QUEENSLAND PARLIAMENT

# *EDUCATION, ARTS AND COMMUNITIES COMMITTEE*

**Members present:**
Mr NG Hutton MP—Chair
Ms W Bourne MP
Miss AS Doolan MP
Mr JM Krause MP
Ms CP McMillan MP

**Staff present:**
Ms L Pretty—Committee Secretary
Dr A Lilley—Assistant Committee Secretary

## PUBLIC HEARING—INQUIRY INTO ELDER ABUSE

## TRANSCRIPT OF PROCEEDINGS

**Wednesday, 11 June 2025**

**Brisbane**

# WEDNESDAY, 11 JUNE 2025

**The committee met at 9.00 am.**

**CHAIR:** Good morning, ladies and gentlemen. I declare open this public hearing for the Education, Arts and Communities Committee's inquiry into elder abuse in Queensland. My name is Nigel Hutton. I am the member for Keppel and the chair of the committee. I would like to respectfully acknowledge the traditional custodians of the land upon which we meet today and pay our respects to elders past, present and emerging. With me today are: Corrine McMillan, the member for Mansfield and deputy chair of our committee; Wendy Bourne, the member for Ipswich West; Ariana Doolan, the member for Pumicestone; and Jon Krause, the member for Scenic Rim. A further member of the committee, Nick Dametto, the member for Hinchinbrook, is an apology for today's hearing.

This hearing is a proceeding of the Queensland parliament and is subject to the parliament's standing rules and orders. Only the committee and invited witnesses may participate in the proceedings. Witnesses are not required to give evidence under oath or affirmation; however, I remind witnesses that intentionally misleading the committee is a serious offence. I also remind members of the public that they may be excluded from the hearing at the discretion of the committee.

These proceedings are being recorded and broadcast live on the parliament's website. Media may be present and are subject to the committee's media rules and the chair's direction at all times. You may be filmed or photographed during the proceedings and images may also appear on the parliament's website or social media pages. Please remember to press your microphones on before you speak and off when you are finished. Please turn your mobile phones off or to silent.

## DU BUISSON, Mr Juan, State Manager, Community Mental Health, UnitingCare

## GILLBARD, Ms Anna, Research Officer, UnitingCare

**CHAIR:** Welcome. I invite you to make an opening statement before we begin with any questions that the committee may have for you.

**Mr du Buisson:** Good morning. I would like to acknowledge the traditional custodians of the land and pay respects to elders past, present and emerging. Thank you for the opportunity to contribute today. It is a privilege to be in attendance and I confirm our willingness to assist the inquiry.

Thank you for the introduction, Mr Hutton. I am Juan de Buisson, the statewide manager for UnitingCare. I oversee and provide strategic leadership and operational management for over 30 state and federally funded programs, delivering mental health and wellbeing services across Queensland. To my left is my esteemed colleague Anna Gillbard. She is a research officer within the Elder Abuse Prevention Unit helpline and older persons programs. She undertakes elder abuse research and data development at UnitingCare. Anna has provided input into numerous external projects and is also a PhD candidate at the University of Queensland.

The scope of our testimony today is based on our expertise in elder abuse, including its prevalence and identifying intervention strategies. UnitingCare, Queensland's largest community services provider, has been supporting families for over 40 years, with operations in more than 460 locations including hospitals, aged-care facilities and family support hubs. We have almost 17,000 employees and 6½ thousand volunteers. We assist 430,000 clients across urban, rural and remote areas.

The Elder Abuse Prevention Unit helpline, which we refer to as EAPU, is the first port of call for support, referrals and information about elder abuse. The EAPU provides free assistance to anyone who experiences, witnesses or suspects the abuse of an older person by someone they know and trust. The EAPU also provides community education services and undertakes awareness raising across the professional sector and the broader community. I would like to acknowledge our funders, the Department of Families, Seniors, Disability Services and Child Safety, with whom we work in close partnership. The EAPU has a significant positive impact on the under-reported growing crisis of elder abuse. UnitingCare is doing groundbreaking work in creating awareness of and turning the curve on elder abuse. In 2024, EAPU reports and research documents were read a total of 666 times in 25 countries.

I turn to takeaways from the following reports we have produced, the first one being the elder abuse related deaths report. Data was extracted from core documents and inquiries relating to elder abuse deaths across Australia from 2000 to 2017. We found that it is an Australia-wide problem, with similar issues identified across states and territories. The top three motives for deaths were anger, psychosis or mental illness, and financial gain. In most cases, abuse and neglect had been occurring for many years prior to the victim's death but many victims were invisible to support systems. Only five per cent of cases were reported to have domestic violence orders in place.

The second report is the financial elder abuse report. Financial abuse was reported in 64.7 per cent of all calls to the UnitingCare's elder abuse helpline, the EAPU. Some 82.9 per cent of victims who were experiencing financial abuse were also experiencing other types of abuse, specifically psychological abuse. Some 40.1 per cent of victims who self-reported financial abuse to the helpline only did so when they reached breaking point.

It is our learnings that the following is required to prevent elder abuse related deaths and financial abuse: one, a focus on early identification and intervention; and, two, an intervention model that provides holistic support to both victims and perpetrators that allows information sharing. In conclusion, UnitingCare is committed to supporting the inquiry's aims and, again, we are willing to assist. Thank you for this opportunity.

**CHAIR:** Thank you very much, sir. I would like to start by thanking UnitingCare for the quality of the submission provided. You are in a unique position in terms of having access to data from the work of your agency, and your willingness to share that with the committee is invaluable. On behalf of the committee I thank you.

I go to the second-last page of your submission—and I know it seems a long way to go to get to the second-last page at the very start of our inquiry of questions. Your submission speaks to supported decision-making as a potential opportunity to overcome some of the social and financial risks associated with elder abuse. Would you or Ms Gillbard be able to elaborate on how you believe a model of supported decision-making could work? Does it link back to the principles from the Queensland Guardianship and Administration Act? Is that the right model and, if it is the right model, is there a pathway for us to look at in terms of that process?

**Ms Gillbard:** Thank you for starting off with such an easy question! This is not my specialty area. I think we do need to look into supported decision-making but, as for models, probably Karen Williams, who is next up, is a better candidate for your question, to be honest.

**CHAIR:** I appreciate your honesty. Members, we are on quite a tight timeframe today in terms of different submitters so I encourage everyone to consider their questions.

**Ms McMILLAN:** I very much thank UnitingCare for coming in today and for your very detailed submission. Ms Gillbard, this is probably a question for you as a researcher. Are there any common characteristics that you see across incidents of elder abuse? Are there any commonalities? I think if we understand that then we have some sort of hope for prevention or early intervention. Are there any common factors?

**Ms Gillbard:** Elder abuse is quite complex. I think it does at least partially depend on the type of abuse. For physical abuse, you are much more likely to have perpetrators with mental health or substance misuse issues. With neglect, it can be caregivers who are struggling to meet their care needs, but there can also be an element where there is financial abuse and that might be the motive. When I looked at deaths, there were cases where the perpetrators or alleged perpetrators actually pulled the older person out of an aged-care facility where they were being cared for fairly well and also stopped home care services from coming in or rejected offers of help. For financial abuse, I would say one of the key things is that sense of entitlement and just waiting for the older person to hurry up and die. Sexual abuse is different again.

I think it really depends on the type, but there are some commonalities. More than half of perpetrators overall live with victims. You do have higher than expected rates of mental illness, but that does depend on the type. Perpetrators are generally aged 50 to 54 years and are a mix of male and female.

**Ms BOURNE:** I am interested in hearing about your community education program and how you spread that information across the community.

**Ms Gillbard:** We have a community educator. She goes out a lot to maybe provide training to aged-care services like home care services. She does presentations with older people at places like men's sheds, older women's networks, seniors groups, retirement living facilities. My work around this is more towards providing lectures at universities or TAFE, disseminating findings at conferences and reports.

**Miss DOOLAN:** My question is around the support that is given to staff when they come to you with an issue of elder abuse that they are witnessing. Is any support given to them as to how to manage that?

**Mr du Buisson:** Our services are phone based. We support our staff with debriefs, certainly, after the conversations. The manager is a practitioner as well who certainly makes sure that, with any conversations and any information that is shared, the employee is debriefed afterwards. We have systems and processes in place as well where there are supporting mechanisms for staff. We are to formally record it if there is any stress related to a particular phone call. The good thing about the service is that it is all phone based; it is not in person. It is all talking on the phone. There are individual debriefs. With the actual program, the staff get together as well and they will normally talk about their cases and share and troubleshoot, but there are also courses and training that we provide our staff.

**Mr KRAUSE:** Juan, you mentioned the correlation between financial and psychological abuse. Do you think there is a correlation between all of the different types of abuse—financial, psychological and physical—and that signs of one invariably point to another? Is that your experience?

**Mr du Buisson:** Again, Anna is the expert in the field. From my point of view, looking at the data and the variables within the research, it is certainly so that there are linkages with financial abuse. Older people are certainly struggling in not just one area. There are multiple areas where they are experiencing abuse at the hands of their perpetrators, including psychological, financial and physical.

**Mr KRAUSE:** They could exist in isolation, but more likely than not there is going to be more than one factor involved?

**Ms Gillbard:** Sometimes they do. I just did a report on financial abuse. It was based on six years of data. There were 7,978 cases, and there were 1,363 cases where financial abuse was the only type of abuse identified. Financial abuse does often co-occur with psychological abuse, but that partly depends. If the person already has the power under the EPOA, it means they can access accounts and they may not need to psychologically abuse the person, so it is less likely in that situation. They might use threats like, ‘You don't want your grandchildren to go hungry or miss out on private schooling' to manipulate the older person, so that is when it often co-occurs. Another one that is quite common is social abuse. They will start to socially isolate the older person from family members. It can help the abuse to occur and also hide the abuse once it is occurring. That is not uncommon. Particularly with neglect, they often will have social abuse co-occur. It also happens with financial abuse quite commonly.

**CHAIR:** Is it possible for you to provide a copy of the report you just referenced for the benefit of the committee and the inquiry?

**Mr du Buisson:** We are happy to pass that request on to the department. They are the owners of the documents. I am confident that they will be very willing and able to provide you with the document. If you would like, I can provide you with the contact details.

**CHAIR:** That will be brilliant. Thank you very much. We would appreciate that. Your submission identifies the logical paradox of elder abuse victims seeking help by calling the helpline but often being reluctant to advance criminal proceedings due to the obligations of family ties, cohabitation and the reliance on perpetrators for social interaction. What actions do you believe the state can take to help resolve this paradox for victims?

**Ms Gillbard:** I think there are a number of things. Firstly, I think we need to have programs that are what victims want and they need to not be afraid that something is going to happen to their predominantly adult children. I started out working on the helpline. Often older people would ring wanting help for their child. Sometimes they had sought help. One example would be an older person whose daughter was on ice. She had finally got to the place where her daughter was willing to have treatment, but there was a year-long waiting list. She was at her wit's end. She did not feel safe and she did not know what to do.

Quite a common scenario is where the adult child either wants to move in or has moved in. Often this may not necessarily be what the older person wants, but they do not want their children to be homeless. The same thing happens once they are living in the home with them and they do not want to do anything because their child will become homeless. My personal preference is for a dual integrated response model with information sharing. I think we need to have support for perpetrators. It might be in the form of trying to help them find somewhere else to live, which actually helps the older person; it might be trying to coordinate mental health support—all of those sorts of things.

**CHAIR:** On behalf of the committee, I thank UnitingCare for your time here today. Thank you for your very fulsome submission once again.

**ADJEI, Ms Nicky, Lead Practitioner, Abuse of Vulnerable Adults and Older Persons, Aged & Disability Advocacy Australia**

**WILLIAMS, Ms Karen, Principal Solicitor, ADA Law, Aged & Disability Advocacy Australia**

**CHAIR:** Good morning. Thank you so much for your time today and your willingness to come forward and speak to the committee. We invite you to make a short statement, after which committee members may have some questions for you.

**Ms Williams:** Thank you for inviting us along. I, too, would like to acknowledge the traditional owners of the land on which we meet today and pay my respects to elders past and present.

ADA Australia is an independent, not-for-profit organisation that has delivered rights-based advocacy in Queensland for over 30 years. We have a statewide footprint. At the moment we have around 140 staff located across the state. Because of our mix of service delivery, we can provide a unique overview through our programs and positions. We have aged-care advocacy, which is Commonwealth funded—we are a member of the OPAN network—and provide assistance to help people navigate aged-care services if they have problems receiving their services. We have a small elder abuse advocacy program attached that is located within that larger program.

We have disability advocacy care finder services in parts of the state helping people access care. We have our ADA Law Community Legal Service, which provides representation for adults who are having their capacity questioned. Due to the nature of people coming before QCAT, sometimes there will be at least an allegation of elder abuse amongst these people with their enduring documents. We have recently been lucky enough to receive funding for a seniors legal and support service for Outback Queensland, from Mount Isa down to the border of Charleville, and we provide mental health and legal representation services. In the last two years we have had 500 cases in relation to supporting people regarding elder abuse, nine per cent of whom would identify as CALD, and 20 per cent of that group require an interpreter. In 2024, ADA as a whole assisted 13,000 people.

In terms of elder abuse, within the OPAN service we see people within the Greater Brisbane and Townsville areas, with people in residential aged care having difficulties with the activities of their attorney under an enduring power of attorney document. The attorney may be acting prematurely. They are often overly restrictive. We often find that the attorneys may be blocking access to other family members or friends and things like phones or, if people are digitally literate, computers et cetera. That creates enormous barriers for people to access help, including advocacy, health services and the like. Key findings from the submissions include the fragmentation of services, information-sharing barriers, and inconsistencies in state and national laws. I will keep the overview there. I am happy to answer questions.

**CHAIR:** Thank you for your group's submission to the inquiry. I am very keen to explore the enduring power of attorney. Our inquiry has heard that supported decision-making frameworks can protect the human rights of elder Queenslanders and in turn reduce the risk of enduring power of attorney substitute decision-making being abused. Do you agree that this is a field where change can be made, and do you have suggestions to improve that system?

**Ms Williams:** I absolutely agree. One of the things that sets elder abuse apart from domestic and family violence, even though they are quite overlapping, is that often one of the first things that is asked when there is an allegation of elder abuse amongst the service sector is: does that older person have capacity? Is there a substitute decision-maker in place? Instead, it should be: what does the older person want to do about their situation? That should being the first thing we ask. A supported decision-making framework would extend the autonomy, the voice and the decision-making ability of the older person. That should be the pathway.

Interestingly, the new Aged Care Act—it is now delayed, but it is due for implementation in November—has a role of supporter set out, so the Commonwealth is developing resources, as is the OPAN network. The current enduring powers of attorney act and guardianship act allow for supported decision-making, but there is an over-reliance within the service sector and health professional sector on the guardianship framework, and that needs to be driven down through education. Dr Don Chesterman has put forward a model in his response to the disability royal commission. I think that is a good starting point and a good model. We need to look at a national approach, because people have assets not just in Queensland; they have family not just in Queensland. Service providers are often nationally based, so they are not necessarily up to speed with all of the laws across each state and territory they may operate in.

**Ms McMILLAN:** Ms Williams, I do not feel the committee was aware of the extent to which there are different laws in different jurisdictions. What are the main issues for you working here in Queensland and how you manage that? Which areas of the law need some sort of federal consistency?

**Ms Williams:** Enduring powers of attorney.

**Ms McMILLAN:** We are aware of that. Are there any others?

**Ms Williams:** Even the naming of things. In a lot of the states there is enduring guardianship, because enduring powers of attorney are just financial matters, but Queensland is in the minority with having them for personal and health matters. Terminology is an issue, and Dr Chesterman's recommendation goes to that. For healthcare decision-making there is a person responsible. In Queensland the same role is called the statutory health attorney. That does not roll off the tongue. Everyone still goes with 'next of kin'. That is not helpful.

**Ms McMILLAN:** So that is the language consistency.

**Ms Williams:** The language creates—

**Ms McMILLAN:** A discourse.

**Ms Williams:** Are we talking apples and apples or are we talking apples and pears? That makes lawyers advising the aged-care providers and Queensland Health nervous: ‘Does this document cover this?’ It is making it crystal clear that a document from New South Wales will work in Queensland and vice versa. A lot of organisations do not have that comfort at the moment. Then drives another guardianship application where it may not be necessary, and around we go again.

**Ms McMILLAN:** In summary, language creates discourse that is inconsistent across the country and, because of the transitory nature of families, we are often having to deal with elders in other jurisdictions.

**Ms Williams:** That is right. Someone might have retired to Queensland from Victoria—that is not uncommon—and had done their documents there.

**Ms BOURNE:** In your submission you say—

> Without systemic data collection, policymakers lack a clear understanding of the full extent and nature of elder abuse …

I am interested in your comments around insufficient data collection. Have you thought about how best the state government could perhaps move in that area?

**Ms Williams:** Yes. We are very reliant on our great colleagues in EAPU for the work that they do. The bigger picture, particularly in health and emergency departments, is that there are great, untapped data sources there. I commend the larger department that includes seniors on the work that they have done in doing that scoping work. Our organisation has been a part of that. Primary health is another one, and police. There is QCAT itself. There are a lot of government eyes through departments, but the data is not collected and harnessed. That work had been done in the child safety space a long time ago. It is yet to happen in the elder abuse space.

**Miss DOOLAN:** Attorneys appointed under an enduring power of attorney seem to have a difficult role, and it is one that is often misunderstood. Can you elaborate on ways this role could be made clearer to the client?

**Ms Williams:** To the client being the attorney?

**Miss DOOLAN:** Yes.

**Ms Williams:** Yes, it is misunderstood. I think just the name ‘enduring power of attorney’ is confusing. People hear ‘power’ and they think they have very broad powers. A list of decisions that they can and cannot make would be good. Some brief material and quizzes to make sure they understand the role would be good. The other thing is that the more health professionals and service providers understand what an attorney can and cannot do, they can provide nudges: ‘Are you sure? I don’t think you’re able to make that decision.’ People lack confidence to have those conversations because of the lack of clarity. That all helps in keeping people on the same page. ‘Attorney’ is another word that people do not understand: ‘I’m a lawyer from America.’ You have confusion all the way along with the name.

**Mr KRAUSE:** It sounds to me like you are almost suggesting that we need to limit the scope of powers of attorney. Forgive me if I have mischaracterised that. Is that in health matters or financial or both? Is that what you are saying?

**Ms Williams:** That would be ideal. Enduring power of attorney powers are very broad. When you go to the tribunal, the tribunal will carefully look when they are appointing a guardian that it will not be for everything, whereas an enduring power of attorney will be for all matters. The tribunal will think there is only an accommodation decision needed or it is about NDIS services or it is about contact with family, whereas enduring powers of attorney are very broad. That would indicate assessing people's decision-making ability for different matters. That is another workforce issue on health professionals. It is important for people when they are making them to really consider what powers they want to give.

**Mr KRAUSE:** I was just going to say that. Powers of attorney are intentionally, I think, set up in a way that they can be all encompassing, but at the same time they can be limited by the instrument itself. Maybe it is an overall education piece for people who are at the elder stage of life, when they are entering into them, if they want to make specific exemptions.

**Ms Williams:** Exactly, and having that skilled lawyer to assist and talk people through it and help people anticipate what this would look like for them.

**CHAIR:** I am interested in supported decision-making. Obviously in your role there is an exposure to successes in supported decision-making and potentially a lack of success at times. Are you able to share with us any examples of where the system has worked well for supported decision-making or things that we need to be conscious of that we do not want to go down the garden path and trip over later on?

**Ms Williams:** Summarising successes for supported decision-making?

**CHAIR:** Frameworks and strategies where you have seen success with supported decision-making versus the opposite, where we need to make sure we do not undertake it thinking it is going to make supported decision-making work but it actually leads to a disempowerment of elders.

**Ms Williams:** Sometimes in our role—once again, we are not all encompassing—when we have been appointed as a section 125 representative in a QCAT matter for guardianship, that enables us to talk to the support network and sometimes to give some targeted information: 'When you do this, this looks like this, and that's looking like you're overstepping your role.' Sometimes people have misunderstood their role. Having targeted education to a person and supported supporters can be enough to say, 'There is no need for an appointment. This is how it's meant to be, and there are other services, like financial counselling services or mental health plans or a range of different things, that could be useful.' That is when we are in that zone already. It is having people with that expertise and being able to work with multiple others in the person's support network about the dos and don'ts or tips and tricks, or however you want to do it, to educate people not to overstep the mark.

**Mr KRAUSE:** You spoke previously about the inconsistency in language, especially across different jurisdictions. I am sorry to ask another lawyer's question, but is it really inconsistency in language or is there an inconsistency in form of how things are set up as well?

**Ms Williams:** It is both, and there is a preference for state based. People are comforted to see their own document.

**Mr KRAUSE:** I should have asked: is there a difference in substance as well?

**Ms Williams:** At the end of the day, it is probably not so much but it appears so, to make it as short as possible.

**Mr KRAUSE:** Yes, I understand.

**CHAIR:** I thank you both for your time today and for coming along to represent the Aged & Disability Advocacy Australia group and for your participation in our hearing into elder abuse. Thank you so much for your time.

### MOSS, Ms Michelle, Chief Executive Officer, Queenslanders with Disability Network Ltd

**CHAIR:** Good morning, Ms Moss. Thank you so much for joining us today. Ms Moss is the Chief Executive Officer from Queenslanders with Disability Network. I invite you to make an opening address, after which members of the committee may have some questions for you.

**Ms Moss:** Thank you, Chair. Good morning and thank you to the committee for the opportunity to speak today. As the chair said, my name is Michelle Moss and I am the CEO of Queenslanders with Disability Network. QDN is the peak body for people with disability in Queensland. We are a statewide network of, by and for people with disability. We have over 3,000 members across the state who have diverse disability of people over the age of 18 and certainly include many members who are older persons with disability. Our work encompasses a range of systemic advocacy. We also have 32 peer support groups across the state that meet in communities in geographical locations as well as online and specifically around particular topic areas. One of them is the My Aged Care group, which is for older persons with disability.

We have undertaken a range of work in the NDIS space, but we also undertake that work in disability, aged care, health, housing, transport and also at this point in time in the disability reforms which are the work coming out of the disability royal commission and the NDIS review. I think the key things that our members have told us and the important things are about the experiences of older persons with disability who face the intersectionality and duality of risk of being an older person and disability. We also see that there are lots of people who have aged and have had a lifelong disability, as well as those who acquire a disability in their older life. Critical to that—and I think other speakers have spoken about that—is that relationship and the patterns of power and control that exist for people.

The few points I would like to raise in this opening address and draw the committee’s attention to are particularly around the NDIS and interface issues around end of life. We have had lots of people sharing with us and reporting to us around some of the challenges where they are moving into palliative care or dying, where the structure of the NDIS support system does not necessarily support people being able to have that choice and control about dying in place. I think some of this is compounded by the risks and the regulatory frameworks that sit around that and what that means for disability service providers. I certainly do not want to say that it is from misintent by providers not wanting to do that, but I think they are challenged by some of the frameworks that are in place. I guess that is the intersectionality of the state and Commonwealth requirements. I do not think people with disability as they get older who are NDIS participants should have to experience being deemed too risky to be provided support and have that choice and control about where they want to die and being able to do that in what has sometimes been their home for 30 or 40 years.

Karen and ADA were talking about that system fragmentation, and that is certainly a critical issue that is raised by our members and the challenges that are faced, particularly people who acquire disability after the age of 65 where NDIS supports are not available and the disability supports that people have as separate to getting older and then supported decision-making. QDN is of the position that we do need reforms in this space around supported decision-making. I think the disability royal commission has had specific recommendations about this as well. We see that this is really important for older persons with disability and how we can move that to supported decision-making so that people are assisted and not replaced in the decision-making process.

I think some of the things that the committee has already been asking questions about are critical here. It is about the education for the workers in different systems, particularly the health system. We see this for people with cognitive impairments and decision-making capacities who are under 65. We have certainly seen how this can be done well with this cohort, and I think it is something for the committee to consider in what you are looking at around the reforms for older persons and older persons with disability.

The DRC final report calls for a national adult safeguarding framework and independent adult safeguarding bodies. We would certainly support Dr Chesterman's recommendations and the things he has had in his reports and submissions around what is required. I think the points around a nationally consistent approach to that are critical. I will leave it there.

**CHAIR:** Thank you very much, Ms Moss, and thank you for the recommendations you provided in your submission to the committee. I would like to go to something that we have not touched on much so far today. It is with regard to data collection and a common language with that nationalised framework that we are looking for. You referenced the national disability data asset as being a good launch point. Could you tell us more around the national disability data asset and how you perceive it could be used to help collect better data around elder abuse?

**Ms Moss:** The NDDA is work that has been happening for a number of years. It is progressing, and I think it is something that could be used across the systems because it is about how those systems collect useful information that can help responses at the individual and systemic level. I refer to what Karen and ADA were talking about before. I think there are some lessons to be learned from domestic and family violence approaches. Prior to integrated responses being in place, the different components of the system were all operating in silos and not sharing information that helped increase the safety of victims and ensure there were responses for perpetrators of that abuse. I think sharing of information and breaking down the silos across government departments, particularly across QPS and Health or where people may be disclosing that abuse, would strengthen victim safety and would strengthen individual and systemic responses to the victims of elder abuse.

**Ms McMILLAN:** Thank you, Michelle, for coming in and for the work you do with the QDN. We have a lot of protections in place for children, thinking about the student protection policy or the mandatory reporting processes. Given many of our elderly deal with government departments, do we need to consider how we might see old age differently? Do we need to enhance the protections that we have for our elderly? I am thinking of those with cognitive impairment dementia, cognitive decline et cetera.

**Ms Moss:** I think we need to improve those protections, and I think the committee would need to give careful consideration to what those obligations are and the intended and unintended consequences for a framework that is developed. We are talking about people who have levels of vulnerability, who may be isolated and who may be reliant on others for their day-to-day care and support—also the people who are the perpetrators of the abuse. The systems that people reach out to or have regular contact with need to be part of the protection mechanisms for people. I think that is really important.

We also need to focus on prevention and early intervention. A lot of our members talked about not understanding their rights, not understanding enduring powers of attorney—you were asking questions about that—and how people act in that role. It is also about the people who are under those different arrangements and those different instruments to understand what their rights are if something is not right. We have a system that will respond and observe when things are not right, but we also want to empower people to know that what is happening is not okay and where they can go for help.

The other important part of that—it is certainly in the fabric of QDN—is peer support. I think that is something we need to strengthen in Queensland for older persons more broadly, along with the reduction of social isolation. I know that is a really important thing because we know that there is a reduction of risk factors when there are more people in someone’s life who can be there to observe what is happening.

**Ms BOURNE:** Ms Moss, in your submission you mention a lack of clear pathways to community and legal organisations that could assist with elder abuse. Could you expand on that?

**Ms Moss:** I think that was the feedback from our members—older persons with disability who were unsure of what the pathways were and where they need to go for help. There is an ongoing need for community education and awareness, and that should be targeted in different ways. I go back to my point about an increasing number of our population who have had lifelong disabilities who are moving into that space of aged care and being older. That is a different system for them and we need to think about how we help people to know how to navigate and where to navigate to get the right help and support.

**Miss DOOLAN:** Thank you, Ms Moss, for your thorough submission and your overview this morning. My question is around shame. A lot of older people who are experiencing elder abuse do recognise it but are too afraid to report it. Is that something you find happens a lot?

**Ms Moss:** I think that is across the board. Certainly for our members, as people with disability at age 65 and older, I think that is a consistent experience around being the victim of violence and abuse and comes from people feeling that they are responsible, that they are to blame, that they have done something to cause this. That is probably part of the community awareness and community education that is needed. Some of the conscious and unconscious bias sits in the psyche of everybody and, whether it is from our health professionals and health system workers or whether it is housing or justice and the legal system, often people with disability experience that unconscious bias about their capacity. I think that is something we also need to shift in terms of community attitudes and community awareness.

**CHAIR:** I want to ask a question around diminished capacity. We heard in quite a few submissions about people suffering from sundown syndrome, or other versions, where clarity and capacity is there but capacity can be reduced or does not exist in others. From your experience, and recognising that people with a disability may have times throughout their life when enduring powers of attorney are enacted differently to how we would see with elders generally towards the very end, how do you believe we best meet that need to ensure we are empowering the individual, giving them choice and a chance to have their say, while managing diminished or reduced capacity at times?

**Ms Moss:** In the disability community that is done by recognising that people have the right to participate in decisions that are about them. QDN's motto is `nothing about us without us’. I think that is a really important premise to take forward in how everybody works and supports people. Whilst someone may have diminished capacity around a particular matter or at a particular time, everybody has the right to be supported, to get information in a way that works for them, to understand the situation and to be supported to participate in that decision-making. Even if they may not have the legal requirements to make a decision, they still have a right to do that. There has been some really good work occur in the space of intellectual disability and cognitive impairment for people with disability, particularly in health. I can probably provide the committee with some different examples of that, if that is something helpful.

**CHAIR:** The Queenslanders with Disability Network would support the 10 principles provided in the national disability inquiry papers? We have a set of 10 principles here that they are encouraging for the adoption for universal national decision-making principles.

**Ms Moss:** Yes.

**CHAIR:** Thank you. There being no further question, we thank you so much for your time today. We really appreciate the expertise you brought to the table.

## RADFORD, Dr Brendon, Director, Policy and Research, National Seniors Australia

## SMITH, Mr Luke, Policy and Engagement Officer, National Seniors Australia

**CHAIR:** I invite you to make a statement on behalf of the National Seniors Australia group. Then the committee members may have some questions for you.

**Dr Radford:** Thank you for the opportunity to appear before the committee as part of this important inquiry. We welcome the inquiry into elder abuse in Queensland and hope that this spurs the Queensland government to take action to address elder abuse. National Seniors Australia is a peak advocacy organisation representing older Australians. Established in Brisbane in 1976, the NSA has a community of 260,000 older people who are members or supporters of our organisation. While we are a national organisation, given our beginnings many of our members and supporters are located here in Queensland.

NSA has been engaged in debates about elder abuse for many years, including with our substantive submission to the Australian Law Reform Commission review in 2016. That submission was provided to this committee as an appendix to our submission to the inquiry. We have been specifically focused in our support for reforms that would reduce the risk of financial elder abuse such as enduring powers of attorney. We have been extremely disappointed with the lack of progress on reform of these laws, particularly the lack of progress in creating nationally consistent power of attorney legislation and a national register for power of attorney documents. Governments have known about these reforms for many years but progress has been glacial.

Federal, state and territory governments must come together as a matter of urgency to action this reform to ensure our older people, no matter where they live in Australia, have strong and consistent protections. This will benefit not only older people but also the many entities required to act on EPOA documents that are burdened by multiple inconsistent laws and rules. As our submission outlines, these reforms should be coupled with ongoing public education campaigns to inform older Australians about how they can manage their affairs if they lose decision-making capacity later in life. We urge the committee to recommend that these reforms be prioritised as a practical step towards greater protections for older Australians. We welcome any questions that the committee may have.

**CHAIR:** Dr Radford, firstly, I thank you for the recommendations you have provided as well as the fact that you did provide your prior submission to the previous inquiry for the benefit of committee members in informing an understanding of where your recommendations are drawn from. I really appreciate that.

I want to ask you about the role of seniors. We have heard in our submissions that the role of an enduring power of attorney is very commonly a once-in-a-lifetime role that someone fulfils—they fulfil it for their mother or father—or, if they are unfortunate, they may fulfil it twice. Quite often, the decisions around appointing the enduring power of attorney are made quite early. Quite often at marriage or the birth of children, a solicitor will ask you to provide that sort of information. Do you believe that there is a role around education for the appointment as well as for the enacting of the enduring power of attorney?

**Dr Radford:** Yes, we do. The enduring power of attorney is a really important tool that can be used. It can also be abused, which is why we want strengthened and harmonised laws across the country. It is an important tool that people can use, and lot of people do not know about them or do not know that they need to redo them or make sure they are current. One of the problems, of course, is that some people can abuse those powers. They may prey on people who have had cognitive impairment to make that change. In fact, within our original 2017 Law Reform Commission submission we gave an example of someone who had contacted us and had that experience.

We certainly need more education that these exist as a tool that people can use. There should be times within a person’s life, just as we do with things like bowel screening kits, when we provide information to people to remind them that these kinds of things are there.

**Ms McMILLAN:** Could we explore a little further the whole notion of education and the opportunity for intervention? Would you see that as a letter that would go out to a particular age group from the federal government, encouraging them to enact some of those procedures and it being an opportune time for education and family discussion et cetera?

**Dr Radford:** That is one option that could be put in place. Obviously, the wording of that would need to be careful. We do not want to unnecessarily concern people, but we need them to know that the tools exist if they need them. I think that is probably the critical thing. That is, I guess, an operational issue. There are times in people’s lives when we provide information to them. We take a life-course approach. There is an opportunity, maybe through the Centrelink system, to provide information. I think that is something that we provided in our submission in 2017—that Centrelink could be providing that information. I am not sure if that has been actioned since then, but that would be an opportune time to let people know that these things exist.

I think the problem is that, because the laws are inconsistent across states and territories, it is very confusing for people. There are different obligations. We really want to make this easy for people. The thing that we hear a lot from older people is, for example, when they are dealing with the aged-care system, it is complicated. When they are dealing with retirement villages, it is complicated. Part of the problem with all of this is that there are all these state and territory laws that are inconsistent. Just because you are living in Queensland does not mean you want to move to New South Wales and live in a retirement village. We are calling for nationally consistent legislation on retirement villages as well.

We really want to emphasise that we want the governments of Australia—and it has been almost 20 years since the 2007 federal inquiry which recommended that there be nationally consistent EPOA legislation—to come together and get this done. We have been working with the ABA. They clearly want this done because they want the banks to be able to more easily manage this situation. They are the ones at the front line. They are the ones who see the people coming in. They have to alert if there is an issue. If they had nationally consistent legislation it would be a lot easier for them to do that and make the protections for people.

**Ms BOURNE:** Dr Radford, I think you might mention this in your submission but I cannot quite remember it. Why are they not doing that? This recommendation was made 20 years ago, but they have not moved forward with it. Do you have any understanding of why that is happening?

**Dr Radford:** I guess that is a question for the governments. It has not been one side of politics; it has been all different sides of politics throughout that period. Maybe there is a reticence amongst state governments to give away their laws. Maybe it is very difficult for state and territory governments and the federal government to come together and say, ‘Okay, we can agree on this.’ If we are talking about best practice then we should be doing that. I cannot say why because I have never worked in the state or federal government. I do hope that we can move forward with this. There is some movement but it is very slow. It was in 2007 and 2017 that these recommendations were made. It was quicker to write the Constitution of Australia, yet we are talking about one tiny part of law that we could get together on. It was the Australian Law Reform Commission that recommended this be done. We do not understand why it is taking so long.

**Miss DOOLAN:** I am quite interested in the data you may have collected around elder abuse. Do you find that older women are experiencing it more or older men? What form of abuse is more prevalent?

**Dr Radford:** We do not really collect data on this at all. We rely on what data has been collected, and one of the issues is that the data collection does need to improve. Obviously, the elder abuse support organisations that exist at state and territory level have good information, but we need better information. We support more research into this to make sure we know. I think it is more women, but that is partly played out in the fact that women live longer, generally speaking, than men. We are not experts in that area in terms of the data because we do not collect that data ourselves.

**Mr KRAUSE:** Going back to the powers of attorney, I think it took over 100 years for there to be uniformity around legal profession requirements and for there to be a national system in that respect. I still do not think we have a national register of legal practitioners, but there were steps made. Do you want to see uniformity across the substance of requirements for EPOAs or do you think it is necessary to still go down the route of pursuing a register for EPOAs nationally? Is there a `good’ and a `perfect’?

**Dr Radford:** Getting the legislation harmonised is the first step and we need to do that as a matter of course. We support the register as well because we think that will make things easier for those who have to manage EPOAs and for people working in the banks and other institutions. We do support that. I think the last communique said that that has been put on the back burner. I understand that having nationally consistent legislation is probably the first step that you need, but we do support having the register in place. It can be done.

We are talking about situations where people can be losing millions of dollars. We are not talking about small amounts of money. Financial abuse is often associated in the data with other forms of abuse. It is the most prevalent one. If we can get those systems in place, that also acts as an opportunity to be the canary in the coalmine for identifying if other forms of abuse might be happening. It is important to get those things in place and to have the register in place as well.

**CHAIR:** One thing that has been raised with the committee is the language around not only enduring powers of attorney but also the term `elder abuse’ itself. Do National Seniors have a view on whether ‘elder abuse’ is the term or whether it should be ‘seniors abuse’? Is there language that you believe would allow for commonality or are you happy with the language as it is currently presented?

**Dr Radford:** It is not something that we have considered; that is the simple answer.

**CHAIR:** I am happy to take that.

**Ms McMILLAN:** What are the policy gaps or the research gaps in this area? Are there any areas where you think there needs to be more done that would have a significant impact on how we might deal with, manage, lead and support elder abuse?

**Dr Radford:** I think our 2017 submission said there was a lack of understanding about the prevalence of elder abuse. Probably a key thing to do is focus on understanding the prevalence. Part of that is having nationally consistent definitions of elder abuse. We certainly would encourage research that would help to improve our understanding of the prevalence of this, because it is probably highly under-reported. It is obviously a difficult thing to do, but we certainly think more research about prevalence would be a good thing.

**Ms McMILLAN:** That comes back to how we collect data.

**Dr Radford:** Absolutely. Luke is a data person so he would attest to this. There are just so many issues with trying to understand the problems of society because we do not collect the data in the right way and we do not report it or it is hidden away. More power to data, I say, and getting it consistently.

**Mr Smith:** Referring to our submission, the Australian Institute of Family Studies' National Elder Abuse Prevalence Study reported the prevalence in the community but not in aged care, so we are getting different sources reporting information which is not necessarily consistent.

**Ms McMILLAN:** Is there anything in the ABS Census process that we fill out every few years?

**Mr Smith:** I am not sure, I am sorry.

**Ms McMILLAN:** That might be one avenue for future data collection.

**CHAIR:** There being no further questions, I thank you for your time this morning. Thank you for participating in our inquiry and for your submission as well as for the background you provided from that previous inquiry. It was very fulsome.

**Proceedings suspended from 10.17 am to 10.41 am.**

**CHAIR:** We will now resume the public hearing for the Education, Arts and Communities Committee's inquiry into elder abuse in Queensland. My name is Nigel Hutton. I am the member for Keppel and chair of the committee. I would like to respectfully acknowledge the traditional custodians of the land upon which we meet today and pay respects to elders past, present and emerging.

Today we have with us: the deputy chair and member for Mansfield, Ms Corrine McMillan; the member for Ipswich West, Ms Wendy Bourne; the member for Pumicestone, Miss Ariana Doolan; and the member for Scenic Rim, Mr Jon Krause. We acknowledge that we have an apology from another member of our committee, Mr Nick Dametto, who is unable to be with us here today.

## TOOHEY, Mr Jim, Managing Director, Carers Queensland

**CHAIR:** Thank you for your time and for your submission. I invite to you make an opening statement, after which committee members may have some questions for you.

**Mr Toohey:** Thank you for the invitation to appear today. Carers Queensland is the peak body in this state representing the 600,000 unpaid carers who provide vital care and support to family members and friends who have a disability, mental illness or chronic medical condition and who are often the frail aged. We are an independent organisation. We work to highlight the issues facing carers and advocate for better support and services for them.

We thought it was important to provide a submission because all too often older carers experience abuse from the person they provide care for, and that is rarely, if ever, discussed in these types of conversations. Carers are often portrayed as the most likely abuser but rarely the victim, which is unfortunate because it enables a vulnerable cohort of people to go unseen and unheard, continuing to experience abuse without recognition or support.

Unpaid carers are there because no-one else can be there. They have nowhere else to go. Carers are often subject to violence by the person they care for, sometimes an older aged spouse with dementia or adult children with a disability or mental illness. Carers advise us they must continue caring for this person, but they need help to deal with the abuse they are experiencing and they struggle to find access to that. They often fear they will not be believed, will be vilified or will receive unhelpful advice such as, ‘You should leave' when, as I said, they really cannot. They may find themselves in a position where, for example, if they are caring for a frail aged person and a residential care approval is not forthcoming—home care approval is there but that might maximise about 12 or 15 hours a week—the burden of the care for that person with dementia falls largely on them, and all too often they are the victims of abuse by that person.

Carers Queensland has made several recommendations in our submission which we would like the inquiry to consider. There should be recognition of older carers experiencing abuse and inclusion as a cohort in any subsequent legislation. Carers deserve access support as easily as all Queenslanders experiencing abuse. We think there should be better media and educational campaigns highlighting older carer abuse and moving away from the all too traditional narrative of the most likely abuser being the carer. We believe that medical professionals, including emergency workers and government services, would all benefit from that distinct recognition. We think there should be funded co-design research so we as a community can understand the depth of this issue and how we can better support families experiencing abuse. Thank you very much again for the invitation. I am happy to answer any questions you may have.

**CHAIR:** Thank you very much, sir. On behalf of the committee, I would like to acknowledge the unique voice that you bring to our inquiry today and the importance of hearing that voice. It is very pressing and important that it be heard. Vulnerable carers have both the shame and stigma of elder abuse victims with a strong sense of obligation. You spoke about a vulnerable loved one's spouse or partner and one of your recommendations identifies a desire to see support. Can you elaborate for the committee on what supports you believe could be instigated to support vulnerable carers?

**Mr Toohey:** It is a very important question. I am very proud to say that our organisation insists that all members of the organisation, including members of the board, travel regularly to the regions in Queensland. We sit in a room—often not as nice as this, usually in a town hall—where we bring carers in for a day. We arrange for someone else to take over their caring responsibilities. We say to them, for example, which we did with this, ‘There's an inquiry into the abuse of elder people. What's your take and input?’ The story we most frequently hear from older carers is that the person they care for has dementia so is not legally at fault. One particular instance springs to mind of a gentleman I spoke to in Roma. His wife had significant dementia. There were very few supports for him on the ground other than home support, which the provider—which was a charity—was very good at, but it maxed out to about 12 or 15 hours. She would often not recognise him and would often physically attack him, including once with a fork. His stories stuck with me because he said, 'I've nowhere else to go. I have to get out sometimes. I have to have a break, but there is nothing there.' So the first thing I would say is respite. Respite is critical.

The longer and the better we support unpaid carers, the better the benefit for the person they care for and, indeed, the economy. It is worthwhile keeping in mind that if every unpaid carer in Australia said today, 'I'm going well and truly above and beyond everyone else. I don't want to do that anymore. I'm handing over to the paid care sector,' we would have to come up with more money than we spend on national defence to fill that gap. We are talking $70-plus billion. Carers are not part of the problem; they are part of the solution.

**Ms McMILLAN:** Thank you very much for your contribution. My question was along the same lines. Has there been any economic modelling around the cost to the public health system should carers not take on that role in the aged-care sector? I guess the economics of it are quite significant. It would be useful if you could share any modelling.

**Mr Toohey:** I am happy to say there is independent modelling on the overall saving to the economy by the contribution of carers. I am happy to send that on.

**Ms McMILLAN:** Not only the savings but also the potential beds needed, aged-care facilities, aged-care workers et cetera should that caring not happen by the husband or wife in the home.

**Mr Toohey:** I am not aware of that research specifically, but I will have a dig around for you. I think it is worthwhile. I am not aware if any research has been undertaken, but it would be interesting to research the positive effect carers have on readmission to the public hospital system. If there is a carer who is well supported at home when the person is discharged, they are more likely not to be readmitted.

**CHAIR:** Acknowledging that you have taken a question on notice, we will just let you know that, for the purposes of the committee, if you could provide that information by Tuesday, 17 June, it would be most appreciated.

**Ms BOURNE:** Going to recommendation 3 in your submission, we have talked a lot over the period of this inquiry about insufficient data collection around elder abuse. With your experience in this field, what advice can you give to the committee around this?

**Mr Toohey:** I wish I had all of the answers. I think we could start by singling out unpaid carers as a particularly vulnerable cohort. A paid carer can go to his or her employer and say, 'I'm not going there anymore.' An unpaid carer cannot. I think first of all recognising that would be the place to start. We would be happy as an organisation to work closely with the state government in capturing that data.

**Miss DOOLAN:** My question is around the forms of abuse that carers are experiencing. Is it more psychological or more physical?

**Mr Toohey:** I do not have specific data on that. From my experience over eight years talking to carers in the regions, it is largely physical and largely from an elderly spouse who has dementia. That is typically where it happens.

**CHAIR:** One of the things that has come to us through the submission process is around the language of elder abuse, obviously coming back to that sense of obligation and familiarity with family. Do you believe that the language of elder abuse is appropriate, or do you think there is other language that should be used to enhance the understanding of spouses and others?

**Mr Toohey:** It is a very good question. Yes, I do think the language needs to change, but I cannot tell you exactly how. That is the best I can say. Our prime reason for reporting to this inquiry was that we did not want there to be the typical suggestion that if there is abuse at the home of an elderly person it is by the carer. It often is but without recognising that it is often two ways.

**Ms McMILLAN:** Mr Toohey, I have no doubt that you have been monitoring the elder abuse inquiry as we have moved through. We have spoken to many, many stakeholders. We still have many more to speak to. The recommendations are vast and many. Is there anything that we have missed? Is there anything that is absolutely pertinent to improving the lives of either the elderly and/or carers?

**Mr Toohey:** That is a very good question. There is something that stood out, because I asked that of our staff who are dealing with carers every day. They said that a common complaint they get from carers is that, because quite often the carer might not hold the EPOA even though they are living with the person day to day, the information is often downgraded. They feel that the hospital or the emergency service workers would be better informed if the carer had a recognised status, albeit not as an EPOA. That was one observation.

**CHAIR:** That is a very interesting insight.

**Ms BOURNE:** Is it your experience that when the enduring power of attorney is done the carer has somehow coerced the older person into getting them to sign that document?

**Mr Toohey:** It certainly does happen. There is no doubt that unpaid carers can be abusers. There is no doubt about that. The whole EPOA argument is so difficult to tangle with. It really is. I know from personal experience with my wife's mother. It does happen. One of the things our organisation is exploring, which we are trying to find funding for, is setting up some micro-credentials online for carers so there is an immediate and contemporary source of information: `If you are experiencing this, these are some of the things you can do. These are some of the places you can go. These are some of the ways you can react to it.'

**Mr KRAUSE:** I think you did say earlier, but how many carers are there in Queensland?

**Mr Toohey:** There are 600,000 people considered carers in Queensland, but we have to understand that that figure could be for short-term, episodic care. The number of what we would call long-term carers is lower than that, but the average in that long-term cohort is caring for 11 years.

**Mr KRAUSE:** To be perfectly frank, the submission you have given is not one that had come to my mind before in the context of elder abuse, so thank you very much for bringing it to us.

**Ms McMILLAN:** Mr Toohey, you spoke about the formal status of carers. If that was to be considered, what would the role of a formally statused carer be?

**Mr Toohey:** Finding a definition on the fly, we would say someone who provides significant support and care for someone with a need—frail, disabled et cetera—outside of the care system.

**CHAIR:** Thank you very much once again, Mr Toohey, for your time today and for giving voice to Carers Queensland.

**HARRISON, Ms Katrina, Caseworker, Legacy Brisbane**

**LYON, Ms Claire, Community Services Manager, Legacy Brisbane**

**THOMPSON, Ms Mel, Caseworker, Legacy Brisbane**

**CHAIR:** Thank you very much, ladies, for your attendance today and for the substantial submission Legacy has provided and the recommendations you put forward to the committee for consideration as part of our inquiry. We would like to invite to you make an opening statement, after which committee members may have inquiries from your oral statement or the submission you have provided.

**Ms Lyon:** Thank you so much for the opportunity to voice our experience in relation to elder abuse. Legacy has been around for over 100 years, supporting families where the veteran has been incapacitated or passed away. There are eight clubs in Queensland. Brisbane is the biggest one. We serve a large portion of South-East and Central Queensland. We have just under 4,000 clients in total, but a significant portion is our older widows. We have a smaller number of families, we have clients with a disability and we have youth. We have a smaller number of families where the veteran is incapacitated.

We largely rely on philanthropic support and community support. As I said, our biggest client cohort is older widows—widows who are over the age of 65. Our Legacy widows already have vulnerability in relation to the loss of a partner or a husband. There is often trauma related to their veteran husband. We see that more so in the Vietnam War widows who are coming through more so now. There is a significant vulnerability there.

In terms of support, we have volunteers and we have Legatees—those are our organisational volunteers—and we have our community service officers who deal with the more complex cases. I have brought Katrina and Mel here today. They do the more client-facing work, which is great.

We would like to acknowledge that elder abuse happens to men and women, but 99 per cent of our clients are women so our experience is related to elder abuse that is experienced by older women. Previously we have not captured data on the number of clients that we have who experience elder abuse. Are systems are a work in progress—let’s put it that way. We have put something in place so that going forward we will have a better idea. We know anecdotally that we have quite a few cases, but we want to have more data around that.

The cases of elder abuse that are documented at Legacy Brisbane really mirror the research. We often see that it is the EPOA, the son or daughter who is supporting the older war widow. We see that it is significantly emotional abuse and financial abuse. When the EPOA is making decisions on behalf of the older widow, they take their concerns into consideration first before the widow’s concerns.

We frequently see that the widow has a dependent or perceived dependent relationship on their EPOA. That can be really difficult, particularly for the older generation—that separating out of what is actually abuse and how often they want to retain a relationship with their son or their daughter. It can be really hard to support the widow with her needs and wants whilst honouring the fact that she still wants a relationship with her son or daughter. That gets very complex.

One of the recommendations we looked at was some education around what makes a good EPOA—so before people get too aged or before they lose capacity, get them thinking about who might be the best person to be their EPOA. It might not be their son or their daughter; it might be the friend. In some cases we have people who have somebody from church or their neighbour who is their EPOA. Some education to get people thinking about who that EPOA might be best for them to honour their wishes and wants is probably something that I have not seen before that we thought might be quite useful.

Having more targeted education around what is elder abuse would be really helpful. There is education out there, but having more targeted education would be really helpful. Sometimes the older generation do not see that the behaviour is elder abuse. They still want to retain a relationship, but they need to understand that that behaviour is not okay. Where there is real dependency then it is hard for them to take a step back and say, ‘No. This is not okay.’

One of the contributing factors at the moment is homelessness. What we have seen quite a bit of is either the son or the daughter moving back in with the elderly parent or their elderly parent not being able to maintain tenancy or a place to live and they are moving in with their son or daughter. That really muddies the water if there is elder abuse because they have to have somewhere safe to stay. We have seen that quite a bit. There is no real easy answer because everybody knows the housing crisis is significant for every age of person, but we see that more significantly for our older widows.

In the first case study that we gave, where we supported an older widow, there were significant failings at every point in the system for this widow. The GP let her down. The aged-care facility let her down. QCAT let her down. It was like these are the worst things that could happen and it was rolled into one case. It was a big learning curve for us. Whilst we wanted to challenge the systems and challenge her EPOAs, the end outcome was not any better for her. That was significant learning. There are a lot of potential learnings that can be pulled out of that.

We also find it difficult: if the widow wants to change her EPOA and has capacity to do that, who can we actually get to be the EPOA for her? Our experience of the Public Guardian is not great. We see really high staff turnover. We see young people coming through with no life experience or ability to relate or ability to communicate with older people. If there is not a friend or if there is not somebody else, it can be really difficult to get her out of that situation and find somebody else who will take on that responsibility. That led us to the recommendation of some review of the Public Guardian in terms of why staff is turning over. What is going on there? Is it about funding? Is it about caseloads? Is it about supporting the guardians themselves?

I am pretty sure you have already heard this, but another issue is the funding that goes into all of the support organisations. For example, the community service officers are not psychologists. They are not specialists. When we have a case of elder abuse, we will refer to Caxton Street or ADA. When they let our clients down for whatever reason, it is really hard because we are not the specialist. We will look towards a specialist. In that first case study, the widow was let down significantly by every organisation that was engaged with her. I am sure that is not something that you have not heard before.

Something else that we have really pondered over—and I do not know what you would do about this—is around societal thoughts and wishes towards older people. That is a significant issue. We see, ‘I’ll talk over Mum.’ They do not value the wisdom that she holds. There is something much wider—I do not know what we can do about that. There are some recommendations. I am sure we could start somewhere—one bite of the elephant at a time.

That is what I would like to say. Thank you so much for our opportunity. I welcome any questions.

**CHAIR:** Thank you so much for your oral contribution as well as your submission. I want to draw you back to a place that I think that Legacy is uniquely tailored to see in some ways. Legacy would see the change in demographics of widows over time as we see those generational changes. In our Hervey Bay submissions and hearing we heard about first-generation migrant spouses being a cohort who are now perceived as being at risk on the death of their serving spouse. What engagement does Legacy have with this community and what supports are or should be in place to support this cohort in our community?

**Ms Lyon:** That is a really great question. We do have a small portion of our widows who are first-generation migrants. It can be really difficult because of the often controlling nature of the veterans. It might be that they do not have the correct visa. We have some widows who are now having to try to sort that out in retrospect, which is much more difficult once the veteran has passed away. There are often significant language issues as well. That is a good question. Mel, do you have anything to add?

**CHAIR:** Maybe if we break it down into two questions. What current supports or processes are in place to support that community? Do you have any recommendations of things you would like to see done moving forward, knowing that that demographic is going to increase as we see that generation aging?

**Ms Thompson:** There is someone I am working with quite closely and I have her trusted granddaughter involved. She does not want to use the TI Service because she believes her English is quite good, and it is not. She struggles with calling My Aged Care and asking for the help that she needs because she does not have the language around it. Key to getting help for her was actually getting someone that she really trusted involved. That is her granddaughter. Her immediate children do not want to get involved, but they are her EPOAs. It is a tricky situation for her. Instrumental to that was her family getting on top of [My Aged Care and really getting to investigate what she needs. She does not like to talk much, so it is hard. It is quite difficult. It was a case of pulling in the parties that can find out what she actually does need.

**CHAIR:** It is about looking at that co-responder response.

**Ms Lyon:** I think that is where Legacy is very fortunate, because we can build that trusted relationship over a number of years. Once an older widow enrols with Legacy they can be with us for life, so we can build that trusted relationship. We do not have KPIs or cut-off times or that kind of thing, so we can build that trusted partnership with the widow which is invaluable. Not many organisations have the ability or finances to do that.

**Ms McMILLAN:** The opposition are very aware—I do not want to speak for the government—that the number of aged people in Queensland and in Australia is ever increasing. Do you believe that there are adequate support services, whether it be carer support, elderly support or legal support? Do you feel that there are adequate services in Queensland?

**Ms Lyon:** No. It is related to funding, I believe, and having the right people in the right roles—absolutely. The system is not working. It is very complex to navigate. As with any kind of system, it is very complex for an older person to navigate those systems without having somebody to advocate on their behalf. I think that is something that works really well at Legacy, that we have that trusted person who can advocate with them and on their behalf if needed. Our experience has not been overly positive, unfortunately.

**Ms McMILLAN:** Does the sector lead have any modelling around where the gaps are in services, whether it be for carers or elderly, and then how much money is required? Does the sector lead have any modelling at all?

**Ms Lyon:** I am not aware of that.

**CHAIR:** It might be a question for QCOSS a little bit later.

**Ms BOURNE:** In relation to recommendation 3, you talk about having QCAT staff trained in trauma. Could you let us know a little bit about that?

**Ms Lyon:** Absolutely. That particularly relates to the case where every level was broken. What happened was the widow was not passed on details of the court case. She was not in attendance. `Trauma informed' means that the process happens with the person. There could have been a bit more investigation as to why she was not there. Also, at the final hearing, because of the lack of knowledge of the case from the ADA perspective, the family's lawyer was able to be at the hearing, which put the widow under significant anxiety and stress. That was the thing that she really struggled with. If the members or the people would have been more aware of how anxious she was, they might have asked some questions about whether she was okay for that person to be at the hearing. That was the thing that meant that the perpetrator—who was her daughter—got reappointed as her EPOA. It was just the worst-case scenario and it all kind of came together. If there was a bit more consideration about the needs and the supports for that particular widow in that case, it might have been different, but it might not have been.

**Miss DOOLAN:** My question is around the conversation we had with the last speaker when he said that he is seeing a lot of carers being abused. With our existing veterans, do you see abuse towards their partners because of PTSD or dementia? Is that something you see frequently?

**Ms Lyon:** It is, yes. We have a much smaller cohort where the veteran is still alive but incapacitated. We see that in pretty much every case. We had a look back at the active cases we have had recently, and pretty much every case had family violence involved in it. It is significant, yes.

**Mr KRAUSE:** I just want to say thank you for coming and for the work that you do. Legacy is one of the first ever charitable or support organisations I ever came into contact with. I do not have a gold coin donation for you today but thank you very much.

**Ms Lyon:** We will hold you to it! It is fine.

**Mr KRAUSE:** I do not have a question, but thank you for your work.

**Ms Lyon:** Thank you.

**CHAIR:** I have a further question around the enduring power of attorney. In not only your case studies but also your submission you talk about a desire to see more education for people who are putting them in place but also for those who are the enactor—the power of attorney themselves. Do you have any suggestions around what that might look like and how that support can be put in place to better protect the vulnerable in our community?

**Ms Lyon:** That is a really good question. I kind of wonder, like the previous gentlemen, whether there are some microcourses or some better information so that when the EPOA is enacted that person receives information and support about that. I wonder whether there is an organisation that might be able to do that that people can tap into because obviously it is a big role and some of it is not intentional; it is about the unintentional. Absolutely, there is a need for some education there.

**CHAIR:** I know that your submission lists it, but can you explain why Legacy supports a register of enduring power of attorney actions?

**Ms Lyon:** Yes, absolutely. A great example is that a widow appointed her two sons as joint EPOAs and there was also a daughter. There was a case where she claimed she was an EPOA and she actually was not. It is just having some kind of clear register that anybody relevant can tap into to understand who is actually involved in the care and support of that individual. It is really important from a holistic perspective that we know who needs to be involved in the case planning.

**CHAIR:** In your submission, the case study describes how a veteran's care was cancelled by a family member enacting an EPOA. Should that be legally possible? I know you have referenced that the system on many levels has broken down, but is it possible for the person enacting the EPOA to actually withdraw care for a family member?

**Ms Lyon:** I think there are probably episodes where that would happen, but is not in the best interests of that person receiving the care.

**CHAIR:** On behalf of the committee, thank you so much for the work that you do, both here and up in my home town in Central Queensland. I appreciate the work of Legacy Brisbane and the role that you play in supporting Legacy widows but also the families and the next generation. Thank you for your attendance today and participation in the meeting.

**MISKOVSKI, Ms Kylie, General Manager, Policy and Advocacy, Dementia Australia (via videoconference)**

**CHAIR:** Good morning, Kylie.

**Ms Miskovski:** Thank you so much for the opportunity to attend this hearing today. Apologies that I could not attend in person. I have been watching the proceedings online this morning and I have found myself nodding in agreement with so much of what has been said by others. I am joining you today from the lands of the Bidjigal people of Eora Nation in southern Sydney and I pay my respects to their elders past, present and emerging. Dementia Australia is the national peak body for people impacted by dementia in Australia. We provide information, education and support services including the National Dementia Helpline. We also advocate for positive change for people living with dementia, their families and carers, and support research through the Dementia Australia Research Foundation.

In 2025 there are an estimated 433,000 people living with dementia in Australia. This includes an estimated 29,000 people under the age of 65 living with younger onset dementia. Dementia prevalence is expected to almost double over the next 30 years without significant intervention. In Queensland there are an estimated 85,200 people living with dementia in 2025, and this figure is projected to increase to an estimated 168,000 by 2054. Despite these numbers, we know that there is a lack of understanding about dementia in the community.

Dementia is an umbrella term. It is not a single disease. It describes the symptoms of a large group of conditions which cause a progressive decline in a person's cognitive functioning. It is important to say that dementia is not just memory loss. Symptoms can also include changes in speech, in reasoning, in behaviour and emotional responses, in social skills and in physical functioning. Dementia is the leading cause of death of Australian women and the second leading cause of death in Australia overall.

Dementia Australia has a Dementia Advocates Program which provides an opportunity for living-with-dementia carers and formal carers to share their stories, identify current systemic issues and positively effect change. We work with dementia advocates to raise awareness of dementia and to advocate to federal, state and territory governments and to a range of sectors and systems, including the aged-care, disability and healthcare systems.

Our submission to this inquiry was informed by the experience of some Queensland dementia advocates as well as our previous research and national, state and territory policy and advocacy activities in relation to elder abuse. While we do not know the prevalence or extent of elder abuse among people living with dementia, we do know that people with dementia are at an increased risk.

The drivers of abuse and the risk of abuse are complex. Although individual characteristics—for example, someone's age, their health status and the level of support they require—are major factors, how these characteristics overlap or interact is also important. Just having a diagnosis of dementia in and of itself does not mean someone necessarily is at risk. I think there are a whole range of factors that come into play. Environmental or external factors, such as family relationships, are also significant.

We do know that abuse may be unreported or under-reported. People might not be aware that they have been a victim of abuse. They might not know about the supports that are available. Sometimes the sings of abuse may be regarded as a symptom of dementia or they might be dependent on the person who is perpetrating the abuse and they might fear what could happen to them or the person who supports them if they report. If a person with dementia does report abuse or seek support, sometimes they might not be believed or they could be regarded as an unreliable witness due to assumptions and misconceptions about dementia. People with dementia, their families and carers must have full confidence in the system, and we think this requires a commitment from community, from service providers, from law enforcement and from government agencies. Thank you.

**CHAIR:** In your submission you speak about ageism as being a precursor to elder abuse. I wonder if you wanted to elaborate on that for the committee and if you have any suggestions as to how we as a society respond to ageism or combat it—probably more what I want to do is get rid of it. If you could offer any suggestions as to what you think we can do in that space, I would love to hear from you.

**Ms Miskovski:** There has been quite a lot of work around ageism and how that does contribute to elder abuse or recognition of elder abuse and how we respond to elder abuse. I think when it comes to people with dementia we have a bit of a double whammy: we have ageism, but we also have the stigma that still exists around dementia and that misunderstanding or lack of awareness in the community about dementia and, I guess, the capacity or capability of people living with dementia. We have ageism and then we have that stigma around dementia which impacts the people we represent.

In terms of how we address that, Dementia Australia does a lot of work to try to raise community understanding about dementia and break down that stigma and therefore the discrimination that people with dementia tell us they experience. We have the Dementia-Friendly Communities program. That is a grassroots community development program where we work with local communities to raise understanding of dementia and create local initiatives to support people living with dementia, their carers and their families. People with dementia are central to those Dementia-Friendly Communities. It is not something that is being done for them; it is being done with them. I think more work around Dementia-Friendly Communities, so that people understand what dementia is and how they can support people with dementia, could go some way to addressing that.

**Ms McMILLAN:** I am cognisant of that notion of the discourse around elderly and around ageism. How do we challenge that more broadly in society? I know that the chair touched on it, but how do we challenge our understandings and thoughts about age and ageism as a society?

**Ms Miskovski:** I think it is important that people understand that dementia is not a normal part of aging. Age is certainly a risk factor for developing dementia, but it is not a normal part of aging. As I mentioned in my opening statement, we know there is an estimated 29,000 people living with younger onset dementia, so people under the age of 65. I think breaking down that misconception that dementia is just a normal part of aging, that it is a life-span condition, is something we need to address across the life course. I think that is important for dementia. When we are looking at ageism, Dementia Australia is involved with a range of networks which are trying to address ageism but also increase the human rights of older people more broadly. I think some of the work that is being done in that space is important.

**Ms BOURNE:** Thank you for attending today. I asked Legacy a similar question because one of their recommendations was around training QCAT staff on trauma and yours is around dementia. How do you think we go about doing that?

**Ms Miskovski:** We think it is really important that at agencies like QCAT the staff have a good understanding of dementia. I am not sure to what extent QCAT staff receive dementia education, but we would want to ensure that anyone working there has a good understanding of dementia given the cases that would come before them. Dementia Australia has our education arm, which is the Centre for Dementia Learning, and we can provide education to a whole range of industries and sectors. It is important that people have, as I have been talking about, that broad community understanding about what dementia is and what it is not. I think, importantly, people need an understanding about capacity when it comes to dementia and how capacity can fluctuate. I heard the conversation earlier this morning about supported decision-making. I think that is a really important framework when it comes to supporting people living with dementia in their decision-making—recognising that a diagnosis of dementia does not mean someone lacks capacity and that, using a supported decision-making framework, they can be supported to make decisions about a whole range of things. They do need that right support.

**Miss DOOLAN:** My question is around a carer looking after someone with dementia. We have heard from previous speakers that sometimes there can be elder abuse there. Do you find that the carer does not recognise it as elder abuse because the person is doing it unconsciously because this person might be having an episode, for example? They are not like that all the time; it has just happened.

**Ms Miskovski:** Do you mean the person with dementia as the perpetrator of abuse?

**Miss DOOLAN:** Yes, as the perpetrator.

**Ms Miskovski:** We included a case study in our submission along those lines—the symptoms of dementia impacting on how they treated their carer. It is complex. We do hear reports of carers experiencing either emotional or verbal abuse and at times physical abuse, but I think that kind of relationship is complex, isn't it? Carers want to support their loved one, but we need to make sure that carers are receiving the support they need. We do a lot of consultation with carers, particularly in recent years. We have heard that the lack of respite in particular is a big concern for carers—so not getting that break that they need. It is about also making sure that carers have the emotional support they need—so access to counselling services and breaking down the social isolation that carers but also people living with dementia can experience.

**CHAIR:** I have a further question around declining capacity. To give some context to the new members of the community who are here today at our elder abuse inquiry, we are hearing from experts about what happens when elders in our community lose the capacity to make their own choices or their choices are just no longer heard by their family, friends and others who are making decisions on their behalf. We currently have Kylie from Dementia Australia who is speaking to us particularly about people who suffer from dementia in their life.

Kylie, when it comes to declining capacity—and I know that we have spoken about it with some other witnesses earlier today—we know that supported decision-making is there to provide empowerment or self-determination. For someone who might have periods of lucidity versus periods where they are no longer lucid, how do we protect self-determination in those phases? Are there further changes that are necessary to provide for that?

**Ms Miskovski:** For some people I think there is an assumption that a diagnosis of dementia means that someone instantly loses any decision-making capacity, which we know is not correct. Capacity can fluctuate. As you mentioned, someone might have a time of the day when their decision-making ability is very good and then the symptoms or the environment that they are in impacts on their decision-making ability. I think supported decision-making is really important. Dementia Australia advocates very strongly for supported decision-making for all people living with dementia, noting that it is tricky and for many people they will need a substitute decision-maker. Even if someone is acting as a substitute decision-maker, we would hope that they would be acting within a supported decision-making framework, so thinking about what that person's will and preferences would be and what sort of choice they would make.

That also speaks to having the right people appointed as an enduring power of attorney—for example, people who know you and who can understand what decisions you would have made and what your will and preferences are. We advocate really strongly that everyone, but particularly following a diagnosis of dementia, plans ahead and thinks about who is best placed to make decisions either with us or possibly eventually for us. Sometimes the person someone appoints might not be the right person. We hear instances of people thinking they should appoint someone—the eldest son, for example—but maybe that person is actually not well placed to make decisions with them and for them. It is about thinking about who is the best person to support you to make those decisions. Particularly when it comes to supported decision-making, I think there needs to be more education and support given to family members but also to aged-care workers and healthcare workers around how they can implement supported decision-making and not make decisions completely for people but support them to make their own decisions.

**CHAIR:** In terms of that piece, when a person has their diagnosis of dementia, which means that ordinarily they have seen signs or the family has witnessed fluctuations to encourage them to get further research, you would already have an education packet or engagement that you do with families and that support network to encourage making some of those longer term life choices. Do you think there is the opportunity to embed enduring power of attorney information, as well as the role of the enduring power of attorney, as potentially this is a once-in-a-lifetime role for that enduring power of attorney so making the right choice as to who that person is in the engagement that you have with families—or is it potentially too late by that stage? What is your thinking in that space?

**Ms Miskovski:** Dementia Australia provides a range of post-diagnostic supports for people living with dementia. Firstly, there is the National Dementia Helpline that I mentioned. We also have both individual and group supports both for people living with dementia and for family carers. In those sessions, legal planning and decision-making is discussed. We have the opportunity to have those discussions directly with people.

As I mentioned, it is important for people with dementia to have an enduring power of attorney in place. Dementia diagnosis or not, we all need to be thinking about who we would want to make decisions for us. As well, I think some people would take on a power of attorney role without quite understanding what that means. To have some support and education materials around what it means to act as someone's enduring power of attorney is really important.

In the context of elder abuse, certainly some of the instances of abuse that we hear about are maybe at times not intentional or deliberate. It is someone who has an enduring power of attorney who does not quite understand what that means. It is really important that we increase understanding about what it means to be a power of attorney.

**CHAIR:** Kylie, thank you so much for your time today. Thank you for the work that Dementia Australia is doing in our communities. We really appreciate it.

**Ms Miskovski:** Thank you for the opportunity.

### CANNING, Ms Sinead, Senior Policy Officer, Community Services, Queensland Council of Social Service (via videoconference)

### McVEIGH, Ms Aimee, Chief Executive Officer, Queensland Council of Social Service (via videoconference)

**CHAIR:** Thank you so much for your time as well as for the submission that you have put forward to the elder abuse Inquiry. On behalf of the committee, I invite you to make an oral statement, after which committee members may have questions for you.

**Ms McVeigh:** Thank you so much, Chair. My name is Aimee McVeigh and I am the CEO of the Queensland Council of Social Service, QCOSS. I would like to begin by acknowledging that I am on the land of the Turrbal and Yagara people and pay my respects to elders past, present and emerging as well as to any First Nations people joining the committee today. I would also like to thank the committee for the opportunity to speak to you today as well as acknowledge all of the people with lived experience of elder abuse and the services and organisations that have provided their important submissions to the committee.

As you know, QCOSS is the peak body for community organisations in Queensland. We have hundreds of community organisations all across the state delivering essential frontline services, including to people experiencing elder abuse. QCOSS has made a submission to the committee that makes three recommendations and are all focused on 1(c) of the committee's terms of reference, which relates specifically to opportunities to improve responses to elder abuse in Queensland. I think it is important to note that we envisage these recommendations as hanging off a coordinated state strategy for the prevention of abuse and mistreatment of older Queenslanders, and we endorse COTA Queensland's recommendation that the Queensland government lead the development of such a strategy.

Our first recommendation relates to ensuring that the service system response to people experiencing elder abuse is holistic, properly funded and coordinated. As you know, the role of community services is essential. When looking to respond to elder abuse, our services provide housing support, counselling, legal advocacy and financial support. You have heard from many of our members in relation to the important work that they do in Queensland. Those services are effective. They require additional resources, but we also know that we need additional services across Queensland to make sure that, no matter where they live, people have access to good quality services.

Our submission is that we do need more funding for services that respond to elder abuse in Queensland and, indeed, services that prevent elder abuse but also more foundational support from the Queensland government for community organisations across the board. We are urging the Queensland government to urgently honour their commitment to the implementation of better procurement principles for community service organisations. We also support the recommendations made by Caxton Legal Service in terms of more investment in community controlled First Nations organisations, particularly for seniors legal and support services, and to establish more financial counsellor roles.

Our second recommendation relates to building on and expanding community education campaigns as well as targeted training to raise awareness of both the issue of elder abuse and the proper response to elder abuse. Finally, we have recommended better monitoring and evaluation. That means better data collection so we can properly understand the prevalence of elder abuse in Queensland as well as look at trends and look at the effectiveness or otherwise of interventions and programs.

As the interim peak body for domestic and family violence services, we urge the committee to pay particular attention to the submissions you have received from frontline domestic and family violence services and networks. We know that elder abuse has a particular impact for older women. We encourage the committee to think about making recommendations that would improve gender equality in Queensland. I note that QCOSS members work with some of the most vulnerable Queenslanders in the state. Poverty, housing insecurity and disability make older people even more vulnerable to elder abuse. We would like to thank the committee for your time and I am happy to answer any questions.

**CHAIR:** Thank you very much. I wish to test with you something from other submissions with regard to elder abuse terminology. One of the things we have been challenged on is around the language of elder abuse itself. Do you believe that is the right language or the wrong language? In terms of conformity of the language from when we speak to young children around respectful safe relationships to domestic violence to elder abuse in later years, do you think there is space for us to be doing some work around language and terminology?

**Ms McVeigh:** Our submission really is very narrow. We have consulted with services in relation to what the service system response to elder abuse should be, not specifically in relation to terminology. It is important to acknowledge that elder abuse, like the forms of abuse such as violence and exploitation that you have mentioned, at its core is a response of unequal status of particular groups, in this case older people in our community. It is important to acknowledge that ageism is at the root of elder abuse and to make sure that that is recognised when we speak about elder abuse.

**Ms McMILLAN:** Aimee, you have had a big week. Thank you very much for being with us again today. If I think about the world more broadly, we have a context where in schools we have young people with challenging antisocial behaviours and that is allegedly rising. We have young people engaged in antisocial behaviour. Domestic violence is a significant issue in our society, as is elder abuse. Is there something happening across the spectrum more broadly in the Queensland community, the Australian community and globally? Can you draw some correlation between some of these emerging social issues?

**Ms McVeigh:** I think there is. We would say that at the root of many of the social issues that you have identified and that we experience in Queensland are both poverty and disadvantage, including discrimination. If we were to focus our efforts squarely on ensuring that people have the basics to have a decent standard of living where everyone has access to a decent income, housing, health and education and that we work towards treating each other with dignity regardless of characteristics then we would see huge changes in relation to those social issues that you have outlined.

**Ms BOURNE:** I go to your recommendation 3, which is about better monitoring. There has been a recurring theme throughout the committee hearings on elder abuse about the insufficient collection of data. How can we do that better? Health has their data, the police have their data and a lot of organisations that come under your remit take their own data as well. However, we do not seem to have a true understanding of the scale of elder abuse. How can we do that better? Do you have any thoughts on that?

**Ms McVeigh:** I can make some broad comments in relation that. First and foremost, when it comes to community services and our data, we need to think about the way that community services are commissioned in the first place. We do need to have a fresh look at the funding and reporting arrangements between the state government and community service organisations. The government has made some commitments to do that and we are asking the government to urgently implement the commitments they have made in relation to procurement. This would allow community organisations to collect better data. We do need to start to think about a road map that would allow community organisations more broadly to collect data in a similar way, to allow for that data to be analysed in a productive way so we can report against outcomes and, ultimately, for the use of public funds to be attached to accountability for achieving outcomes in relation to these social issues.

**Ms McMILLAN:** Do you foresee it being beneficial to have a framework for data collection across social services, health, education and police? How prescriptive should that process be? I am asking this because we know that better data results in better intervention and better outcomes. How prescriptive should that data process, collection or framework be across agencies?

**Ms McVeigh:** When it comes to community service organisations, those procurement principles that I spoke to would mean that community organisations are funded in a way where they have more assurance in terms of their long-term viability and sustainability. You would have longer term contracts, properly resourced and properly indexed, enabling permanent employment of staff and enabling organisations to lift their head above the day-to-day stress of whether they are going to be able to keep their doors open and pay their staff and think even more about how they are measuring and reporting outcomes. Once those procurement principles are in place and we can give the sector more assurance in relation to sustainability and viability, we can also resource organisations to be collecting data in a consistent way.

We do need some capability uplift for the sector as well as some investment to ensure that our data collection processes are what they should be. I know there are projects underway. For example, QCOSS currently has a project working specifically with domestic violence and sexual violence services to uplift their capability to collect and use data. Projects like that should be expanded across the board so that the community sector has a dataset that can show, at systems level, the impact that we are having in Queensland.

**Miss DOOLAN:** My question is around your comment that we need to provide more funding to services. What community services that currently exist do you believe have the best response framework to elder abuse as a best practice model?

**Ms McVeigh:** I think there are many organisations across Queensland that are providing excellent support to older people through neighbourhood centres that are places for older people to come and connect, which can also be more in the prevention and less in the response space. There are also those organisations that are specifically funded to respond to elder abuse. I am speaking particularly about Relationships Australia, ADA and all of the services that are funded to deliver seniors legal and support services as well as financial counsellors. We know that those organisations are all doing excellent work in Queensland, but there are not enough services for the population that we have and they are not all available right across the state.

**CHAIR:** At one of our earlier inquiry hearings, on Thursday Island, a witness spoke to the idea that as society had changed we have seen government fulfilling the role of family in lots of circumstances yet, due to ageism, sometimes dignity and respect is not always present. This elder said that she would really like for the government—or, in fact, anyone—to help her in terms of families putting back in place some of those boundaries that, because of the experience of the past 10, 20 or 30 years, have seen some of the traditional boundaries and respect within families change. She talked about that black line that said, ‘Hey, this was Mum’s,’ or ‘We respect Mum and this is Mum’s house so we listen to and follow Mum’s rules.’ Her basic example said that that line has become blurred over time. Do you believe that it is possible for either government or the community sector to support families in redefining and putting that line back in place? Is this an education piece? Is this a broader piece? Is this funding for the community sector? Do you think we can achieve that outcome for this lady?

**Ms McVeigh:** Chair, I am sorry that I have missed that important evidence because it certainly sounds like some profound insights were provided to the committee through that evidence. I would say, as a broad comment, that the best solutions are place-based and community-led. When government acts as an enabler for those solutions to be implemented, I think that is the right place for government to be. Communities know what is best for them. When government listens and provides investment and support, I think that is when we have the best outcomes.

**Ms McMILLAN:** Ms McVeigh, is there anything we are missing? Obviously you have been monitoring the elder abuse inquiry and I know it is a busy time for QCOSS at the moment. Is there anything profound that we are missing as part of this issue of elder abuse in Queensland?

**Ms McVeigh:** We would particularly endorse the work of COTA Queensland and support the recommendations made in COTA’s submission. In particular, as I said in my opening statement, QCOSS does urge the committee to make a recommendation around a statewide, government-led strategy that addresses elder abuse in Queensland.

**CHAIR:** I know that this is not in your submission so I am very happy for you to give a broad statement. Does QCOSS support the harmonisation of the enduring power of attorney legislation nationally and the proposed register of enduring power of attorney actions?

**Ms McVeigh:** We have not engaged with our members around that particular point. I do know that our members have observed risks associated with enduring powers of attorney. I think it would be best if we took that question on notice, if that is okay.

**CHAIR:** Definitely. We really appreciate the time given by the Queensland Council of Social Service to our committee today as well as earlier in the week. One question was taken on notice. Could you provide feedback on that by Tuesday, 17 June? That concludes this hearing. Thank you to everyone who has participated today. Our committee will be holding more public hearings in Logan and Ipswich next week and further hearings in August. I acknowledge and thank Hansard as well as our committee secretariat for their support. A transcript of these proceedings will be available on the committee’s webpage in due course. I now declare this public hearing closed.

**The committee adjourned at 11.58 am.**