me and said, 'This bill was not paid. I have received this in the mail.' I said, 'Okay, we will take it to your son for your weekly visit and then he will look after it.' Then there was another bill from a debt collecting firm. It was her rates and she had over \$2,000 to pay. This is very important because not paying council rates and body corporate meant she could be evicted out of her unit so we made sure he got that bill.

Then it followed that she came out to me really upset and said, 'What is happening to my money?' She had bank statements. So I sat down with her and we went through them and I could see very clearly the proof was there. He was using her funds for his own living expenses for his wife and daughter—petrol, all food, his medications. She could see that she was not making payments to the BP—'What is BP?' 'I am not making payments to the USA.' She thought someone had stolen her credit card—a staff person at the bank; maybe she lost it and someone was using it. When we looked at where the locations were, it was very hard to accept that it was her son.

We went through the whole process and I made all of the contacts and referrals. I even organised a seminar initially on elder abuse with Relationships Australia so she could have direct contact with them. The elder abuse officer gave examples of what elder abuse is because that term can be very daunting, as can the word 'abuse'. Kids Helpline seems more friendly and accessible and 'elder abuse hotline' was a bit harder for her to accept. The elder abuse officer spoke with her and saw the bank statements. We were also referred to the financial counsellor at the Salvation Army. In all of these discussions she was cognitive enough to be able to explain what her needs were. She even said that she would give her son an allowance of \$100 a month to cover the cost of her going there for a weekly visit and having her dinner.

The saga continued. We tried the soft approach. Without me knowing, she even rang up the bank and cancelled her Mastercard. He was not very happy about it. He tried to coerce me into getting mum to go to the bank with him. She refused. We had an email sent to him through a solicitor which cost her \$400 and he said he did not open it. He does not get into his emails. The email stated she did not want to go to the bank with him and that she did not want to discuss any of her financial affairs.

In summary: we went to the elder abuse seminar at Relationships Australia, a financial counsellor at the Salvation Army and an elder law specialist counsel with a private law firm. I rang up the Suncoast Community Legal Service a couple of times. She also had a free hour's session with a private solicitor. We went to the police and I believe the police did record it as domestic violence under coercive control but because she said, 'I do not want my son to go to jail,' there was nothing else that followed on from it. The son pursued. He kept texting her, wanting to talk to her about going to the bank. She rang me frightened to say that he had called and he wanted her to go so that he could use his enduring power of attorney. I realised later on that the enduring power of attorney was from Victoria which is not valid in Queensland; this needs to be known a lot more by services.

We took her to the bank because I realised that he had access to online banking, so she closed it. The bank realised what was happening and red-flagged it. As a result, he got really nasty. He was ringing me up and eventually she decided she did not want to go for two weekly visits to her son's house. He went into her unit without her knowing and he discovered the paperwork. Because of her memory loss, I would leave the folder and she would write notes herself so he knew what was happening. The end result was that on the second visit, I took her to the police. I said, 'Lyn we need a witness to know it is your decision,' because at that point he was wanting to have me fired. Every day there were emails and phone calls to my employer. The employer knew about what was happening. I had even taken her to see her. She was also going to do an investigation as to perhaps what she could find out about other monies that she might have such as bitcoin and gold. However, at the police station I said, 'I need you to talk to her to witness that she does not want to go.' I went outside the police station and the policeman talked with her. He came out and said, 'Well she does not want to go to her son's—yes, I know. I came back inside and I looked at her and I said, 'Can't you see that she is intimidated and she is frightened, as I am.' Still nothing was done.

I then applied to the Office of Public Guardian. I was told it would probably going to be useless to do it. I talked to Lyn about it because it takes so long to get it happening. Lyn read it with me. I got advice from the special counsel. The elder lawyer came to my house after-hours on his way home from work and helped me with the form. I got a call back from an investigator to tell me they were 'investigating whether they would investigate' and it was 'no' because she had capacity to at least revoke her enduring power of attorney.

The first geriatrician said that she had 60 per cent memory loss. He wanted to race me out the door with her—she was crying—and that 'she did not have capacity'. He said, 'You have to be careful, you need to have a social worker.' I asked our volunteer social worker—Vanessa who is here—and talked to her about it and she said she was entitled to a second opinion so we got a second opinion. This time it was 'yes, 60 per cent memory loss but she needs to still be consulted' and 'she had capacity to make decision on her health care and her accommodation' because at this point I could see the pathway—a nursing home for her, very soon and very quick.

The outcome was her son swooped in the honeymoon period of Christmas and her birthday. She was put into a nursing home and her unit was sold. Then the stories were that I was the one who was scamming her. That was the outcome, so what did we learn from that? Basically, the system failed her and it failed me. In deliberations, we know that there is ageism, but I believe there is also a new term: 'dementia-ism'. We need to get you to investigate for us the prevalence of women who are diagnosed with dementia and the prevalence of women who are abused. There is a correlation. I need you to really look at the carer role and the challenges that they face.

There is a lack of support in the Sunshine Coast area, in particular, for dementia, for family carers and a lack of respite care for family carers to have breaks. We need to have appropriate respite long-term accommodation for early to mid stages of dementia. Financial support for family carers is very low. Many of them are put on JobSeeker if the person goes into a nursing home or if the person dies. They only have about eight to 10 weeks of support on a carer payment and allowance so we know carers are really struggling to survive after giving years of dedication to supporting their loved one. There is abuse and links to domestic violence. I did not even think at that stage about getting support for domestic violence. I might have been able to get her a safe house, I am not sure.

In terms of detection, the process needs to be reviewed. I personally believe that helplines need to be linked to Dementia Australia, Dementia Support Australia and Alzheimer's Queensland. Twenty-four helplines need to be given special assistance and training. The Elder Abuse Helpline, 1300651192, is nine to five Monday to Friday. I am sorry but abuse happens outside of those hours. We also need to ensure better judgements on capacity. We need to ensure service providers, particularly, are aware of elder abuse and the symptoms. We need to not only support the person with dementia but also the staff to ensure we have mandatory reporting, as is requested in nursing home environments and for children in school settings. This would at least ensure suspicions can be investigated.

When I have been called by staff from service providers who want to use me as a sounding-board I always say to them: 'You have to document it, you have to show proof and you do not have the right or the resources to investigate so you need to report it.' But then, when it is reported, what support do you get? I would like to see the whole area become less intimidating; that it becomes a community base where we have like ACAT assessors and staff with different expertise—a social worker, a lawyer, a nurse and health professionals. We need to look at this holistically so there is a committee of people who can get together once a week as part of their general working role already and really nut through some of the cases that come in to see directly how they can be helped and to provide contacts within this for emergency crisis situations. Those are some of my thoughts at the moment. I will do a better written submission as well. I am here to speak for people with dementia and their family carers.

ACTING CHAIR: Thank you for your submission. I notice you mentioned case management. From my experience in child abuse units, what is called a SCAN team gets together and case manages with Health, police and Child Safety at the table. The thing that struck me about your story is that, even though somebody had an advocate, it was still difficult. Obviously there will be people without advocates. Can you see a space for a case management approach as well?

Ms O'Rourke: Definitely. I am not aware of a great deal in relation to children's areas, but my sense is that what has been learned there could be applied to the elder area, yes.

ACTING CHAIR: I will move to questions from other members.

Ms BOURNE: Ms O'Rourke, thank you very much for that presentation. It was very comprehensive. I look forward to reading your submission. Are the carers you provide respite to highly stressed, and if so do you think the stress could make elder abuse more likely?

Ms O'Rourke: Yes.

Miss DOOLAN: Thank you for your submission. How do people find out about the services you provide? Is it through a GP; is it online? How does that work?

Ms O'Rourke: We do have a website so people can access that information there. We have a database of emails that has over 1,000 individuals and organisations. I sent out an email last week about the inquiry with a video and contacts which I must also table.

ACTING CHAIR: Leave is granted to table that. Do you also want to table the calendar you referred to?

Ms O'Rourke: I can, but I will get another one from the car. That one has writing on it. I am sorry, you were asking about contacts?

Miss DOOLAN: Yes.

Ms O'Rourke: Yes, we have a website. Word of mouth is extremely important in the aged-care area. Because of Vincent's book he has been asked to speak a great deal, so we have literally given hundreds of talks around Queensland about dementia and so on. The last email I sent out was about the inquiry. I did ask people to contact me, and some have. There were some specific carers who did have issues that I knew about. One was that lady who gave me this submission in my hand at an event yesterday. Service providers know about it. Whether you get service providers to let clients know about it is another story. We are dealing with industry. When you look at My Aged Care services and nursing homes and so on, the thing we have to realise is that it is an industry. I personally believe that a lot of the not-for-profit organisations, the community service organisations, now have more of a corporate model.

We basically do not get any funding from the government. We do not want to particularly have it. We are free to work with all of the different dementia organisations. People trust us to provide the services that we are providing. We did get donations from the Caloundra RSL for a seminar we had on choosing respite and permanent care. We work with a lot of organisations like Relationships Australia. We will put articles in the newspaper. We can do marketing on radio stations. The best way I have received responses is by word of mouth. When you talked before about how to find the avenues, you go where the seniors go. Some go to libraries; most people go to GPs, geriatricians, hospital settings, hairdressers, shops. That is where you go to access and talk. The words you use are very important. It is not about, 'Are you abused?' That is confrontational. It is about developing trust. We have more of a way of networking. Every September is dementia month, and for the last six years Mooloolaba TAFE has donated venue space and we have a dementia conference. We can get 160 people along to that. Part of it is an expo of the services there. Every time we have had it, we have had elder abuse staff there. ADA is not a private firm; it is Aged and Disability Advocacy Australia. We always get them to come along to our events.

ACTING CHAIR: The time for this portion of the hearing has expired. However, we will have a few more questions because there are no more witnesses.

Ms BOLTON: I have two quick questions. Firstly, do you believe Queensland needs an independent age and disability commissioner? Would that assist?

Ms O'Rourke: I am not sure unless I really understand that role more fully.

Ms BOLTON: Secondly, we have heard that because long-term carers in particular leave work to care for others, they are 'retiring' into poverty as a result because they have no super. Is that an important element to include in a package for carers?

Ms O'Rourke: Yes, please. We have had some family carers come to our home who are so stressed because they do not know where they are going to live once mum goes into care. We have had siblings who have been arguing with them and will not let them live in the family home. They want them out as soon as possible so they can get access to money from the sale of the home. We have supported people through Carers Queensland to get retrained. These carers are exhausted. Some of them have been injured by their caring role. I have been able to get at least two of these female carers, who were in their fifties, retrained with certificate III courses so they could move on to become workers in the area. Through a TAFE situation, I would like to see them supported in any course they would like to do and not just assume they should be in the caring industry. We have one particular carer at the moment whose husband is in his early seventies. She is not of pensionable age. He has

spent the last three months in hospital. He has not seen the sun and has not smelled fresh air in three months because there is no vacancy for him. They are looking for a concession bed. He has had some aggression, which is another term that I think is too general in dementia. It looks like there is going to be a ward created at St Mary's at Coolumb for people with dementia who may have behaviour issues, so he might be moved there.

ACTING CHAIR: We are almost 10 minutes over. Do any other members have questions? Member for Keppel, are you good?

Mr HUTTON: No, thank you. That was a very thorough submission. I think the coverage in the questions so far has been wonderful. Thank you to everyone who has appeared.

ACTING CHAIR: Thank you very much for appearing before the committee today.

[REDACTED], Private capacity

ACTING CHAIR: Welcome. Thank you for coming along to the committee today. I invite you to make an opening statement.

[REDACTED]: I heard about the parliamentary inquiry through a press release. I live on the Sunshine Coast, not in Noosa. I have also lodged a submission. I wanted to come along today just to talk at a high level about my lived experience of alleged elder abuse, but not against myself; it is in relation to my parents.

For the parliamentary inquiry, the 'nature and extent' of elder abuse is a very broad term for a condition that exists in today's society, which is an epidemic. I believe that the ability for a community member to raise an issue through the legislative process is broken and flawed. As has been talked about in the last hour and a half, we are all getting older and we will all be there. When people are elderly they are very vulnerable. It is almost like they are childlike. We know that. They are very desperate, anxious. They might not want to leave their home of 50 years so they could put themselves—and often do—in a very vulnerable position. When I say vulnerable, I mean vulnerable to forces that either consciously or unconsciously take advantage of that. When I say that the elderly are very childlike because they become very vulnerable and desperate, it is like when you drop a child off to kindy and they say, 'Mum, when are you coming back? Don't leave me.'

When we think about that and how we protect children in Queensland, we have lots of legislation and the government works hard to put a framework around protecting children. I do not see the same level of investment to put a framework around protecting the other end of society, which is the elderly. They are just as vulnerable as children. There is absolutely no difference. The biggest difference is that they have assets where a four-year-old does not, so that is even more critical today than at any time before. The federal Attorney-General's Department has an umbrella unit called EAAA, Elder Abuse Action Australia. They have some wonderful podcasts and lunch and learn sessions with wonderful guest speakers. They talk at length from the data they collect across every jurisdiction in this country about the five top types of elder abuse—as we heard mentioned today—with psychological and financial being No. 1 and No. 2. We have heard today about who the perpetrators are, so we have the evidence and the data through the federal Attorney-General's Department about where we need to invest our resources today. It might be different in five years time as things mature, but today we have the information. We have the data. It is an evidence-based process.

When we think about financial and psychological abuse and we know who the perpetrators are, my question is: wouldn't it be logical to focus on what that data is telling us? It is telling us who the perpetrators are and it is telling us the two top types of abuse: financial and psychological. If I went to a bank 20 years ago and I said I wanted to borrow a million dollars for a home—it might not have cost a million dollars back then but it might today—the bank would do certain checks and balances and ask me how I am going to repay that loan and why I need that loan. There would be a bit of financial governance.

If someone is appointed an attorney, they could be an axe murder. They could be anyone, couldn't they? They might have been bankrupt. No financial governance exists that I am aware of in relation to the appointment of an attorney. We have just spoken before about what EAAA has said the evidence shows about who the No. 1 perpetrators are of elder abuse mostly and the types of abuse: financial and psychological.

Coming back to the extent and nature of elder abuse, it is about picking the low-hanging fruit. Today you clearly have evidence of what that low-hanging fruit is. My question for the Queensland government through this parliamentary inquiry is: why not tighten up the attorney appointment process, the education of attorneys, the skill set of attorneys, the capabilities of attorneys and the history of attorneys? Why not have them pass a competency test? There is so much you can do.

Elder abuse is such a broad epidemic in today's society. That is what I believe. There are ways that you can tighten up elements of those inroads to elder abuse for a percentage of people that will start protecting those vulnerable people who I spoke about who have lots of assets. They are just as vulnerable as a three-year-old but a three-year-old has no assets; an elderly person has plenty.

The attorney process is critical. We know that people in their forties, fifties, sixties and seventies just filled out a power of attorney document but did not language any conditions. They did not think they had to. They did not language any wishes, desires or views about how their money is to be spent, why and what for their money is to be spent on or how much is to be spent on a certain product or service.

We are at a point in time where there are so many EPOA documents in Australia that have no language on them except for a signature. When we turn on the nightly news, every night or every second night the headlines are about the state of mental health in this country. We have all the evidence that points to probably a perfect storm. We hear about inheritance impatience and we hear about coercive control. We do not need to be hiding under a bush to hear about these things. We know what exists in our complex society today.

My thoughts are why not pick the low-hanging fruit? Invest in the attorney process. Like Lorrae said about the Queensland Police Service, are the new coercive control laws too generic and not targeted enough in relation to elder abuse? If they are not then it is a black hole—again, another piece of low-hanging fruit that should be tightened up. Everyone says, ‘Yes, did you hear about elder abuse?’ Elder abuse can also be an unconscious act. It could be deliberate. It could be by carers, like Lorrae said, when she highlighted they are burnt out. There are many factors that could drive behaviours which perpetrate alleged elder abuse.

That is about all I wanted to say. I am not going to give any personal story. There is no value in that. Tighten things up—coercive control, the attorney process and the systemic issues across many professions in today’s society. It is not just the Queensland parliament’s responsibility, of course. It is the responsibility of the legal profession, real estate, doctors, care institutions—the list goes on. Then there is the QCAT process. When I spoke earlier about being a flawed and broken system, unfortunately QCAT has those two words in front of it.

Ms Bolton, you were asking everyone about a standalone commission. My question to you is: what would be the mandate and purpose of such a commission? You could have 22 different titles of commissions and they could just duplicate the flawed and broken system that exists today. Think long and hard about that mandate and purpose and resourcing it effectively so that, when someone knocks on the door of, say, QCAT, the OPG or Queensland police, the commission or the person who answers that door has a clear understanding of the conditions that drive elder abuse and will not tell them to take a number and wait in a queue.

One final thing I would like to say is that we have to be careful that elder abuse does not have an expiry age. Otherwise, that is abuse in itself, isn’t it? Whether you are 105, 100, 98 or 82, there is no cut-off point for the elements of elder abuse.

ACTING CHAIR: Thank you so much for coming along to give evidence today and to give your feedback on what you have heard today. I will move to questions from members. Member for Keppel is on the line. Do you have any questions?

Mr HUTTON: No. Thank you very much for that submission. I feel that what we have heard today from each of our speakers is opportunities for us to be looking at the data points. Whether it is looking at victims, the services being provided to them or the in-home care providers, there is a lot of opportunity in this space, and I am glad that we have this bipartisan committee looking at it.

Ms BUSH: I just wanted to say thank you for your response. I think it echoes a lot of what we heard this morning as well. There are systems that are there that are intended to protect but, when people start to dig through them, people are sliding between the cracks a little bit. It may be working for a big chunk of people but where it is falling down those people are really quite distressed. It has certainly given me a lot to think about. Thank you and thank you to everyone I did not get a chance to comment on.

Miss DOOLAN: There are no questions from me either. I echo what Jonty had to say.

Ms BOLTON: The term ‘elder abuse’ can often prevent people reporting. You made a comment about elders being vulnerable. I know a lot of elders who would say they are definitely not vulnerable. Do you think the terminology we are using might not be reflecting and again targeting—

Of course it is not. ‘Elder abuse’ are just two words out of a dictionary. The practical evidence that represents elder abuse is where you are going to have more runs on the board—the practical evidence, practical behaviours.

Ms BOLTON: It comes down to capacity as well. You said there is no age. Literally, that abuse might be happening to someone at 65.

That is right.

ACTING CHAIR: Thank you, members, and thank you, [REDACTED], for giving evidence today. Is there anyone else from the floor who wanted to speak? We have a little bit of time left.

O'ROURKE, Mr Vince, Manager, Carers Outlook

Mr Rourke: I was not supposed to speak but I have been listening. Marty, I have picked up on something you said earlier in terms of what happened in education. My whole background was in education. Being in the private sector we had a lot to deal with within church in terms of keeping it to yourself rather than allowing it to be dealt with outside of that. In thinking about that and the history of it in terms of what happened to my wife, Lorrae, it raises questions for me.

Here she is working in a job with a particular title and as a result of that work she becomes aware of what is happening to this person. She raises the issues and as a result of that she is sacked because they say, 'That is not part of your mandate.' Something needs to be looked at here in terms of not only people working in nursing homes but also people working for all of the multiple service providers that are around at the moment because of the government's largesse to help people when they are elderly. Maybe we have to look at mandating so that you protect the person who raises the issue, like we do for teachers and so on. It is mandated for you. If you know that there is abuse going on, you must tell someone about it. You cannot keep it to yourself.

ACTING CHAIR: Mandatory reporting.

Mr O'Rourke: There has to be mandated reporting. However, if you report to the service provider when you are employed by them, then the service provider has to be mandated too to let somebody know. Who are you going to inform? It raises the issue of the commission. For me, in my experience, the body that was set up through the police where you had the appropriate professional people to deal with the issue and to carry out interviews and so on so that the evidence would be accepted in courts of law or whatever was important—to know that you are not keeping it within your own organisation but there is this outside body with the expertise to look into that.

I would hope coming out of this whole exercise that there is this practical thought of how do you take it from point A to point B and how do you ensure that people are not going to lose their jobs over this or their reputations and so on because they raised the issue to be dealt with? That is the only point I wanted to make.

ACTING CHAIR: Are you making a parallel with the child abuse notification, for example?

Mr O'Rourke: Yes, I am.

ACTING CHAIR: They go to specialist police who investigate, interview, take statements and gather evidence. That was a point I made earlier. That is right.

Mr O'Rourke: Yes, I think it is a good point. As the lady just before spoke about, a lot of the elderly are in a sense vulnerable just like a child is. Therefore, there has to be something like this that is a practical outcome. Thank you for listening to me.

ACTING CHAIR: Thank you, Vince. Are there any questions before we close? No. That concludes this public hearing. Thank you to everyone who has participated today. Thank you to our Hansard reporters. A transcript of these proceedings will be available on the committee's webpage in due course. I declare this public hearing closed.

The committee adjourned at 4.14 pm.