



EDUCATION, ARTS AND COMMUNITIES COMMITTEE

Members present:

Mr NG Hutton MP—Chair
Ms W Bourne MP
Mr N Dametto MP
Miss AS Doolan MP
Mr A Baillie MP
Ms CP McMillan MP

Staff present:

Ms L Pretty—Committee Secretary
Mr P Yagmoor—First Peoples Liaison Officer

PUBLIC HEARING—INQUIRY INTO ELDER ABUSE

TRANSCRIPT OF PROCEEDINGS

Tuesday, 13 May 2025

TOWNSVILLE

TUESDAY, 13 MAY 2025

The committee met at 9.31 am.

CHAIR: Good morning, ladies and gentlemen. I officially declare open this public hearing for the committee's inquiry into elder abuse in Queensland. I would like to respectfully acknowledge the traditional custodians of the lands in Townsville and pay our respects to all elders past, present and emerging. I would also like to take the opportunity to thank the committee of the Suburban Bowling Club. They have generously donated the venue here today in support of the inquiry and the work that we are doing in the elder abuse space, so we would like to acknowledge that. Thank you for your generosity, as well as for joining us as a submitter and one of our hearing participants.

My name is Nigel Hutton. I am the member for Keppel and the chair of the Education, Arts and Communities Committee for this morning's proceedings into our inquiry into elder abuse in Queensland. Today with me are my fellow committee members: Corrine McMillan MP, member for Mansfield and the deputy chair; Wendy Bourne MP, member for Ipswich West; Nick Dametto MP, member for Hinchinbrook; Ariana Doolan MP, member for Pumicestone; and Adam Baillie MP, member for Townsville, who is substituting today for Jon Krause MP, member for Scenic Rim. We thank Adam for joining us for this hearing.

The purpose of this hearing is to assist the committee with its inquiry into elder abuse in Queensland. We are here in Townsville today to hear your views. We are grateful for each of you giving up some of your time to participate in the inquiry process. Please take this opportunity to share your experiences with us.

The committee is a committee of the Queensland parliament and, as such, its hearings are subject to the rules of the parliament. These proceedings are being recorded by our wonderful Hansard reporter and the transcript will be published on the parliament's website. If you have any concerns about this, please talk to our committee secretary.

Media may be present during today's hearing. However, they are subject to the committee's media rules and the chair's direction at all times. You may be filmed or photographed during the proceedings and images may also appear on the parliament's website or social media pages. Please turn your mobile phones off or ensure that they are on silent.

We will first hear from those listed on today's program. I will then invite anyone from the community who wishes to speak to give us a brief opening statement, after which committee members may have questions for you.

MITCHELL, Mr Bill OAM, Principal Solicitor, Townsville Community Law

CHAIR: First up today I welcome Mr Bill Mitchell OAM, Principal Solicitor with Townsville Community Law. Good morning and thank you for appearing before the committee today. I invite you to make a brief opening statement, after which committee members will have some questions for you.

Mr Mitchell: I have given a submission to the committee, so I will try to summarise some of the detail in that submission. I think many of the organisations that have been involved in this issue for a couple of decades attempted to provide relatively concise submissions but, as is often the case, it is a big issue with lots and lots of factors, so I have probably failed in that—and mine is only a third of the size of Caxton's, our colleagues in Brisbane!

I also acknowledge the traditional owners of the land—the Wulgurukaba and Bindal people. It is also lovely to see the local members, Nick and Adam, here as well. It is fantastic that you get a chance to hear a little bit about what is happening in the local area. I can assure you that it is no worse or better than anywhere else but it is a prevalent issue.

I also acknowledge the government's ongoing support and funding of the Seniors Legal and Support Service. It has been a longstanding service funding policy across all governments. I think for a long time the Queensland government has actually been ahead of the field in terms of state government resourcing of the community sector in covering elder abuse on the ground. It is not just about the policy and the frameworks; it is also about the services that are provided, and I acknowledge that ongoing commitment.

It is a very complicated issue. I will try to track through a few things and then give some time for questions if the committee has any questions. The first thing I would like to talk to is this notion that we have older help seekers who are filling up doctors' waiting rooms and places like that. This is simply an aspect of ageism in our society. In fact, older people by the research are shown to be not help seekers. In fact, they are not help seekers in the way we have constructed them socially.

When it comes to elder abuse, the national prevalence study made clear that six out of 10 older people who are experiencing abuse will not seek help. I think this is a fundamentally important issue for the committee to take into account. The majority of older people who are experiencing or at risk of abuse, whether they know it or not, simply do nothing about it. There is a whole range of reasons for that. One of the central reasons is that unfortunately ageism is still the most prevalent social inequity in our society. It is more prevalent than racism and sexism, some of the research says.

An unfortunate aspect of ageism is self-ageism that people impose on themselves as they get older. The reality is that older people fear getting older and they do nothing about dealing with the issues that they might need to have as protections in later life. By the time they get there and they are one of the 15 per cent who experience abuse, it is too late. We need to and government needs to be very clear that building a plan around ageism, including self-ageism, is a critically important public program.

We need to start matching the prevalence of elder abuse with resourcing. As I said, Queensland has been ahead of the curve for a while, but I suspect there is still some work to do and there is still some coverage that could be lifted. We are projected to have more than 15 per cent. If you look at the royal commission, it says that, within institutional settings, the rate of abuse could be as high as 35 per cent. Remember that the 15 per cent that the national prevalence study said experienced elder abuse was only based on those who had cognitive capacity. For those people who in fact are most vulnerable to abuse—those who have lost some functional or cognitive capacity—we do not even know what the percentage is. It is guaranteed to be at least twice those in the community who are with capacity. It is an increasing problem. It is highly prevalent.

We need to start thinking about whether our coverage of services matches the prevalence and will it match the prevalence into the future? Even based on the QGSO's data, by 2030 you are looking at a city the size of Townsville of people experiencing elder abuse every year—180,000 is the current projection based on those very lowball numbers, so it is a very serious issue.

I will not go into the recommendations we have made. One of the easiest aspects of ageism to deal with which is a low-hanging fruit is the issue of age discrimination. I would recommend that the government and the parliament look closely at the bill that is currently paused. It does contain some important issues for older people. For example, the issue of vilification on the basis of age is contained in that whole raft of measures that is now set on pause. We worked very hard to get the Attorney to recognise that age vilification is a critical issue. The research shows that during COVID we had generations of people calling COVID the 'boomer remover' and things like this. Age vilification is a critical issue that government has to deal with. It is not important to talk about the other measures in that act at the moment, but it is important to recognise there are important changes for older people that have been held up by that action.

I want to focus on two things today that are operational issues and then I am happy to stop. Firstly, the question is: who is protected by the Domestic and Family Violence Protection Act? Older people simply are not protected by this law. There are a number of reasons for that. The primary one is that the relevant relationship, which is the informal care relationship, represents about 0.5 per cent of all police applications. There is a range of things to unpack in this issue. The simple fact of the matter is that that whole relevant relationship can give rise to police protection orders and now the new police protection order that is before the parliament which allows for an immediate two-year order to be given by the police.

Unless there is some work done to really think about why we are not picking up older people in that cohort of people to protect, they are going to continue to miss out and they will not have protection. A lot of it is to do with the inability to recognise informal care as an obvious and common area of elder abuse. The principal perpetrators of abuse unfortunately are those that are closest to an older person—family, close friends and carers. Unless you can capture those who are outside the relevant family relationships such as those who are informal carers, you are simply leaving an entire cohort of older persons without protection. Again, it is a complicated issue and I will not try to dig into the detail.

I want to talk briefly about ouster orders. I think that is another area that we can look at a bit more closely. These broader issues are not relevant for, say, the Law Reform Commission to look into. It is not big enough to warrant that sort of attention, but I think there are a number of procedural things that do impact on protections afforded to older persons. Ouster orders are a classic example.

We often see older people in a relationship of informal care or a relationship of family care where the perpetrator is living with them and they are dependent on the perpetrator for ongoing care such as transport, meals, doctors' visits, getting medication—all of those things. When the perpetrator is the carer, the older person has to make a very large leap of faith to even seek help about that relationship. Often what they will experience is a viewpoint that that dependent carer is often co-dependent on the older person because they have their own issues. Where are they going to live if we oust them from the residence? We as lawyers end up looking at their interests and their welfare as one of the aspects of the work we are doing to protect an older person from violence, abuse and neglect. We can say that that is not our job. We can say that this is just not an appropriate action for us to think about, but the reality is, unless there are safeguards in place for that person you are looking to remove from the residence, often the ouster order will not be made.

I am not suggesting any particular changes to that part of the act, but I think we need to look at the factors that are balanced when giving an ouster order just to make sure they are actually protecting older people because they have different needs and different interests. Many of the aspects of the act that were designed with the cycle of violence that occurs between people of working age and their children just do not really work well for older people. Neglect does not appear in the act, so there is actually no basis for seeking an order because you are being neglected. The coercive control changes may tip the balance there. We do not know yet, but it is a big issue. It is a complicated one that I do not necessarily have an answer to today, but I certainly know there is a problem there.

I think there are some very important differences in the way we might begin to identify how elder abuse occurs within First Nations communities. I do not think any governments or any parliaments have done the hard work of looking into this issue. The tensions and push-and-pull factors that exist within First Nations communities and other collectivist societies are different. The percentage of clients we see from First Nations communities for elder abuse is relatively high in the sense that I am happy it is high because it means we are reaching that community. We still do not have a good understanding of the prevalence, the nature, the characteristics or how it happens. It is a really important issue and I do not think any government has grappled with that yet.

You do see similar issues—and I am sure Nick could attest to this—within cohorts who have particular cultural or religious backgrounds. We know of a number of groups in North Queensland who would be less likely to complain about elder abuse because of an act of shame—whether it be concern that it is shameful within the religious setting or within a cultural framework. There are a number of those communities we can drill down into and learn more, and I think that is the next step we need to take. That is all I want to say by way of summary.

CHAIR: Thank you. We will now have an opportunity for the committee to ask you some questions. I want to refer first to enduring powers of attorney and your experience. We have heard from a few submissions around diminishing capacity versus no capacity and trying to ensure that where capacity does exist in some form that is recognised. You have recommended support for the QLS's submission which talks about a national platform for that. Do you have any thoughts about how we provide for ensuring that those who have some capacity or diminished capacity still maintain ownership and are empowered to make choices around their own lives?

Mr Mitchell: After the Law Reform Commission's inquiry into elder abuse, we had a raft of measures aimed at dealing with financial abuse. When the prevalence study came out, we realised financial abuse was actually not as high as we thought it would be. Everybody realised that in fact psychological abuse was far higher and far more prevalent. It is not to say that financial abuse is not important because it coalesces with other forms of abuse.

A national register is a good way of being practical about the recommendations, but the issue of who has got the capacity to give an attorney or evoke an attorney or operate under a power of attorney is really tricky. Supported decision-making principles are really the easiest and most fundamentally accepted way of doing this—that someone can extend their autonomy through supported decision-making principles. We have not yet found the balance between substituted decision-making, which is putting ourselves in a kind of somewhat paternalistic view of what is best for mum and dad rather than facilitating what they feel or we know they feel is best for them. There is a very fine balance to be made there and I think it is difficult to pick up.

I think we need more well-trained doctors who can do adequate capacity testing for documents that require their input. We definitely need better trained lawyers who can identify when the giving or evoking of a power of attorney is going to either create a tool of abuse or remove a tool of abuse. We are really talking about a profession-wide shift.

It is even understanding the nature of powers of attorney in a place like this, in a bowls club. You would hope that conversations are happening where someone is in the middle of a game and they might say, 'I'm thinking of giving my daughter a power of attorney. What do you reckon about that?' These things are not widely known.

Most attorneys do not have any understanding of their obligations. There is no training for them, and there is limited information given to them. There are sorts of things they often do that are actually conflict transactions, such as using mum's car and using mum's cash to put petrol in mum's car to drive her to the doctors. These things are conflict transactions. Whilst we might look at those and say, 'They're light and they're low key,' they lead to freedom on the part of perpetrators to feel like, 'That's a little bit more and it's a little bit more.' There needs to be clear guidance for attorneys so they can do their job to assist people but also understand that substituted decision-making is probably the future. It is not an easy question, I know.

Ms McMILLAN: Mr Mitchell, that was incredibly interesting and you raised a number of issues that others have not, so thank you. Could you tell us a bit more about the ouster orders and how you believe legislative reform could strengthen protections for elders?

Mr Mitchell: A very common situation we see—and it is mostly older women in their late 70s, early 80s and older—is they have a mature-age child living with them and they may have other family members as well, or maybe it is an associate or a friend of the family in a kind of caretaker role. The 60-year-old bloke moves in to help around the house, keep the lawn down, do the shopping and those things. When they become abusive and when it gets to the stage where those mostly older women make a decision that something has got to change, we cannot have the system fail them at that time.

It is most likely to fail them in two ways: the police refusing to deal with the issue because they see it as a tenancy issue or something different, or the system is not prepared to take the perpetrator away from the place of violence. If we were dealing with an obviously violent couple of workforce age, it would be viewed differently. The great irony is we are removing the carer, but when they are perpetrating violence, they are probably not doing much in the way of care anyway. There needs to be a provision that balances the interests of older people—who are predominantly women, as I keep saying—so that the question asked by the magistrate is not, 'What's he going to do? Where's he going to go?' Again, that is not the victim of violence's problem. That has been their problem for a long time. For many of the clients we see, it may take them six months after they see us for advice for them to come back and say, 'I've had enough. I can't live like this anymore.' The only aspect that is going to break that cycle for them is for that person to be removed.

I do not practise in DV court so I do not have a strong and firm experience of the ouster orders and the way they are used all the time, but we do see that as a commonality in our work with older people. I am not sure who the appropriate body is to look at that. The Department of Justice can look at this and ask itself the question: is that section of the act, which has in its objects to deal with people who are older as victims of violence, proportionately adapted to deal with those issues and those interests? I can have a think about it, but I did have a think about it and I cannot present you with a possible amendment. It is certainly a big issue.

Ms McMILLAN: Thank you, Mr Mitchell.

CHAIR: I would like to take a moment to acknowledge the attendance of Natalie Marr, the member for Thuringowa, and thank her for joining us for our hearing today.

Ms BOURNE: Mr Mitchell, thanks for coming today. You touched briefly in your submission on the fact that a significant percentage of your clients are First Nations people. Could you talk a bit more about your experience with these clients?

Mr Mitchell: I will be honest and say that most services that are not specialised services struggle getting First Nations clients who are experiencing elder abuse to contact them. There are a range of reasons for that and I am sure you already know about them. Our experience has been that we have had to work quite hard for First Nations communities to recognise the issue of elder abuse. There is a lot of confusion over the use of terms. Generally, I do not talk about elder abuse because that has a meaning that is confusing because 'elders' is in fact a term of respect within Indigenous communities so there may well be some misunderstandings based on that.

My experience is that many of the same issues arise. There are some quite unique issues that arise in terms of the way we have more people living in homes, the way we have possibly more isolated communities or the way more family members might be dependent on one or two people's incomes. We do have to be sensitive to that situation and understand that it is different. I am not sure the prevalence is any different but I definitely think the characteristics are different.

We have done some morning tea type events where we talk around the issues, and hopefully Vicki and Lisa will talk about Seniors Creating Change in a bit and they might mention it. Informal events where you can have a conversation about the issues will often start pushing to the surface how people experience things. Again, there is no one type of experience in that community and I would hesitate to try to give a view without looking at the data.

I think the fact that First Nations clients are coming forward wanting assistance with this issue is really important. We know, unfortunately, from the gap in life expectancy that First Nations people may well experience these issues at an earlier age. You can go into aged care at 50. They will not give you your superannuation any earlier, but you can go into aged care at 50 so we also have to think about the intersection between all of those cultural and regional issues alongside that early aging, which should not be existing but the reality is they are. Again, I do not have firm answers, I am sorry.

Mr DAMETTO: Thank you for coming along this morning and giving us your insight into your submission and also presenting to the committee and answering some of our questions. My quick question is around ageism, and you touched on that earlier. Have you seen any indication that ageism has been a justification, I guess, for elder abuse in cases that you have seen locally?

Mr Mitchell: It has still been very hard for them to find the connection between ageism and elder abuse. When you ask older people—and all of the studies back this up—what the fundamental problems with society are, the first thing they will say is that there is a lack of respect for various things but in fact they mean a lack of respect for their identity, their humanity. There are very strong connections between ageism, which minimises and trivialises and, even at the worst end, vilifies someone because of their identity. I think there are very clear connections between those who perpetrate ageist attitudes; it is a short step.

It is also a short step for those who experience ageist attitudes and who may take on board self-ageism, which is also highly prevalent. If that is what you expect, when you get it you are not surprised. We often see cases where the sort of language that people use means they do not view the older person as a human being; they demonise and they trivialise and a lot of that is based around the sorts of stereotypes we commonly see. There are many things we would not say in society because they are clearly sexist or racist; however, there are many things we still say that are simply ageist: 'I'm having a seniors moment.' The impact of dementia on people who experience it and their families is extreme, but we still make light of these things. It is not difficult to say there is a clear link between ageism and the perpetration of abuse. Likewise, there is a clear link between self-ageism and just wearing the experience or not seeking help.

Miss DOOLAN: I do not have a question but I would like to say thank you for sharing your stories today. I think we have all learnt something new.

Mr BAILLIE: Thank you for joining us today and for your comprehensive submission to the inquiry. I want to go a bit more into ageism, and you have referred a couple of times to self-ageism, which is a term I have not heard before. Can you expand on that a bit?

Mr Mitchell: As I said, many of us carry a fear of aging into old age, so by the time we get there, we are still carrying those attitudes that older people are somehow worthless or do not have any value in society, or should not be working, or any of the number of negative ideas we have about older people. Unfortunately, what that means is not only is there a very high prevalence about ageism about how we think and act towards older people, but when we get to older age ourselves we carry those views through. You just look at the market of any kind of product that helps you remove wrinkles or reduces the aging process. Unfortunately, we carry those attitudes through, but not everyone. I have a colleague who is in the UN aging space and she describes herself as an apprentice older person. She does that just to try to disrupt the narrative that so many of us are fearful of getting older, and then by the time we get older and we realise, 'Hell, I need help,' it may all be too late. Once you get entrenched in a very complicated elder abuse case, it is actually quite difficult to get out of it. It has aspects of financial abuse and psychological abuse. By the time you have been worn down by psychological abuse, you are probably starting to think there is not much point trying to do anything about it. That is unfortunately a common situation of our clients, particularly those who are in their

80s and 90s. They say, 'I just do not have the wherewithal to deal with this.' Just as victims of violence learn coping strategies or how to minimise the violence that is occurring, older people do the same thing.

CHAIR: Thank you for your time appearing before the committee today. We really appreciate it.

PAULL, Mrs Lisa, Secretary, Townsville Region Committee on the Ageing Inc.

TREVANION, Ms Vicki, President, Townsville Region Committee on the Ageing Inc.

CHAIR: I welcome representatives from the Townsville Region Committee on the Ageing Inc. Thank you for your time. I invite you to make a statement, after which the committee may have some questions for you.

Mrs Paull: Good morning, and thank you for the opportunity to speak with you all today. We are here on behalf of TRCOTA, the Townsville Region Committee on the Ageing. We are committed to representing the older community of Townsville through meaningful communication, collaboration and the promotion of awareness and inclusiveness.

Ms Trevanion: Today we welcome this opportunity to speak directly to the committee—not just to be heard but to speak on behalf of those who often go unheard. Our older community members, many of whom have spent their lives contributing to our society, are facing issues that are urgent, under-acknowledged and in need of immediate action.

Mrs Paull: The issue we are here today for, of course, is elder abuse. A lot of the things I am about to say Bill would have touched on in more legal depth, but we are the grassroots. We talk to people on the street in our communities every single day. We are coming from that perspective. Despite growing awareness of social issues like domestic violence and youth crime, elder abuse continues to lag behind in public recognition and policy priority, yet it is a serious, pervasive and growing concern in our community. It can take many forms—physical, emotional, financial and psychological—and it occurs day and night in homes, in facilities and sometimes tragically behind closed doors of silence. It is an issue that does not rest on weekends or public holidays.

Ms Trevanion: An example of that is a member of our community once experienced abuse over a weekend—an urgent and distressing situation. It had been building and building obviously; it was not just a sudden weekend. When she tried to seek help, she found out that the Elder Abuse Hotline operates from nine to five Monday to Friday and that is it—no out-of-hours service, no emergency access. This is unacceptable.

Mrs Paull: For that hotline to be a truly effective lifeline, it must be operated 24 hours a day, seven days a week, including public holidays. It must be fully funded, not as an afterthought but a core community service. It must be staffed by trained, compassionate professionals who understand the sensitivity and urgency these cases require and, importantly, publicly promoted so that people know where to turn and feel safe in doing so.

Ms Trevanion: However, elder abuse does not begin or end with a hotline.

Mrs Paull: We must also talk about the broader cultural issue that allows this abuse to persist, and that is ageism—a quiet, often invisible force that continues to undermine the dignity of older people.

Ms Trevanion: Ageism is deeply ingrained. Sometimes it is even internalised, which is the self-ageism concept that Bill brought in, by older people themselves—many older people, I notice—and that senior moment stuff happens. Because of all the work we do in TRCOTA and also Seniors Creating Change—

Mrs Paull: We hear it all the time.

Ms Trevanion:—I am always pulling people up on it like saying, ‘Don’t put yourself down like that.’ Anyway, it is internalised by older people. Many victims of elder abuse are afraid to speak out because they feel ashamed or believe they will not be taken seriously. Too often they feel forgotten, they feel disrespected and, perhaps most heartbreaking of all, many victims are suffering at the hands of their own family—carers who may be struggling with addiction, financial pressure or untreated mental health issues.

Mrs Paull: We have heard stories from our members—painful, raw stories—of carers under the influence of drugs or alcohol lashing out, neglecting or manipulating vulnerable elders. The victims remain silent. They are overwhelmed by shame and fear, unsure of where to go or who to trust, and we feel this has to change.

Ms Trevanion: Elder abuse is not a private family matter. It is not a silent crisis to be brushed aside. It is a public health issue and it is a human rights issue. The way we address it reflects the values of our entire society.

Mrs Paull: So today we are calling on community leaders, health providers and policymakers—every person in this room—to stand with us and take action. Here is what we are asking for.

Ms Trevanion: Public education campaigns that raise awareness and reduce the stigma around elder abuse.

Mrs Paull: Caregiver support and respite funding so that carers of our elderly citizens are not overwhelmed and unsupported.

Ms Trevanion: Expanded services that empower older people to live safely with dignity, independence and the assurance they are not alone.

Mrs Paull: Let us make no mistake: the time for action is now. We cannot allow another year, another report or another heartbreaking story to go by without progress. Together we can build a future where our elders are not just protected but respected, where they are not just safe but valued, because how we treat our older citizens—those who came before us and helped shape the communities we live in—says everything about who we are as a community and who we choose to be.

Ms Trevanion: Let us choose to be better! Thank you.

CHAIR: Thank you very much, ladies. That was an excellent presentation and I really appreciate the opportunity to hear from someone at the coalface of dealing with these challenges day to day. My question to you is around the shame and the stigma attached to elder abuse. We have concerns that reporting of elder abuse is not reflective of the six in 10 elders who acknowledge that they may have suffered elder abuse. What work do you believe can be done in the space of reducing the shame and stigma attached to elder abuse so that we can get true reporting and allow us to work with communities?

Ms Trevanion: As we said, public education, raising awareness of it and taking away the stigma attached. There is something about admitting that you have actually raised a monster. It is tied up in how pervasive that can be. Then there is that whole thing about spending your children's inheritance and all of those kinds of things—you know, 'Get out!' In terms of this whole debate going on around the election, there was so much social media talking about my age group being a boomer and being so lucky that because I have a house I am really well off and people thinking that somehow that that was all easy. We all must remember what it took to buy a house. For me it was my now deceased partner's family home that he grew up in which was put together on the weekends by the families of his mother and father building a fibro house in the outer suburbs—now Padstow—of Sydney, but it was a rural outer area back then and it took a lot of sacrifice and hard work. There is the pervasive attitude now that it was somehow easy and that I am on easy street and did not have to work hard or do without things, that somehow everybody—

Mrs Paull: Quite frankly, it is offensive; it really is. I would also add to that something I did not mention in the speech which is there is also a lot of unintentional abuse that goes on, and I know this from personal experience. Prior to doing this role, I used to care for my husband's mother. We had a very good relationship. We did it nicely and everything went really well, but I am really conscious of the little things that I did that were probably not okay in retrospect.

CHAIR: Thank you very much for sharing those insights with us.

Ms McMILLAN: I just want to say to you both that that was an incredibly powerful presentation. The medium you chose to convey your messaging was incredibly powerful. I thank you immensely for that.

Ms Trevanion: Thank you. It all goes to Lisa, actually.

Ms McMILLAN: Well done. It is wonderful to know that people like yourselves have our elderly at the heart of the work that you do, so thank you. I wanted to explore a little more about this notion of—and we have this in our foster care arrangement as well—how we balance what we pay carers with their innate need, want, desire to care for the people they love. When does it become about money and not about care, and how do we balance that? We are saving a lot of money as a government having family care for the elderly, but how do we balance that payment with care so it is not about just a payment?

Mrs Paull: I think when you are in a situation with a family member whom you love and whom you care for it is not about the money, but obviously that person has to give up a job, which I had to do, and there needs to be some compensation for that. I do not know; that is really tricky. We do not want to make it look like it is an attractive thing to do and then—

Ms Trevanion: To be paid as a carer you have to be available to that person. You can only be away 20 hours per week doing anything else. You actually have to be there. I also was a carer for my partner.

Ms McMILLAN: Does that criteria of a carer need to be strengthened?

Mrs Paull: Yes. I do not think it is as simple and as straightforward as it would seem.

Ms Trevanion: There is no monetary value once you are at pension age because one just swaps to the other. I have a friend around the corner who is tearing her hair out because she is going, 'I am no good at this. I have no patience. I get cranky with him,' and all of that. It is not in an abusive way; that was always their relationship—it was like, 'Oh, why don't you just go and shut up,' and blah, blah, blah, but she is finding now that he is so disabled she is losing sleep, she is not really—she never would want to put her hand up as an individual and say, 'I am a professional, innate carer.' She openly admits she is not, but it falls to her and there is no-one else. She feels no-one else would actually even put up with him.

Mrs Paull: Her other choice is to put him into care, where he does not want to go, and I do not think she really wants him to go. These are the difficult decisions that people that we see make every single day.

Ms Trevanion: She is just a pensioner.

Ms McMILLAN: A carer's pension is very similar to the pension?

Ms Trevanion: To the age pension, yes; it is about the same amount. In my case, I was getting a carer's pension before I would have been eligible for an age pension.

Ms McMILLAN: You cannot get both?

Ms Trevanion: No, you get one.

Ms McMILLAN: That answers my question. Thank you.

Ms Trevanion: It is not a great deal of money. I thought you might have been talking about the carers who were put out there by BlueCare and blah, blah, blah who go to people's homes. I do not know what their remuneration is.

Mrs Paull: Familial care.

Ms McMILLAN: No, I was talking about familial carers. Great; thank you.

Miss DOOLAN: Thank you both for the important work you do in the community. My question is around—I think Vicki mentioned it—older people seeming to have more wealth. They have obviously worked hard for it. Do you think the younger generations are now trying to exploit their grandparents or their mothers or fathers because of this?

Mrs Paull: Definitely.

Ms Trevanion: I do not think it is deliberate, necessarily. They have free child care on hand. If grandma is picking the kids up after school and taking them to swimming while the mother is still working, that is a service that she is not paying for, as such. She probably thinks why should she pay for it when grandma loves the grandkids and all of that. I knew of a woman whose relationship with her husband broke down—he went off with somebody else and she was left in the house on her own. Their kids came along and made her a big offer to live in a granny flat at their place. They encouraged her to get rid of the house, sell the house, and they had her working in their coffee shop part time and caring for the kids. One day she forgot to go and pick up the kids from school—probably not her fault—and she was then turfed out of that granny flat, with no further contact with the family. She had lost her own home. She had now been turfed out of the family and she ended up living in a caravan park. A happy story, though—she met somebody at that caravan park and they proceeded to go around Australia together until he passed away. I am not sure where she is now, but at least it had a bit of a happy ending. That is how this stuff can just go so badly.

Mrs Paull: That is tantamount to slavery. You are taking away all the autonomy that that older person has built over their life and you are just saying, 'You will do this. You will do that. I expect this of you. I expect that of you. If you make a mistake, too bad.'

Ms Trevanion: 'And when are you going to die so I can get my inheritance?'

CHAIR: Thank you, ladies. I am very conscious of time and we are already running over so, unless there is a pressing question, I would like to thank you both, Vicki and Lisa, for your time this morning. Thank you so much for sharing some on-the-ground experience with us. I think it is really valuable. Thank you very much. I acknowledge that Janelle Poole, the member for Mundingburra, has joined us. Thank you so much for being with us today.

QUEALY, Ms Julie, Private capacity

ROSS, Mrs Megan, Private capacity

CHAIR: Welcome. We appreciate your time. If you do need to take a break or if you would not like to speak about something on the public record, we can talk about having a closed session.

Mrs Ross: We want it all public. We want it all to be brought to light.

CHAIR: Also, please be conscious of the fact that, as this is a session of the Queensland parliament, there are rules in place with regard to what can be said. Ladies, please begin.

Ms McMILLAN: If I can just make a comment: if there is anything that is before the courts—

Ms Quealy: No, there is nothing. We cannot get there. We would like to be. Three o'clock on 24 April 2024 is when our mother died. Sorry.

Mrs Ross: To go back, our mother looked after our grandmother and our grandfather. Our grandmother had dementia. She passed away 18 years ago. She was put into the Herberton aged-care facility. It is not really an aged-care facility; it is a hospital with an aged-care facility on the side. When our grandmother passed, mum told her husband and all of us, 'I never want to be put there.' It was not a nice place, but that is where she had to go. That was really the only place up there at the time.

Ms Quealy: The undercover word is 'dump and die'.

Mrs Ross: That is what it is called. She looked after my grandfather then for many years until he passed, not from dementia but—

Ms Quealy: Old age.

Mrs Ross: He had cancer. The stress of it all took a toll on my mother, who herself had been showing signs of Alzheimer's and dementia. It took quite a while. We saw the signs because we had seen them with our grandmother and we had seen them with our great-grandmother. We knew the signs. We kept saying to our stepfather, 'Can you please do something?' We rang her doctor and he just laughed in our faces and said, 'There's nothing wrong with your mother.' She was just doing odd things and we knew that was the start of what was going to happen.

If we skip forward to 2022, he kicked my mother out of the home because she got the diagnosis of dementia. He put her in the Herberton Hospital. It is called 'dump to die'. He told the staff there that we were not to know anything about our mother. Mum got COVID. We did not know if she was alive. We know she was very sick. We rang up. We got told, 'We can't tell you. It's got nothing to do with you.' My sister went and visited—apparently she had to make an appointment. She got abused by the security guards. We fought to get mum to come live with me. I work from home. She lived with me for 12 months.

Ms Quealy: It was not so much a fight; we actually threatened to kidnap her under the guise of taking her out for lunch because it was that hard. Megan's left out a lot of things with regard to elder abuse. He would leave her, our stepfather—

Mrs Ross: I was going to get there.

Ms Quealy:—in a locked home with no air con, no windows open and no food. She was a diabetic. He would not leave food for her.

Mrs Ross: He would not give her her medication.

Ms Quealy: Would not give her her medication. She had blood clots in her legs, so she was on blood thinners. It was the little things that started to come out that we were trying to make others aware of. Everywhere we went to raise our concerns about elder abuse, the doors were virtually shut on us. It was like a brick wall that we were coming up against. Mr Mitchell was sitting here talking about things. It is impossible for family members to get anywhere with elder abuse. We went to the police. We reported it to the police.

Mrs Ross: We reported it to Centrelink because he was stealing her pension.

Ms Quealy: He was siphoning a quarter of her pension into his bank account.

Mrs Ross: More like three-quarters.

Ms Quealy: She got an inheritance off her parents. He siphoned that money out of their bank account into his bank account. When he tossed her out of her home, she had nothing. We had to buy everything for her.

Mrs Ross: Which was not an issue, but, you know—

Ms Quealy: She did it for us; we did it for her. Sorry, I am trying to cram everything in because I know we are constrained by time. We eventually put her into a nursing home because it became beyond our capacity—

Mrs Ross: I had a two-storey house and mum could not walk properly. She nearly fell down the steps a couple of times. It was very unsafe. I did not want to be the reason mum passed away. I did not want her falling down the stairs at my house. She became incontinent. I had just had shoulder, hand and knee surgery. To get the help that I needed through—I am just trying to think—

Mr DAMETTO: My Aged Care?

Mrs Ross:—My Aged Care or anybody was impossible. I could not get respite. They said, 'Do you need it for an emergency?' and I said, 'I've just had shoulder surgery. I am the sole carer for my mum. I need the help.' I could not get it. I literally got told, 'Too bad, so sad, there's nowhere she can go.' There are not enough resources to help people.

I put mum into BlueCare—sorry, I know I snickered when the lady mentioned BlueCare earlier—and for the first time mum got assessed, got diagnosed and got a package. While she was getting that, my stepdad was there. The lady pulled me aside and said, 'Your stepfather's losing capacity.' I said, 'Okay.' This got reported and I got a call from Ross Murray from the old Kirwan women's hospital—I am not sure what it is called now. They took him to QCAT. He lied to QCAT and he got reinstated—

Ms Quealy: As the EPOA.

Mrs Ross:—as the EPOA. We had to fight again to get him removed as the financial, medical—from everything. As this was going through, we got a temporary order to say that mum was living with me and that there was a statutory health attorney. My sister and I live here. Our stepdad lives four hours away in Malanda. He is not even here. When he finally came down to visit my mother in BlueCare, his lawyer had done up a letter that stated that he was the EPOA. It was a court order. They had the court papers, and she believed a letter from his lawyer. He told BlueCare that they were not to listen to us and that our opinion did not matter. Mum had cellulitis. It got so bad we had to lie that we were taking mum out—

Ms Quealy: For ice cream.

Mrs Ross:—for ice cream to take her to the doctors. There was blood and pus oozing out of mum's leg. We got told by the RNs there was nothing wrong.

Ms Quealy: I do not have a problem with the carers. The carers were absolutely fantastic. The registered nurses and the doctors that are involved in the health care need to be held accountable, in my opinion. The doctors could not give—I am sorry—a rat's arse about their patients. They care about the dollars. That is exactly how I see it. The RNs are just as bad. They are too busy arguing with you to care about the people that are in that home. My mother's blood pressure was really low the day prior to her having the catastrophic brain bleed. The RN laughed at her and said, 'Drink some water.'

Mrs Ross: We had a lot of issues. I was there every day. I was like, 'Mum needs this. What's going on? Can you please help mum?', but because they had our stepdad down as the EPOA I could not do anything. My hands were tied.

On 21 April, we noticed there was something wrong with mum. She just was not right. Even the carers noticed. For two hours we were begging. At 12.30, I went up to the registered nurse and I said, 'Can you please call an ambulance?' She said, 'No, there's nothing wrong with your mother.' I said, 'I'm going to call an ambulance.' She goes, 'Well, they have to speak to me and I won't let them in. You can take her to the gutter but I won't let her out anyway.' Mum had a catastrophic brain bleed that night and died three days later.

Ms Quealy: After waiting 45 minutes for them to call an ambulance.

Mrs Ross: I have gone to the aged-care commission. They acknowledge that they were wrong, but because BlueCare did two 30-minute training courses on diabetes they are okay. It is the same with the Health Ombudsman. No-one wants to help. No-one wants to step in. No-one wants to bring these people to justice.

Ms Quealy: Nobody wants to be the bigger voice for the people in those homes. That is what it is. We have also been interviewed and the stories that have come out regarding homes is astronomical. We have heard of a father laying on the floor after being beaten for an hour and a half before an ambulance was called because they thought he was just joking. He is elderly. If he is laying on the floor, do something, pick him up, help him. Even if he is joking to you, put him on a bed. He is a human being. He is not a dog.

Like I said, the carers are pushed to the limits in homes more than anything. The doctors and nurses—the RNs—are paid. Why are they getting trained for diabetes if they are an RN or a doctor? Should they not already know that? That is my question, sorry.

The biggest issue I have is why do we, as her biological children, not have the right to say what is important to our mother and how can a stepfather come in and say, 'Just disregard them'? I understand that they have a lot of patients, but you would think that if we come to you with an issue about our mum—the only person we are there for—you should probably pay attention to it.

Mrs Ross: We want to know: how do we get that law changed? Like Julie said, we are her biological children. He is not our biological father. She is our biological mother yet he had all the rights. We had none. Even though there was a court document stating that he did not have all the rights, he still had all the rights.

Ms Quealy: And the abuse that she suffered at his hands.

CHAIR: I want to, firstly, thank you both. I know that it would be incredibly hard to share that. At the same time, you have the courage to draw a line in the sand and say that you are looking for change. I want you to know that everyone on this committee today is here not only because we have a job to represent the people of Queensland but also because we are passionate about wanting to make a difference.

I also want to advise you and everyone in the audience today that we are dealing with some really emotive, stressful and challenging circumstances and there may be things disclosed during the hearings today that you find really challenging. We have made support services aware that we are in Townsville this morning and that we are having such conversations which may result in people needing to reach out for help. The committee secretary, Lynda, has some information in terms of the services which are available to provide support. While we are taking on these challenges and while we are taking on the scourge of elder abuse, we know that we all carry that burden and we need to know that there are supports to help us individually.

I am very conscious of the time we have and also of the disclosures that you have made to us here today. Thank you for trying so hard to make sure that you did it in a way that matches all the guidelines. It is never easy.

Ms Quealy: If I had known we needed to make a submission, I probably would have written one up so you could have tabled it.

CHAIR: No, that is fine.

Ms Quealy: It is coming from the heart. It is just very frustrating to know that it does not matter which avenue you take; there is nothing there open. In Queensland our laws are different to what they are down south and I do not understand why that is the case. You can hold somebody accountable down south for elder abuse, abuse of—

Mrs Ross: Medical negligence.

Ms Quealy: Yes. You cannot do it here in Queensland.

CHAIR: I guess that is the purpose of this committee—that is, to look at how we can put in place supports and structures, collecting the data and the research and working out what other policy solutions and interventions need to be made on behalf of Queenslanders. The only way we can do that is by having exposure points like yours here. Deputy Chair, did you have a question?

Ms McMILLAN: If we are short on time, I would prefer not to make it more difficult for you both—

Ms Quealy: We are fine.

Ms McMILLAN:—but certainly your story raised a whole range of issues. My only question, which I am sure would be the question of all of us, is this: if you could identify three things that could have made a difference for you, what would they be?

Ms Quealy: Being listened to, for a start, given the number of people that we reported it to. We reported it to Centrelink; they did not care. We reported it to the police; it fell on deaf ears. Then there was the constant fight with the RNs in a nursing home that is taking their money—their pension. They take three-quarters of their pension. I understand it is their living and that is their way of contributing, but we are talking up for people who cannot talk. People who suffer dementia, Alzheimer's and all that do not always recognise what is happening to them and if they do they do not know how to get that across to them. If you have a voice sitting there screaming at you that something is wrong, chances are there is something wrong.

CHAIR: There being no further questions, thank you so much, ladies. We really appreciate you taking the time to join us today.

Ms Quealy: Thank you.

DALMAU, Mr Peter, President, Suburban Bowling Club

CHAIR: I now welcome Mr Peter Dalmau. Thank you again, Peter, for kindly hosting the committee today. We appreciate your club's generosity and recognise that your community wants to have a voice. Because you have given us this space today, that makes it all possible, so we are very grateful. I invite you to make a brief statement on behalf of your club.

Mr Dalmau: Thank you very much. On behalf of the Suburban Bowling Club, I welcome the committee to Townsville and to our club. When the club management committee received the request from the Education, Arts and Communities Committee for a venue for hearings on elder abuse, the club committee unanimously agreed to host the hearings on the basis that the question of elder abuse is one which is relevant to the people of North Queensland and Townsville, as well as being directly relevant to members of the club. As with other lawn bowling clubs in the area, our club is primarily made up of retirees whose average age is in their late 70s. As the target group for the inquiry, our members fall directly within their ambit. It is of importance to our members to have access to processes which seek to limit the opportunities for elder abuse. For this reason, the club submits that in the recommendations your committee may make you should include one which provides for ongoing liaison with clubs such as ours which cater primarily for aged and aging members.

I might also add that lawn bowls provides an essential service to aged and aging persons by providing them with an outlet which provides for them exercise which is relevant to their age and, as such, would help with the adage of healthy body, healthy mind. Also at the same time a voluntary club such as ours provides both social outlets and a rewarding utilisation of their skill sets. Both of these areas of activities provide members with the ability to retain active minds and, as a result, be less prone to elder abuse. On this basis, it is recommended that the committee include in its recommendations the need for older people to remain active, where possible, and direct older people to pursuits like lawn bowling and maybe this committee can get the Department of Health to support clubs like this in that respect. Our bowling club has a policy of supporting people to play despite disabilities they suffer and is non-discriminatory in allowing persons to partake in the activities of the club—in other words, there is no sexism and all of that stuff.

On a personal level, I have been both the subject of elder abuse and observed it in the dealings within mine and other families. I do not see any purpose in detailing what will be to the committee an addition to details many other people would have submitted like the previous two witnesses. I have been through the same sort of stuff. However, I will add one thing I did not put in my submission. It occurred to me that in my experience of being a power of attorney for a single aunty when she got to the stage of having Alzheimer's and had to be put into care the care establishment told me that 60 per cent of the families who put aged people into care like that did not sell the family property as a means of paying the incomings into aged care. What that means to me and to the committee in its deliberations—because a lot of things lead from that—is that 60 per cent of the children of aged people are still children in their own eyes in that they will keep a property despite whoever's needs and they will leave it vacant for years.

I had one situation. I was with a person whose mother was put into care and five years later after she had died she had found that her older sister, who was the power of attorney, was due for capital gains tax unless they sold the property within a certain period. What they found when they went back to the property was that squatters had been in there for years. It is this mindset that I have found in my own family and I think it is a precursor to a lot of elder abuse—that is, that the children are still children, they want the money from the older person and they want whatever else they can get, but they do not have that sense of being responsible for their own lives.

I will note for the committee's deliberation the fact that in my last employment position before I was retired due to my war-caused disability I was executive officer to the national employment discrimination committee. That committee adopted an approach where it not only sought to proscribe anti-discrimination laws but also undertook an education program to support the need to remove discrimination from society. I would recommend this approach to the committee in relation to elder abuse—that is, the education of the community, backed up by specific laws, should be a distinct way that you can proceed. Over the years I know that that has been a successful approach in terms of anti-discrimination. Thank you. Any questions?

CHAIR: Thank you very much. Sir, I understand you are going to provide your submission as a—

Mr Dalmau: Yes, I have given one. Do you want other copies?

CHAIR: I ask for the leave of the committee to table the document on behalf of the president of the Suburban Bowls Club. Thank you very much, members.

Ms BOURNE: Thanks so much, Mr Dalmau, for your presentation. For all of the older people who come into the bowling club, do you think that they are aware of how to report elder abuse?

Mr Dalmau: I have found that most of our older members have their wits about them and do not need to have it at this stage, although situations could be around, and that is the recommendation I made in that advertising would provide access so that people know where they can get access to help and things like that. My own mantra is the same mantra as many other members of the club—that is, yes, we are older in age, but we are younger in how we think and how we operate and in our minds. The exercise and social interaction we get here is very much part of that. Because of that, we then became a microcosm and we hear about situations out in the community. Notwithstanding that, people are aware that if anyone is having problems we are here to help and things like that. I have just taken over the presidency from Graham, who did a great job for five years because he brought this club not only through the flood but through COVID and it is still going well. We are going to have, as a club, significant problems in the next five-plus years because of the aging of our members in terms of getting members and being able to sustain an active club. There are lots of questions that go into that. On the question you asked about access, my recommendation is that your committee have ongoing access to clubs like this.

Mr BAILLIE: Peter, thank you so much for hosting today.

Mr Dalmau: Thank you, Adam.

Mr BAILLIE: I have a question on awareness. Your club membership is advanced in age and I was just wondering about awareness of elder abuse. I think typically a lot of the community would conflate elder abuse with physical abuse but not perhaps think about the coercive potential of elder abuse being financial. When they think of elder abuse, what does your membership associate that with?

Mr Dalmau: As I said, my reading of the membership is that it is not overtly out there because the members themselves are usually fit and well in the mind, so in terms of the question of elder abuse they seem to be in control of their lives as such. The broader question of elder abuse and access to services and knowing what services are available and why goes to my other recommendation—that the committee should be getting into aged clubs like this and other aged clubs where you have a number of older people. The answer is that this club would be open to whatever the committee would like to advertise or put into ideas and whatever else we may need to do, but at the moment very little is being done in relation to that and that is why the committee of this club unanimously straightaway agreed to host your committee's deliberations. We totally support what you are on about, basically.

CHAIR: It is about education, which is very important.

Mr DAMETTO: Peter, thank you very much for submitting to the committee today and giving us your views on elder abuse. Do you believe there would be any value in a standalone offence for elder abuse in Queensland—a crime, a charge?

Mr Dalmau: In terms of my reading of it, I studied public administration, so in previous jobs I had those quasi-judicial roles. My feeling on proscribing, which is putting laws in place, is that the laws should be specific enough to make things like changing the bank account of a person illegal and to make the banks liable. In other words, if the committee hones in on seeking laws which make specific offences, people will then be able to see what is going on and have an understanding that there is a spectrum of situations which lead to that and that that would be a core element of those things and the rest is education, basically.

Mr DAMETTO: That makes a lot of sense. Thank you very much, Peter.

CHAIR: Thank you very much, Peter, for your time today.

KIYINGI, Mr Kulumba, Senior Policy Officer, Queensland Indigenous Family Violence Legal Service

SCHWARTZ, Ms Thelma, Principal legal Officer, Queensland Indigenous Family Violence Legal Service

CHAIR: I now welcome representatives from the Queensland Indigenous Family Violence Legal Service. Good morning and thank you both for giving your time today to come before the committee. Thank you, as well, for the submission that you provided to our committee separately. I invite you to make a brief opening statement, after which committee members may have some questions for you.

Ms Schwartz: I would like to start by firstly acknowledging the traditional custodians of the lands upon which we are meeting today. I pay my respects to their elders past, present and emerging. I would also like to acknowledge and thank the president for welcoming us to this wonderful facility. I have never been here. It is a beautiful facility in Townsville. Even though a lot of my family live in this town, I am really grateful to be here. I have had the pleasure—and a bit of heartbreak—of sitting and listening to part of the submissions today. It is always very difficult coming before the committee as a very proud Aboriginal and Torres Strait Islander community controlled organisation that services Aboriginal and Torres Strait Islander peoples across 90-plus Aboriginal and Torres Strait Islander communities in Queensland in our practice areas of domestic and family violence, family law, child protection, Victim Assist Queensland and family law matters. That is the demographic in which we support victim-survivors fleeing the impacts of domestic and family violence.

The submission that the committee has speaks to what we have seen across our demographic. The impact of violence against older people is not just confined to Indigenous or non-Indigenous peoples; it goes across the divide. What I heard when I sat and listened with humility to the people who spoke earlier is that there is a real diversion from respect for the inherent dignity of a human being, irrespective of what age you are. We see that in our practice when we have older people coming to us for help and that tension when they do speak up, because they are unfortunately in a position where their caregiver informally might be the person who is exercising a level of physical or non-physical control and abuse against them. That leads to tensions and conflicts about whether or not to report. In the case of Aboriginal and Torres Strait Islander peoples, that is compounded by negative experiences in interacting with the criminal justice system.

I know that we have included in our submission a raft of recommendations for the committee to consider. I would also like to highlight that there is a nexus with those submissions to Queensland's justice strategy which specifically looks at addressing justice issues for Aboriginal and Torres Strait Islander peoples within Queensland, particularly against the backdrop of meeting Queensland's obligations under the national *Partnership agreement on closing the gap* of which Queensland is a signatory. I also note particularly what we see in our regions in terms of the impact of geography with regard to the lack of infrastructure and services that are available, not only for our older people within community but generally victim-survivors who are fleeing the impacts of family violence and/or sexual assault.

Speaking very broadly, those are our opening remarks. There is quite a bit in the submission that we are more than happy to take questions on given that we only have a limited period, but I would like to acknowledge and thank the committee for coming out to the regions and hearing from our people outside of the big metro hubs and hearing about what really impacts those who live out in regional and rural areas. I note the committee is travelling to Thursday Island which will give you a whole new perspective on the impact of living rural, particularly with regard to costs. Costs play a big role in imprisoning someone, particularly in that family context, and putting pressure on them as to whether or not they make a report and who supports them to make a report to police about violence.

CHAIR: Thank you very much. I appreciate the time that you have taken in both providing a submission but also being available today to take some questions from the committee. Something you briefly touched on today but expanded on quite substantially in your submission is intergenerational housing and the barrier that that creates in the reporting of elder abuse. Do you have any suggestions around interventions that could support managing that scenario, maybe potentially without the pressing of charges?

Mr Kiyingi: I think this goes to a question of what people would be seeking in terms of remedies and outcomes. Much of the time I think an issue is around really just wanting, if it is domestic and family violence, that violence to stop or whether it is a situation where there are financial issues in terms of elders being taken advantage of seeking a way to rectify the issue but at the same time

protecting the family and protecting younger family members, and that is one of the tensions that we see in that some of our elderly clients who come to us are in a bind between wanting action taken but also wanting to protect their younger relatives.

Something we would advocate for is empowering local Aboriginal and Torres Strait Islander community controlled organisations. As we noted in our submission, there are 77 traditional owner groups and within that there are a vast array of community controlled organisations throughout the state. We commend the committee for coming out to the regions to speak to communities, but we also think it is important to really work with communities, and that goes to priority reform 1 of the national agreement—working together, working in partnership with a vast array of Aboriginal and Torres Strait Islander community controlled organisations and empowering them to be able to provide services. At QIFVLS we really focus on that cultural wraparound holistic support, and that is something which many community controlled organisations would be quite expert at. Funding is also needed, as is the ability to enhance and build capacity and expertise, so those are some recommendations we would make.

Ms McMILLAN: Ms Schwartz, it is always a pleasure to listen to you. You are so articulate and how you summarised the context for you and your people was really clear, so thank you. It is always a pleasure working with you. I know that within the Aboriginal and Torres Strait Islander culture—the First Nations people of our country—family is so important and a cornerstone of how you operate on a daily level. How does that have a really strong contribution to managing elder abuse and the opportunity for exploitation? I know the cost of living will be a significant issue for you, but can you just talk us through how unique it is for your culture?

Ms Schwartz: Yes; thank you for the question. Both Aboriginal and Torres Strait Islander cultures are unique and distinct. That is the beauty of both our Indigenous communities in Australia, particularly here in Queensland given the nexus to the Torres Strait up north. What is a cornerstone to our cultures is connection to kin and that broader connection and definition of what family is. Family is not just mum and dad, brother and sister; family is bigger than just blood relationship: it extends across the reciprocal responsibilities that come with caregiving. When we have situations in our more remote communities where we have real housing shortages, we are talking about a number of people living in cramped living conditions in one house. You could have three or four family groups in one house. You might then have the person who is the owner of the house who is an elder person who has the tenancy, for example, and they are reliant on the care of maybe an older daughter or a son. In that situation, as we have detailed in our submission, the key card may be used and it might be used in the context of the person is infirm and may not have the technological savvy in terms of being able to go independently and withdraw money or engage with Centrelink. They rely on that individual for all of those things and it is in that context of that relationship and trust.

I saw a synergy when I sat here and listened to non-Indigenous families. We do that when we are caring informally for someone, but it gets into this area where someone then takes it to, 'I'm now entitled to what is yours. I don't recognise your inherent dignity and worth as an individual. You're here to prop me up.' That person then in our situation for an Aboriginal and Torres Strait Islander will have that real conflict and tension of, 'If I make a report, my loved one may go to jail,' and I am not overstating it when I look at the data about the over-representation of Aboriginal and Torres Strait Islander peoples in this state alone, whether you are an adult or a juvenile. This is a reality for Aboriginal and Torres Strait Islander peoples.

I then look at the history of interaction with victim-survivors, particularly those who are Aboriginal, coming out of the evidence from the commission of inquiry into police responses into domestic and family violence which found really poor responses when an Aboriginal and Torres Strait Islander victim-survivor seeks the assistance of police. We are not believed; we are not the ideal victim. You have that happening in a small community, so you have people who are not wanting to engage. They would rather put up and shut up, and it is not a healthy dynamic. I know I touched on it very briefly in my submission, particularly with stolen wages, but when we saw money starting to flow we were then getting calls from the department saying, 'We need QIFVLS's help out here going out and actually making applications for DV orders because of the level of financial abuse work we're experiencing in community.' Our response, rightfully, was that it is up to the individual to engage with our services so we can assist. We cannot go out and force people to make an application. This is about education and awareness, and that is one aspect.

I am not a fan, with respect, of just increasing and criminalising behaviour. That is a singular tool. It is not your silver bullet that is the cure-all for this. As we have indicated in our submission, it is a whole-of-system response. You cannot just isolate and say this one cure is going to fix it all. It is beyond that, with respect. I am not being facetious. Having been in the practice for the length of time

that I have been, we measure the entire system response. What you do at one end you need to do across at the other. I look at that in the context of what we are trying to achieve with the National Agreement on Closing the Gap. They are ideals. We have got until 2031 to do it, but it is something to work towards in terms of real systemic change.

Ms BOURNE: Thank you for your submission. Your submission talks about the difficulties remote communities can have in accessing services. What could be done to break down those barriers, do you think?

Ms Schwartz: In an ideal world we would be locating infrastructure and supporting infrastructure in remote communities. I look at the fact that people are having to travel from remote areas to come into Cairns for hospital services, even from Thursday Island and the cape. I look at that and I look at the fact that there are impacts on costing. If we look at how much it costs to get on a plane to fly from Badu Island to Horn Island down to Cairns, it is ridiculous. You are talking about the equivalent airfare of flying overseas when I look at the pricing up there. I know the committee will be going up to the Torres for example, but these are costs that people living in the regions, whether they are an Indigenous person or not, experience on a day-to-day basis accessing services. I look at facilities such as this where you have a facility that has the capacity and they are calling out to government saying, 'Hey, look, we can help. We would like to be supported running programs here. We would like to be involved in education and awareness.' When we get older, we are getting to a point where, unfortunately, the media portrays us through a lens of ageism, of being of no use, of being of no utility. We have use and we have purpose if we respect at all times the inherent worth of each individual person. When we move across our regions and look at all the different organisations we have, you have people who are committed to their communities. They have structures and plans in place. They are calling out for help: 'What can we do and how can you support us because we know our communities?'

Mr DAMETTO: Thank you very much for giving us an insight into elder abuse through your organisation's lens. We have spoken in other remote Indigenous communities across Queensland during these hearings and there has been some reflection on the SmartCard and how that can be used as a tool to help limit elder abuse. Do you have any reflection on that?

Ms Schwartz: Can I just ask whether the SmartCard is a bit like the—

Mr DAMETTO: The first iteration was the BasicsCard but then they changed it to a SmartCard. It is voluntary. It has a chip in it now so you can use it as a Visa debit card and you can have different parts of your Newstart sanctioned so you can say 20 per cent is quarantined, or 50 per cent or 100 per cent.

Ms Schwartz: I support that in terms of it empowering the individual to take control. There is then no discomfort around when that card can be used, particularly if it is that individual petitioning off things for food, electricity, all of those necessities of life. I think that is an additional tool that supports that individual to live a life of dignity and control over their individual finances.

Miss DOOLAN: What role do community leaders and elders play in preventing elder abuse in Indigenous communities?

Ms Schwartz: When we look at our communities—Kulumba, correct me if I am wrong—our elders take a lead role. If we look at the formation of community justice groups within Queensland which are recognised as having the ability to make submissions to court under section 9 of the Penalties and Sentences Act, these are voluntary roles. They are people engaged in communities. They speak to a level of awareness around what is healthy behaviours and unhealthy behaviours. I think when I look at their roles particularly—voluntary, unpaid, love of community, wanting to see the best for communities—I look at that in an Aboriginal and Torres Strait Islander perspective and I look at it more broadly. We are sitting here in an example of people committed to their communities. I think education and awareness, particularly through the lens of an older person, is ideal because sometimes in our fast-paced world we can lose sight of these things. We can lose sight of the impacts of unintended behaviours, for example, on someone who might be a little bit older. I am hoping that answers your question.

Mr Kiyingi: If I could also just add on top of that, for some of our clients one of the stresses which they face is in trying to play that leadership role whilst also dealing with some of their own matters, whether it is health complaints, mental health matters, disability. So that is also another factor to consider: it is that innate love and desire to provide and protect whilst also trying to manage your individual health matters, so that is also something to consider.

CHAIR: Member for Townsville?

Mr BAILLIE: I have no questions, Chair, but I did just want to thank you both for the submission and also for the incredibly articulate contribution you have made today. It was really well done.

CHAIR: It was wonderful. Thank you very much.

GEE-HOY, Ms Fay, Elders for Change

SURHA, Ms Enid, Chair, Townsville First Nations Community Council

CHAIR: I now welcome Townsville First Nations Community Council representatives.

Ms Surha: Thank you for the invite. Angie Akee sends her apologies that she could not attend. However, I have my colleague Fay Gee-Hoy here who is a member of our Elders for Change as well. Just a bit about myself, I am a traditional owner from the Nwyaigi country, which is Ingham—Nick Dametto might know a bit about that—Manbarra Palm Island and Yidinji from Atherton Tablelands.

Elder abuse manifests in various forms, particularly financial control, neglect and exploitation, often exacerbated when elders have disabilities or dementia. Some families restrict their independence by keeping them at home without proper support. We recommend a safe house or respite care is essential to provide security and relief. Some of the barriers are that some support workers mistreat our First Nations and Aboriginal and Torres Strait Islander elders. Reporting is often hindered by fear of consequences such as inadequate support. Elders in abusive relationships or experiencing substance abuse issues may not know where to report or to seek help. Townsville has limited services specifically addressing elder abuse, leaving many without proper assistance.

First Nations as well as non-Indigenous elders are unaware of aged-care and disability services, so there is a lack of information. Human services applications—which is Centrelink—are only accessible online, but many of our elders lack digital literacy and struggle with online applications and using computers. Hosting information sessions in public spaces such as outside shopping centres can increase awareness, which is something we could probably do. Face-to-face communication allows elders to express their needs in a comfortable setting. Assigning workers to First Nations organisations ensures elders receive culturally appropriate information and advocacy. Using our existing services in community would be ideal; it is safe for our mob as well, our First Nations and Torres Strait Islander elders. Establishing women's and men's support groups for elders, Aboriginal and Torres Strait Islander people, would be really good because then you have the differences as well, ensuring there is a difference between the Aboriginal and Torres Strait as they are two different cultures.

There are housing challenges and support needs as well. While elders are often allocated one-bedroom homes, they may require two-bedroom spaces for visiting families. Those elders who require support people who do not have any family members need two bedrooms. Basically they are only offered one bedroom at this stage. Many elders receive medical equipment like alerts or sleep apnoea machines without instructions on how to use them. That actually does happen. I actually know someone whom this happened to. They do not know who to contact for assistance. Some elders experience domestic violence within their relationship but do not know where to seek help. Family members struggling with drug and alcohol dependence, such as children and partners, can make elders feel unsafe and they are uncertain where to report these concerns, plus they are reluctant to because it is their family member. There is also intimidation that happens afterward if they do do something about it.

Many elders are unaware of domestic violence orders. Even when they obtain one they sometimes allow their children back in with their grandchildren and inadvertently breach those orders as well. That is something we also need to be thinking about. Financial abuse, which we talked about before, particularly from family members, is severely under-reported. When elders live with their relatives they may hand over their key card, allowing others to withdraw their pension without consent, leaving their bills unpaid. Some elders face abuse from service providers, obviously in residential settings, but fear losing essential care if they report. That is another thing preventing them reporting the misconduct. Centrelink frontline staff often fail to understand elders' concerns. They do not have the time to sit and help the elders understand. Especially with elders from First Nations and the Torres Strait, English is not their first language—it might be second or third—so maybe they need to look at specific people to assist our mob. In terms of form-filling processes and even doing things on the phone, it just makes it inaccessible for our elders. Our Torres Strait Islander elders in Townsville—this is specifically for the Torres Strait—say that they lack any legal representation. Torres Strait Islander elders said this with regard to their issues. They are not on this country. They live here, but their country is back on the Torres Strait so there is no representation between that. They actually have houses up there but they are actually paying rent and things like that. There is an issue about their PBCs and things like that, their native title, and so they are still charged for renting up there as well.

There are some existing services in Townsville that we know of. There is the First Nations Women's Legal Services and ADA Australia, which is Aged and Disability Advocacy. For the moment there is probably maybe two First Nations in that that helps our mob. There is a lot of our mob and only two of them, so we are going to be basically burning them out soon. We need more culturally safe spaces. We need to provide legal advice and support in an accessible and trusted manner. Maybe we should be using our existing services for legal services to go out to rather than our mob to go in. I think it is more appropriate and safer for our mob to go to a service where they feel comfortable whilst also having that support for them. Some of these organisations do not have First Nations support people and that is what they need to be looking at. I guess that comes down to funding for those services.

There is an elder care program that Apunipima in Cairns have actually just started. I think it has PHN funding. Their job is to guide elders to services within their community—to start that pathway for them, to help guide them to essential services and whatever the issues are. There are elders in residence. Housing currently has elders in residence. It would be good to have a look at that model. Maybe that model might be able to be used by all departments. We do not know, but have a look at that. There is a model going already where they do have elders there to help our First Nations and Torres Strait Islander people who are going for housing. This could be an answer temporarily—or actually, maybe not temporarily—just to have the elders sit there and help other elders navigate through the system. It is about navigating through the system and having that yarn. I do have something from the Elders for Change. It is long, so I might hand it up so that you can have a look at it because there are some recommendations in there as well.

CHAIR: Would you like to table that document? That way it will be included in *Hansard*. All those in favour?

Ms Surha: That would be great because it is a lot, but there are actually some pathways and probably things that you might not have thought about that might be of assistance as well.

CHAIR: That is agreed. Thank you so much for taking the time to come and speak to us today, recognising that you represent a large number of people in this community. That tyranny of distance between home and access to services later on in life is something that we have not heard of in quite that way, so thank you for sharing that.

Ms McMILLAN: I thank you both for all that you do for First Nations families and individuals here in Townsville. It is really important. This is a really complex issue. I am interested in the notion of paying carers to support families within the familial environment and that sense of entitlement that perhaps is perceived when carers are paid. It might be to do with the comparative wage of carers versus an age pension. Do you have any thoughts around that within your familial or cultural setting and how we might overcome that?

Ms Surha: Carers wage versus the age pension?

Ms McMILLAN: Yes, and that sense of entitlement that appears to be creeping through or evident in some families.

Ms Gee-Hoy: Are you talking about family members getting a wage for caring for their family members?

Ms McMILLAN: Yes.

Ms Gee-Hoy: That is about keeping our elders at home and not in institutions.

Ms McMILLAN: Yes.

Ms Gee-Hoy: It is a win-win situation for the government because families cannot do this for nothing—all families, non-Indigenous and Aboriginal and Torres Strait Islander people. This elder abuse does not discriminate. I worked with non-Indigenous when I was working—I am retired now—as an Elder for Change and also as a community engagement person working with a lot of non-Indigenous elders as well—the stuff I have seen there and the abuse I have seen with them. The government is saving a lot of money, but it is also supporting families to keep their elders at home because elders want to stay at home. They do not want to be put in institutions.

Ms McMILLAN: Do you think that contributes somewhat to a sense of entitlement for the younger generation?

Ms Gee-Hoy: It depends on each individual, each family. Each case is different. If you have family members on ice, the drug ice is the worst thing that has ever happened to our community, black and white. It depends. You have some elders who are really taken care of. There are families that take care of their elders, they really do. There are others where elders get left out and lost. It is really sad.

Ms Surha: You cannot put a blanket across it. It is case by case. The other thing is that it just depends on the family itself and the relationship that they have. Sometimes they can be forced into being the carer and then there are issues like, 'I didn't want to do this but I had to.' Yes, there are dollars involved, but that young person may have had a career that they had to put on hold. There is a whole range of issues with our mob. If you have a look at any of the residentials, you would see that it is very rare that our First Nations and Torres Strait Islander elders are in homes. They are actually in the homes of our families. It is difficult and it is case by case, unfortunately, in this case.

Ms Gee-Hoy: One thing I want to say is that with these elders services, especially ADA, as Enid explained, we have a First Nations woman there. I believe that there needs to be information sessions in shopping centres for elders. I have referred a lot of non-Indigenous elders. I have seen them shopping and I have helped them and supported them. I say to them, 'Do you know about aged care?' A lot of them do not. There was this old couple in their 70s and 80s and they did not know anything. I referred an Indigenous worker to those non-Indigenous people and elders I see in shopping centres who do not get the support like we support our elders. I think that needs to be looked at.

Ms BOURNE: No questions from me.

Mr DAMETTO: Enid and Faith, thank you very much for coming along today. It has been an absolute breath of fresh air to hear from you both this morning. I have no questions as I am conscious of time, but I am happy to have a chat afterwards.

Ms Surha: No worries.

Ms DOOLEY: I have no questions.

Mr BAILLIE: I have no questions as I am also conscious of time, but thank you both for coming along today.

Ms Surha: Basically, all elders are precious to us. We are all becoming elders—me too. If we can get anything from this forum it is to protect all elders, it does not matter who they are.

Ms Gee-Hoy: Elder abuse does not discriminate.

Mr DAMETTO: It certainly does not.

BEACHAM, Ms Catherine, Private capacity

CHAIR: Good morning and thank you so much for your time this morning. Would you like to start with an opening statement?

Ms Beacham: I have prepared a statement and hopefully it will only take a few minutes. Dear committee members, thank you for the opportunity to speak. I would like to make a few brief points that elaborate on my submission, which I hope you have had a chance to review. In my submission I suggest that guardianship and financial administration cases deal with profound human rights matters that are possibly better managed at the federal level under modernised consistent legislation. This has some logic in the sense that the federal government already manages related areas such as aged-care and disability services. This position is held by many in our informal community who are advocating for change. It is influenced by the glaring flaws in current guardianship and administration arrangements that have the effect of overriding and diminishing human rights despite legislative protections.

Solicitor Natalie Ward uses the word 'draconian' to describe state guardianship and administration systems across Australia. She observes—

The simple passage of time that has brought with it an advancing of the recognition of disability rights in Australian law and society, leaves current guardianship and administration laws as relics of an era that no longer exists.

Ward argues that national ratification of the UN Convention on the Rights of Persons with Disabilities and the introduction of the NDIS mean we have an overall legal and policy framework at the federal level that recognises the rights of people with disabilities beyond those allowed under current state guardianship and administration laws. For example, because I can see you are looking a bit curious about that, the NDIS uses a nominee system. In theory, the components of modern guardianship using a tribunal system seem well conceived. These may be roughly summarised as: a tribunal has more streamlined procedures but can still provide procedural fairness; they are quicker, cheaper and therefore more accessible to the public as people do not have to retain expensive lawyers; they are more informal and flexible with less emphasis on strict rules of evidence—we will come back to that; people do not have to obtain expensive reports from specialists; they are considered less adversarial and less intimidating than traditional courts; any orders made are reviewable on a regular basis; and parties who disagree with decisions are able to appeal to the court level.

As a layperson, I find this description rather curious and evidence suggests the situation is considerably different. Lived experience shows that guardianship and administration hearings involve complex human rights issues and emotional distress. They are commonly adversarial and with negative impacts on elderly people and their family members. With the stroke of a pen, a person's liberty, agency and decision-making rights can be removed and substituted with those of state representatives who are complete strangers and who never bother to make a concerted effort to know the affected person or prioritise their views and preferences.

Statistics show that applications to QCAT are increasing year on year. They will continue to do so due to our aging population, which will accompany a massive wealth transfer from one generation to the next. Recommendations from the disability royal commission indicate that the chance of any substantive federal intervention is remote and, as such, we will have to grapple with anachronistic state systems. This leaves only one option: that of strengthening state arrangements in order to uphold existing rights of the elderly and to reduce systemic abuse. This will necessitate changes and improvements in legislation, structures and practice. I want to highlight just six of the many areas that require attention, and there are indeed many.

Gag laws: the extent of elder abuse by the guardianship and administration system is unknown. It will remain unknown while there are gag laws that prohibit people who are under orders from speaking publicly about their experiences. These laws are being challenged by disability and advocacy groups because they are seen to violate human rights, hinder transparency and prevent accountability within guardianship systems. They shield government systems from public scrutiny and make it impossible to monitor and address potential systemic abuses. Recent amendments to guardianship and administration law in Tasmania have modified these restrictions and removed harsh penalties, allowing individuals to tell their stories and identify themselves, including in the media.

Interim orders: there is a need to end the practice of emergency interim orders that are made on the basis of questionable evidence and without the participation of those affected. Personal stories indicate that, after an interim order is issued and if the person is still in their family home at the time that an order is issued, a welfare check is commonly undertaken by the police. As in the cases of Ross Plowman, who has made a submission, and Beryl, who is the case study in my submission,

among others, the affected person will not immediately be removed from their home, indicating that no emergency situation existed. In other cases, the emergency order is used to prevent a person from leaving hospital against medical advice. In genuine emergency situations, there is existing legislation that could be relied upon, such as under the Mental Health Act and criminal law. Interim orders can last anywhere from one to three months or more before a matter is fixed for a hearing. As such, legislation must also be tightened to ensure that no significant life-altering decisions are made by a guardian or administrator that cannot be easily reversed, such as placing someone in permanent residential care or having access to community and housing supports ended. Such actions should never happen, but they do.

Independent assessors: it is critical that independent assessors be appointed who can review a person's situation and examine the reliability of claims prior to a final hearing. Currently, 55 per cent of guardianship applications to QCAT are initiated while a person is in a medical setting. This is medical overreach and a form of abuse. Medical practitioners are not in a position to know how well a person functions in their own familiar household environment. We know, as my own father lives in a dementia-friendly household and he has advanced dementia. Such independent assessors cannot sit within the OPG office as this would create an inherent conflict of interest. I believe the ADA submission suggests the establishment of a safeguarding commissioner which could house independent assessors or—just throwing it out there—the functions of the Office of Public Advocate might be expanded.

Least restrictive practice: a least restrictive practice, or LRP, trial must be embedded in any new legislation. This will require the development of practice guidelines that include thorough documentation. Responsibility for oversight of LRP trials could sit with independent assessors. While current legislation includes references to LRP, there is no requirement that a least restrictive practice trial be proven. As my submission mentioned, in Beryl's case the tribunal member accepted that an LRP had occurred even though all hired supports had been removed from the home by the OPG.

Strengthened evidentiary standards and information sharing: older people who interact with the guardianship system are among the most vulnerable, often lacking education and financial resources which places them at considerable disadvantage. This power imbalance is exacerbated in various ways. Tribunals are not bound by strict rules of evidence, allowing them to consider any relevant information even if it might not be admissible in court. The procedural flexibility afforded to an administrative tribunal, freed from the rules of evidence, does not absolve it from the obligation to make findings of fact based upon material where the rule of evidence provides a guide, but this is frequently occurring.

Conclusions are reached without affected parties being able to dispute the claims of others as documents are not shared due to confidentiality orders. This imbalance needs to be corrected so that elderly Queenslanders can participate in hearings on a more equal basis—for example, through legislative requirements that documents be shared in advance of hearings and the right to independent medical and other assessments. Documents can be redacted. They do not have to be hidden—kept secret.

Supported decision-making: supported decision-making is about giving effect to the will and preferences of a person who needs decision-making support. It refers to a range of processes and approaches that assist people to exercise their autonomy and legal capacity by supporting them to make decisions about their own lives. Current legislation in Queensland views guardianship as protective and administrative in nature, justifying the use of substituted decision-making which disproportionately impacts older persons.

As the Caxton submission notes, there is an overemphasis on the role and powers of the substitute decision-maker, leading to the rights and voice of the older person being diminished. Supported decision-making processes must form part of a least restrictive practice trial and be proven to be fully exhausted prior to guardianship and administration orders being considered. Victoria's 2019 guardianship reforms placed supported decision-making at the centre of its legislation and were designed to create a more supportive and rights-based system for individuals with disabilities, ensuring that they have the opportunity to participate fully in decisions that affect their lives. Queensland is 25 years behind in terms of legislative reform and it is now more urgent than ever that something is done.

Thank you for listening to me. I would just like to give you a very quick update on Beryl's situation. She is still languishing—sorry, I am going to cry—in her aged-care room and staff are refusing to put her in a wheelchair, claiming it is dangerous to do so. A new wheelchair will cost \$2,500. The family does not have these resources, and the Tasmanian government does not have a scheme to assist her. If she were still at home, the home care package would be available. A chatty, Townsville

highly social woman with capacity will spend the rest of her life in a small room because of weaknesses in Queensland's laws. She has a hearing scheduled for late May. It is a sad, ongoing case of systemic elder abuse.

CHAIR: Thank you so much, Ms Beacham, for the time that you have taken today. These are huge challenges. Ladies and gentlemen, the time allocated for today's session has expired. Thank you to the member for Townsville for joining us.

Before we close the session, I will summarise what we have heard today. We have heard that it is around protecting and respecting our elders. We have heard around the shame and the stigma that they face. We have heard of isolation. We have heard of violence. We have heard of financial vulnerability and manipulation. We have heard of the role that needs to be played by family, services and government. We have heard of education, data, even language and geography and how it affects outcomes. We have heard of a desire to see not only a nationalised framework but localised support to meet the needs of communities. We thank you for giving us that feedback and for helping us as we develop solutions on behalf of the Queensland parliament.

I would like to acknowledge Peter, Bonnie and Lynda, our secretariat team, who have provided support for us to be here today. I would like to thank everyone for joining us for the public hearing. A transcript of these proceedings will be available on the committee's webpage in due course. I now declare the hearing closed.

The committee adjourned at 11.38 am.