

Inquiry into Elder Abuse in Queensland

Submission No:	93
Submitted by:	Relationships Australia Qld
Publication:	Making the submission and your name public
Attachments:	See attachment
Submitter Comments:	

Inquiry into
Elder Abuse
in Queensland
April 2025

Submission from
Relationships Australia Qld

raq.org.au

Introduction

Thank you for the opportunity to make a submission to the Parliamentary Inquiry into Elder Abuse in Queensland. Relationships Australia Qld (RAQ) commends the Queensland Government for establishing this Inquiry and the long due opportunity to hear the voice of older Queenslanders, to understand the challenges and risks they face in relation to abuse, neglect and mistreatment, most often experienced within complex family relationships and a fragmented service sector that is difficult to navigate.

At Relationships Australia Qld we share a vision for thriving communities where people of all ages, backgrounds and abilities can participate, are included and resilient, and enjoy high levels of social and economic wellbeing.

We uphold the vision of the Draft National Plan to End the Abuse and Mistreatment of Older People 2024-2034, working together for a community in which older people are empowered to fully participate with a sense of safety, dignity, free from violence, abuse, mistreatment, neglect or exploitation.

RAQ, as part of the Relationships Australia Federation, welcomed and contributed to the Public Consultation Draft of the *National Plan to End the Abuse and Mistreatment of Older People 2024-2034*. We support the overarching four priority areas of the National Plan – and the recognition that to end abuse and mistreatment of older people takes a whole of community, whole of system response – as we work together towards an Australia where everyone, regardless of age, has the freedom, dignity and respect to fully participate in meaningful connections within safe communities.

Putting an end to the abuse and mistreatment of older people is everyone's responsibility.

RAQ: Who we are, our clients, and our work with older Queenslanders

Relationships Australia Queensland (RAQ) has a proud history of supporting people to have positive and meaningful relationships – with themselves, and with the people who matter most to them. As a leading provider of relationship support services, we have a 75-year history of delivering a range of services to support individuals, couples, and families in all their diversity, across generations and all stages of life, including during periods of conflict or crisis.

We understand the benefits on individuals of improving family relationships and resolving family conflict. In the case of older persons, it can prevent social isolation and loneliness and may lead to a reduction in likelihood of elder abuse through increased number of persons acting as a 'watchful eye' in a vulnerable person's life. Recognising that elder abuse often occurs within complex family dynamics, we champion research into, and adoption of, evidence-based interventions that both support and enhance the safety of the older person and also invite the person using abuse to identify and learn safer ways to interact with the older person. We pride ourselves on a systemic practice approach which recognises that supporting individuals includes understanding and intervening in the systems that support the individual, which can include their family relationships, close friends, and wider support system – factors critical to ensuring long-term, sustainable and positive outcomes for all parties.

RAQ has long recognised the demographic, health and social changes over the last century that have resulted in an ageing population with increased complexity in family structures, creating an environment for a potential rise in ageing-related family relationship issues. In our deep commitment to working with older persons and their families, we are witness to the diverse and complex presenting needs of older clients and their family members.

We offer a comprehensive range of services aimed at fostering positive, respectful and meaningful relationships across the lifespan, particularly for the most vulnerable members of our community. Our diverse range of services include counselling, dispute resolution, Family Relationship Centres across the State, the National Family Relationship Advice Line (FRAL), children's services, elder abuse prevention services, domestic and family violence services (for both victims/survivors and perpetrators), 24/7 Gambling Helplines for Qld, ACT and SA, Gambling Help Services across the State, First Nation-led services, professional education, research and more.

Our commitment to client safety, quality service provision, and achieving positive outcomes reinforces our position as a trusted and respected provider and advocate for the voice of our older people. RAQ has a strong presence in Queensland, with over 20 centres across the state, delivering a wide suite of services from the rapidly growing South-East corner of Brisbane/Gold-Coast/Sunshine Coast and a diverse mix of regional locations including to the far reaches of Thursday Island.

Elder Abuse: Best Practice Perpetrator Interventions and Programs¹

In December 2024, in partnership with the University of the Sunshine Coast (USC), RAQ facilitated a research project into elder abuse, that looked at best practice perpetrator interventions and programs and how they apply or can be adapted to elder abuse. Funded by the Queensland Department of Child Safety, Seniors and Disability Services (DCSSDS), the findings revealed limited evidence of effective interventions that specifically focus on the “user of abuse” (UofA) for preventing abuse of older adults. What limited research was available demonstrated that UofA interventions **do** contribute to addressing abuse of older people, however, more needs to be done to address the gap in program development, implementation, and evaluation to better understand effectiveness of interventions. We draw of these findings as part of our recommendations to the Parliamentary Inquiry and also refer the Committee to consider the separate joint submission made on behalf of USC and RAQ, which presents research findings in greater detail.

¹ Moir, E., Sharma-Brymer, V., Lockitch, J., Lee, M., Vickery, N. & Petch, J., (2024) Elder Abuse: Best Practice Perpetrator Interventions and Programs. Research conducted for and funded by the Queensland Department of Families, Seniors and Disability Services and Child Safety in 2024

RAQ Recommendations – Summary

The following key recommendations, presented to align with National Plan’s four priority actions areas, provide a summary of our position for the Parliamentary Inquiry into Elder Abuse in Queensland. More detailed explanations are presented throughout the submission in response to the Terms of Reference.

1. Whole of community awareness, education and engagement

Recommendation 1.1: Aligned to the outcomes of the draft National Plan, develop and implement a whole of community awareness raising initiative, so Queenslanders in all their diversity have a greater understanding of how to recognise, respond and prevent abuse and mistreatment of older people.

A whole of community and system response is essential to achieving long-term sustained change and to reach older persons and those that support them. This work should be inclusive of prevention and early intervention initiatives to address underlying contributing factors such as ageism, stigma and social isolation as well as strategies to recognise, respond and reduce abuse and mistreatment of older people. Critically, this requires a whole of system response that promotes identifying, screening, reporting and preventing abuse and mistreatment of older persons, supported by pathways to accessible services that are resourced to effectively respond to individuals, families and communities in all their diversity.

Recommendation 1.2: A whole of community and sector response to reducing the prevalence and impact of social isolation. Adopt a public health approach to promoting social connection and addressing loneliness as a serious public health risk for older Queenslanders.

As presented in the Relationships Australian National submission in response to the Draft National Plan to End the Abuse and Mistreatment of Older People, interventions that strengthen connections and reduce isolation are the most promising and feasible avenues for reducing the risk of abuse and exploitation of people who face structural and systemic barriers to their full participation in society:

Social support has emerged as one of the strongest protective factors identified in elder abuse studies.... Social support in response to social isolation and poor quality relationships has also been identified as a promising focus of intervention because, unlike some other risk factors (eg disability, cognitive impairment), there is greater potential to improve the negative effects of social isolation.²

This is further supported by research findings into *Elder Abuse: Best Practice Perpetrator Interventions and Program*³, which described reducing social isolation and information sharing are important in elder abuse services and response.

Recommendation 1.3: Raise awareness of risks and protective factors across individual, relationship, community and societal levels with accessible pathways to effectively resourced services to support older persons, and their partners, families and/or carers.

This is in recognition of the benefits on individuals of improving family relationships and resolving family conflict, and in the case of older persons, it can prevent social isolation and loneliness and may lead to

² Dean, 2019; see also Liu et al, 2017.

³ Moir, E., Sharma-Brymer, V., Lockitch, J., Lee, M., Vickery, N. & Petch, J., (2024) *Elder Abuse: Best Practice Perpetrator Interventions and Programs*. Research conducted for and funded by the Queensland Department of Families, Seniors and Disability Services and Child Safety in 2024

a reduction in likelihood of abuse and mistreatment through increased number of persons acting as a 'watchful eye' in a vulnerable person's life.

2. Legal frameworks and adult safeguarding responses

Recommendation 2.1: There is an urgent need to implement robust and consistent legal frameworks and adult safeguarding responses, inclusive of:

- Enduring Power of Attorney reforms
- New Aged Care Act
- Whole of system and sector coordination
- Clear reporting pathways
- Increase role and responsibility of institutions to identify, prevent and report financial abuse.

Review of the EPOA and ensuring checks and balances for EPOA: There is an urgent need to improve robustness of EPOAs including ensuring checks and balance for EPOA, and a centralised register to minimise abuse of rights of older persons, which can occur when EPOA document is altered under duress or coercive control.

Overwhelmingly, we support greater consistency and robustness of EPOA reforms and enhanced legal and aged care frameworks and adult safeguarding responses as described in the draft National Plan to End the Abuse and Mistreatment of Older People. We support a Commonwealth-regulated and centrally registered standardised financial Enduring Power of Attorney form and system to reduce the opportunity for abuse and mistreatment of older persons.

Recommendation 2.2: Raise awareness of advance planning at all levels of the sector, and the rights and obligations of advance planning instruments.

Recommendation 2.3: Strengthen safeguarding frameworks, clarify and raise awareness of reporting and response pathways.

Recommendation 2.4: Strengthen the role of institutions in preventing and responding to financial abuse with measurable outcomes, as well as protections from financial abuse from persons known to the older person, and also scammers, with requirement for financial institutions to reimburse customers affected by exploitation of their banking or financial products.

3. Capacity and capability of services

Recommendation 3.1: Consistent investment in proven elder abuse prevention programs, such as Elder Mediation Services, to ensure equitable access for all older Queenslanders at risk of, or experiencing, abuse or mistreatment.

Recommendation 3.2: Consistent investment in best practice prevention and intervention programs that specifically respond to users of abuse, including within the context of maintaining family relationships.

Recognising that elder abuse often occurs within complex family dynamics, effective interventions must support the older person, users of abuse (UofA), and their relationships - factors critical to engaging families and achieving long-term, positive outcomes that meet the needs of older persons.

Where family relationships were improved, a greater network of family members can guard against future abuse. Our experience also suggests that older people experiencing abuse are reluctant to follow legal or criminal processes against adult children, the main perpetrators of elder abuse.

Recommendation 3.3: Implementation of best practice quality and safety standards for specialist services.

Recommendation 3.4: Facilitate equity of access to services for all older Queenslanders including those from vulnerable and priority cohorts such as Culturally and Linguistically Diverse backgrounds, regional and remote areas, and those with impaired capacity or mobility.

Recommendation 3.5: Co-designed and delivered responses for First Nations communities to ensure culturally safe and relevant responses to elder abuse

Recommendation 3.6: Investment in the growth and development of a suitable workforce for now and into the future, that understand the specific needs of older persons including risk and protective factors for abuse and mistreatment. Workforce knowledge should include understanding of applicable laws (eg. Powers of Attorney, guardianship), the age care service system and decision-making capacity where appropriate.

This emphasises the complexity of factors that intersect and contribute to risk factors and the need for consistent responses at each and every touch point that older persons come into contact with any services.

Recommendation 3.7: Minimum standards for specialist and frontline workforces as well as the wider sector such as health, aged care, financial institutions and government agencies, to ensure universal understanding of risk and protective factors for abuse and mistreatment.

4. Gaps in evidence base and collaboration

Recommendation 4.1: Adoption of a National evidence-based prevention framework, with associated monitoring and evaluation framework.

Recommendation 4.2: Ongoing investment in the field of research, monitoring and evaluation of best practice interventions, particularly in response to known knowledge gaps, to build a robust understanding effective initiatives to prevent and respond to abuse and mistreatment of older persons.

Recommendation 4.3: Build and support a community of practice to bring together agencies and community partners to facilitate best practice sharing and collaboration.

Examples of Existing Elder Abuse Prevention Services

RAQ's Specialist Elder Abuse Prevention Services and Senior's Social Connection Services

As an experienced provider of a range of specialist services for older persons in Queensland, inclusive of Elder Abuse Prevention Support Services, Elder Mediation and Support Services, and Senior's Social Connection Services, RAQ recognises that elder abuse is distinct from other types of abuse. Our multidisciplinary approach to elder abuse prevention considers risk factors across individual, relationships, community and societal levels including supporting carers with the aim of preventing potential abuse of older person in their care. We appreciate that carer burden is a risk factor for elder abuse. Through our services we have observed issues arising from inheritance disputes; differences in

retirement and end-of-life planning preferences; concerns about capacity; and seen instances of financial, psychological and physical elder abuse; and supported families with the stress from the increasing care-giving responsibilities for ageing family members who are living longer, but not necessarily healthier lives.

Our Elder Abuse Prevention and Support Services (EAPSS) are pivotal in assisting seniors who may be experiencing elder abuse. Located in Gladstone, Rockhampton, Mackay, Bundaberg, Sunshine Coast, and Gold Coast, these services offer individualised support, including case management, counselling, family interventions, information, resources, advice and referrals to protect elderly people from abuse. We collaborate with community legal centres through a brokerage model to ensure access to free legal advice that is tailored to the complex legal needs within these family relationships. Our case managers also run locally based Elder Abuse Networks, to regularly bring together key agencies that work with those at risk of elder abuse.

Additionally, our Senior's Financial Protection Service educates and empowers seniors to make informed financial decisions, while our Elders Mediation Service (Federally Funded) helps families resolve issues and make decisions that prioritise the rights and safety of older individuals keeping families intact where possible. Noting that many older persons want to restore healthy relationships with their loved ones, often the very ones perpetrating abuse.

We know that General Practitioners (GP) are often the only service providers to have regular contact with older persons, particularly those at high risk of abuse because of social isolation, diminished capacity, mobility or disability. In response, our Federally funded Elders Mediation Service has been purposefully co-located within a GP operated Health Hub, to improve accessibility for this vulnerable cohort. This has us working alongside GPs to promote the use and understanding of the RACGP Validated Screening Tool Elder Abuse Suspicion Index (EASI) and seamless referrals, while working towards co-delivery of services where possible. Additionally, the Health Hub has an on-site pharmacy and nurse practitioners who have regular contact with older persons.

Combined these programs make up our suite of Senior Relationships Services (SRS) that provide free support to help connect, and protect older people, ensuring they and their loved ones can establish and maintain safe, respectful relationships within their families and communities. These services are funded by both State and Federal Governments. Importantly, all our Senior's Programs are older person-centred, providing responsive and innovative services that intervene early to support individuals and families to plan for future medical, health, financial or living arrangements and make decisions that protect interests, rights and safety for all family members. Like other services delivered by RAQ, the service can also respond to crisis when harm has occurred.

As a key provider of family support services in Queensland and as the provider of the Family Relationship Advice Line (FRAL) Nationally, RAQ plays a critical role in supporting families to navigate the complexities and challenges of relationships, family separation, parenting, intergenerational relationships, domestic and family violence, mental health issues, addictions including gambling, and a diverse range of other family and specialist services. It is within this context that we provide a submission to the Parliamentary Inquiry, informed by our experience delivering both specialist elder services and other complementary services, made possible through the commitment of our diverse,

multi-disciplinary workforce who represent the voice of some of the most vulnerable members of our community including those experiencing or at risk of elder abuse and mistreatment.

We are committed to continuous improvement and innovation, ensuring our services are accessible, inclusive, effective, and responsive to the changing dynamics of families and society. As a member of the national Relationships Australia Federation, RAQ contributes to the development of social policy and actively collaborates with government, non-profit organisations, research institutions, community leaders and groups, and various stakeholders within and across sectors. This strengthens our ability to adapt to emerging needs and deliver services that are evidence-based and responsive to the changing needs of our client.

RESPONSES TO COMMITTEE TERMS OF REFERENCE

Beyond the statistics and at the core of our work are the individuals and families that we have been working with for over 75 years. We know that families are under increasing pressure. Consider the family of two busy professional parents with two equally busy teenage children. Add the burden of caring for one or more elderly parents, made even more difficult by pre-existing family conflict. Or the older person dealing with terminal cancer, needing support and care themselves yet still caring for an adult daughter at home who suffers mental illness. Or the young family facing financial hardship thanks to loss of employment from the mining downturn only to take in their elderly parent who has skyrocketing rent, medical bills and little money of their own. Or the lonely older person who welcomes the idea of a retirement village only to meet resistance from an adult son who is constantly ‘borrowing’ money for problem gambling. These are the many faces of those that we work with every day.

We are witness to the many forms of neglect and abuse of older persons, particularly those presenting to us for support, who overwhelmingly report emotional and financial abuse at the hands of adult children or other trusted person in their life. Throughout this submission, we draw your attention to the many case studies provided that illustrate types of abuse and how it can manifest in families and kinship relationships. These case studies highlight the complexity of intergenerational relationships and trauma, and the very real issues families must navigate when thrust into new and unknown relationship, health, financial and caregiver dynamics within a family setting.

1.a.i. Forms of neglect and abuse, such as physical, sexual, psychological, emotional and financial

Overwhelmingly, our clients present with some form of financial abuse ranging from abuse of Enduring Power of Attorney (EPOA) arrangements, unauthorised withdrawals of cash, exploitation of funds, with co-occurring psychological abuse in the form of coercion and manipulation. We have seen this trend exacerbated by broader societal changes such as increased financial strain from rising cost of living, housing scarcity, and pensioner income not keeping pace with inflation. Other trends in financial abuse reported by our clients include an increase in non-family members perpetrating financial abuse as well as cases where large sums of money are involved. Concerningly, scams are also on the rise with older persons increasingly presenting as a result of financial loss from fraud and scams.

One of the most significant trends across all our Senior’s Services is a rise in complexity of cases, with clients presenting with multiple needs, and perpetrators facing their own hardships such as mental

health, addiction, and homelessness. In response, we increasingly need to provide comprehensive, holistic and wrap around support victims but also to address the behaviour of the person using abuse. Crucial to effective intervention and prevention is the need to work with the entire family to resolve underlying conflicts, resentments, issues and needs.

Risk factors and motivations behind abuse of older people was explored as part of the research into Elder Abuse Best Practice Perpetrator Interventions Program⁴. Most stakeholders (76%) recognised there are a multitude of complex risk factors and motivations that underpin abusive behaviours toward an older person. However, it was also recognised that intentions were not always malicious and can progress from well-meaning to abusive. Further, a UofA may not be receiving adequate help and support to address their life stressors, or support in their carer role, which could result in neglecting the older person.

Individual risk factors for UofA identified by stakeholders included:

- Mental health issues (n = 11; 52%)
- Substance abuse (n = 10; 48%)
- Childhood experiences of abuse (n = 8; 38%)
- Gambling addiction (n = 7; 33%).

Stakeholders also identified adverse life circumstances as a prevalent risk factor, such as:

- Where adult children have moved back home after relationship breakdown or due to cost-of-living stressors and housing challenges (n = 12; 57%)
- Financial hardship and unemployment (n = 13; 62%)
- ‘Inheritance impatience’ (n = 8; 38%) where adult children have a sense of entitlement to their older parent’s finances and take steps to exploit funds for personal gain

Almost a third (29%) of stakeholders shared that ageism was a key issue in abuse against older people. Such attitudes were believed to play a role in facilitating mistreatment, while also impacting recognition and response to the abuse of older people.

Pre-existing problems or life-cycle driven?

Family issues can arise at particular lifecycle points and/or be incremental in nature so that relationships deteriorate over a number of years as parents and their children age. There are a range of age-related transition points that may lead to family relationship problems. These include when there is a need to:

- make financial decisions, including retirement and estate planning
- hand over the family business
- consider health and safety considerations such as driving, health care, safety, abuse and neglect
- consider care for the caregiver and caregiver burden
- make decisions around relationship concerns and religious issues.

Family relationships may also become stressed when a parent(s) transitions to an aged care facility, downsizes the family home, is diagnosed with a disease that requires a high level of care, or when end

⁴ Moir, E., Sharma-Brymer, V., Lockitch, J., Lee, M., Vickery, N. & Petch, J., (2024) Elder Abuse: Best Practice Perpetrator Interventions and Programs. Research conducted for and funded by the Queensland Department of Families, Seniors and Disability Services and Child Safety in 2024

of life decisions need to be made. While many families can successfully navigate these life-course decisions, at certain points relationship problems are more likely to appear or escalate. Where there is a history of poor childhood relationships, and/or challenged problem solving and communication skills, family conflict can be difficult to resolve.

We also note a significant number of clients present with historical trauma, characterised by a background of dysfunctional family dynamics, often contributing to increased vulnerability to abuse for older persons, the following providing some illustrative examples.

Sibling Conflict

Conflict between and within generations can arise when sibling role transitions and new family structures challenge pre-existing historical interaction patterns. When families are forced to come back together to decide issues of parent care they may revert to dysfunctional roles of the past. Stress may lead to resurfacing of childhood sibling rivalry and past unresolved conflict. Adult siblings do not necessarily objectively assess parents' needs or can view parent's needs differently. They may also go about developing solutions differently from their siblings, and without consultation with parents or other family members. Where decisions are about end-of-life care, family relationships can be particularly vulnerable to breakdown. For example, one child may want to arrange hospice care for a terminally ill parent, while another may advocate for the parent to spend their last days at home. In both cases family members want what is best for their parent but disagree about what that means. If parents have insufficient funds to pay for needed aged care services, there may be conflict over who should pay, especially when some family members are in better financial circumstances than others. Families often have to participate in decision-making in areas where they have little experience or they have exhausted their usual coping strategies and are unable to make these decisions.

Case Study – Mediation to address sibling conflict about parent care arrangements

An adult child accessed elder mediation services as her sister had moved their father to a nursing home closer to her home; she had not consulted other family members. This move had meant that the father was no longer able to get outside into the garden (which he loved to do in the previous home). Also, his partner could no longer visit him because he was now too far away, and she had no transport. The elder daughter insisted that this new nursing home was best for him as it was "more secure", but the father and other siblings believed it was to meet her own needs and not his. The clients had initially contacted the state administrative appeals tribunal before seeking mediation, but the sister had been difficult to get an appointment with. By the time an intake was done the family had a date with the tribunal. The service offered them the option of a family meeting once they had been to the tribunal, but the sister was no longer interested.

Through our services we have also observed an upward trend in direct referrals from domestic and family violence services, aged care providers seeking assistance for clients, and Queensland Police Services (QPS). From a legal perspective, clients accessing our Elder Abuse Prevention Services report lengthy legal processes discouraging them from pursuing justice for EPOA misuse.

Some examples of specific needs supported by our Elder Abuse Prevention Services:

Resentment by adult child doing the most primary care

When an elderly parent's health begins to fail, one adult child generally becomes the primary caregiver. Like in many other countries, in Australia most often daughters assume the responsibility of primary caregiverⁱ. This may work effectively in the short term, but over time it can cause resentment and deterioration in the health and finances of the caregiver if one child shoulders most of the burden.

Family conflict can be exacerbated where other adult children live in close proximity to the parent, but do not assist with care.

Disputes between siblings over care arrangements and inheritances

Some adult children may also care more about the inheritance than their parents. This can lead to siblings accusing other siblings of stealing money, abusing their parent, or mishandling assets. Disputes may also arise over inheritances after the death of parents, but also when parents sell the family home and money is transferred to adult children; commonly called the ‘early inheritance syndrome’ⁱⁱ. Family members may be concerned with loans to a sibling by a parent and amounts loaned or paid back may be in dispute. There could also be concerns that a family member has coerced or persuaded their parent to sign papers or make decisions about propertyⁱⁱⁱ. Where an adult child or other family members have concerns about financial, emotional or physical abuse, or care arrangement it may be difficult for these issues to be raised with other siblings or care-givers. A study in 2011 found that around one-quarter of families failed to take care of their older members within an environment of mutual love and trust^{iv}. If a parent is deemed sufficiently competent to make their own decisions, even if there are suspicions of elder abuse or lack of proper care, other siblings may feel powerless to voice their concerns.

Case Study – Mediation/Family Meeting to agree care arrangements for elderly parents

Three male siblings in their fifties came to mediation to discuss the care of their elderly parents. They had another sibling who was not involved as she lived overseas. One son lived interstate and came back to regularly to see his parents and to try to manage their care. One son had taken the biggest responsibility for managing the care of the parents as he wasn’t working but had reached a point where he was unwilling to continue doing this as it was affecting his mental health. The brothers had joint Power of Attorney over their parent’s affairs.

Their parents still lived independently in their home. Mother had been diagnosed with dementia which was reasonably advanced and father had diagnosed mental health issues where he was prone to very angry outbursts. The sons had tried to buy in care to support them in their home but the parents wouldn’t let strangers into the home and became hostile to most people trying to help such as carers, cleaners, RDNS etc. They would only really tolerate their children coming to help which had mainly fallen upon the son who wasn’t working.

Three siblings believed that mum and dad weren’t coping and should be put into residential care against their will. One son was a staunch advocate for maintaining the independence and rights of his parents and would not agree to this as an option and had been resisting it for a considerable period of time (two years or more) preferring to try different options to bring help into the home. He was often unable to help and went way overseas for extended periods for his work on a regular basis. The other brothers were aware that they could apply to the Guardianship Board but didn’t want to cause conflict.

Outcome from the family meeting: *The son who had resisted putting his parents into care eventually agreed to look at options for mum but would not agree to consider a placement for dad. He did agree to have a conversation with dad about the possibility of moving into care at some point in the future. Another mediation was scheduled.*

Where there are stepfamilies

Where a parent has married for a second or third time or has co-habited with a new partner for some time, there may be distrust or dislike between adult children and the step-parent. There may also often be animosity between step-brothers and step-sisters, who are concerned to ensure that they receive what they perceive as a fair share of their parents’ estate. There is sometimes the added complication that a deceased parent may have made a greater financial contribution to purchase assets which form a share of an estate owned by the second family, usually the family home, than the step-parent.

Resistance by parents

Some parents may not cope with adult children making major life decisions in respect of their housing, health or finances. This situation is, in effect, a reversal of the parent-child role. In situations of heightened emotions, parents may see these decisions as loss of their autonomy or as their children trying to put them away.

Mental health

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. Older people are more likely to experience events such as bereavement, a drop in socioeconomic status with retirement, or a disability and are particularly vulnerable to isolation, loss of independence, loneliness and psychological distress. Services could be expanded to support older people experiencing a range of mental health issues, with or without family and relationship problems.

We have observed situations where the capacity of the older person contributes to the opportunity for abuse. For example, medical diagnosis of Alzheimer's disease can take many years. In the intervening period it may be difficult to determine the capacity of the older person, and this may also be the period in which Powers of Attorney are assigned, and financial abuse takes place. Training for those working with older persons should include modules that improve their understanding of the law (eg. Powers of Attorney, guardianship), the age care service system and decision-making capacity where appropriate. This emphasises the complexity of factors that intersect and contribute to risk factors and the need for consistent responses at each and every touch point that older persons come into contact with services.

Case Study – Mediation to resolve multiple family issues

The service was contacted by an older person who was the carer for her physically disabled (wheel chair bound) husband in a home which they share with their daughter and son-in-law and their three children. The property was bought in the name of all four people some five years ago when the parents were moving from interstate. The mother also has some physical health issues of her own. She had been referred by a community service housing social worker who had been investigating some possible alternative accommodation for them, because the son-in-law had been saying that the home would have to be sold by the end of the year.

Individual intake/assessment was conducted with each adult. Both parents said that the mother was the target of verbal and emotional abuse by the son-in-law. Despite the stressful atmosphere in the house, the parents were still keen to discuss continuing to live under the one roof "but with respect." Seeing the grandchildren was obviously important to them.

At intake, the daughter and son-in-law seemed frustrated about a situation they say they had tried to improve, but couldn't. They had made many suggestions, including suggestions for respite care for the mother, but nothing was taken up. Communication was clearly a big issue and they were under severe financial stress. They wanted to discuss this in mediation, and also see if something could change in their relationship with the parents.

Outcomes: *The parties came together for mediation. Agreements were made about finding a boarder, whose financial contribution could help with the mortgage, which the parents acknowledged was very urgent and important.*

There was also the opportunity for the mother to talk about how she felt about the verbal abuse. The son-in-law listened and did not react defensively. Discussion also occurred about respite for the mother and the mother in turn talked about how much she loved them and the grand-children.

Adult caregiver burden

While women are more likely than men to provide care to a partner, in the instance of ageing couples, male primary carers are also providing care to their partners. Both older male and female caregivers may also be caring for disabled adult children. Caring can have beneficial effects for the carers, such as emotional satisfaction and strengthened relationships with those cared for; however, as care-givers age there may also be increasing burden. Primary care-giving may be limited by the physical and health restrictions of the care-giver and may restrict access to important social networks and activities leading to social isolation and mental health problems for the care-giver.

1.a. ii Relationships where elder abuse occurs, including family and kinship relationships

It is widely recognised that elder abuse commonly occurs within family relationships, and is most often perpetrated by adult children, evidenced by research including our own recent findings in 2024 as part of *Elder Abuse: Best Practice Perpetrator Interventions and Programs* as funded by Queensland Department of Families, Seniors and Disability Services⁵. This is supported by our firsthand experience as frontline providers, with adult children overwhelmingly reported as perpetrators, followed by spouses or partners and other persons known to the older person such as friend or neighbour. What is apparent is the complexity of dynamics and motives of user of abuse that varies by individual case - ranging from intergenerational abuse or trauma, opportunistic exploitation, caregiver burden, “inheritance impatience”, and even occasions where intentions are not understood as malicious. This highlights the need for raising community awareness of elder abuse, in conjunction with support mechanisms or respite for carers similar to that seen in the disability sector.

More specifically, the Elder Abuse Best Practice Perpetrator Interventions and Program further supported this, with stakeholders offering the following perspectives on UofA against older adults:

- There was consensus that this is an intergenerational issue, with adult children (i.e., daughters, sons, daughters-in-law, sons-in-law) identified as UofA most often (n = 10; 48%)
- Mistreatment and exploitation can be from someone the older person trusts (n = 5)
- Unlike DFV, proportions of male and female UofA are more evenly distributed for abuse against older people (n = 4)
- Though less prevalent, other trusting relationships where abuse might be used against an older person included intimate partners, friends, grandchildren, and those providing informal care
- UofA ages ranged from under 20 to over 50; many (n = 6; 29%), often aged 30-50yrs.

In our deep commitment to working with older persons and their families, we are witness to the diverse, complex and multifaceted needs that arise from abuse and/or neglect of older persons, particularly within complex family dynamics. Issues arising from inheritance disputes; a greater need for retirement and end-of-life planning assistance; the need for carers to provide extended care periods for ageing family members due to their longer, but not necessarily healthier, life expectations.

Recognising that elder abuse often occurs within complex family dynamics, effective interventions must support the older person, the abuser, and their relationships - factors critical to engaging families

⁵ Moir, E., Sharma-Brymer, V., Lockitch, J., Lee, M., Vickery, N. & Petch, J., (2024) *Elder Abuse: Best Practice Perpetrator Interventions and Programs*. Research conducted for and funded by the Queensland Department of Families, Seniors and Disability Services and Child Safety in 2024

and ensuring long-term, positive outcomes. Overwhelmingly, we have clients who present with fear of repercussions from family members who are often primary caregivers, preventing the older person from wanting to report the abuse. We are also witness to many examples of lack of social networks leaving older persons without advocates to intervene on their behalf should abuse occur.

1. a. iii Risk and protective factors, and barriers and enablers for people to access support.

Our experience from working with older persons at risk of and/or experiencing elder abuse, is presenting issues are often varied, complex and involve multiple family members. Many cases involve sibling groups, consisting adult children, with or without the elder parent. Where elder abuse is perpetrated by adult children as carers, a whole of family response inclusive of support for carers (through access to counselling support, engaging other family carers for respite, gambling help and drug and alcohol services) can lead to better and more sustainable outcomes. Where family relationships are improved, a greater network of family members can guard against future abuse. Our experience also suggests that older people experiencing abuse are reluctant to follow legal or criminal processes against adult children, the main perpetrators of elder abuse.

Evidence suggests that breakdown of family relationships increases the risk of family disputes while the parents are living, but it also increases the risk of inheritance disputes after parents have died, in particular claims by disgruntled children. How children navigate through these issues also affects their connections and family relationships into the future. Assisting families to resolve disputes can empower family members and reduce the burden on legal systems.

We also know from experience and frequent media attention, that older persons are at risk of financial exploitation from individuals and organisations outside the immediate family and our specialist services are designed to include both brief and more intensive legal support, inclusive of matters such as these.

Contract negotiations with retirement villages or institutions

Elderly persons entering retirement villages or institutions are often presented with complex contracts that include entry and exit fee clauses and conditions. Some contracts have been reported to be as much as 120 pages long, legalistic and hard to understand and equal to ‘financial abuse of the elderly’. Vulnerable older persons should have access to legal advice to support them to understand the conditions of such contracts, including before or after they have been signed, to ensure financial and other rights are upheld including that of their significant others, especially as these contracts often have far-reaching financial implications. It is common practice that proceeds of sale of family home forms the “financial deposit” for aged care placement, supplemented by majority of fortnightly pension payment. Families report needing to top up what little personal money the older person has access to, only to discover on death of their loved one that the entire financial deposit or financial wealth has been exhausted with little evidence available or recourse.

1. b. Effectiveness and cohesiveness of responses to elder abuse, including Queensland laws, policies, programs and services, in preventing, safeguarding, identifying and responding to elder abuse

It is widely recognised that elder abuse is a growing problem in Queensland – it is an increasingly complex public health and social issue which requires a whole of community, whole of system

approach, well-articulated in the draft National Plan to End the Abuse and Mistreatment of Older Persons 2024-2034. As described throughout this submission, RAQ upholds that to effectively end abuse and mistreatment of older people requires action in each of the four priority areas – whole of community awareness, adequate and robust legal frameworks, increased capacity and capability of services, and building a shared evidence-base.

We emphasise the need to consider older persons within the complexity of family structures and the importance of social connectedness. We know what works well - but what is lacking is consistent, coordinated and targeted responses that engage the whole of community, that unite a diverse and complex sector, and that provide equitable access for all older Queenslanders in all their diversity. Centred around older persons, our recommendations take into account the need to work with individuals and families to provide early intervention services that are older-person centred, innovative, evidence-based, and that empower older persons at risk of and/or experiencing social isolation to improve their connectedness – contributing to better health, wellbeing and safety outcomes.

Services as described, such as Elder Abuse Prevention, Elder Mediation, and Senior's Social Connection, seek to address known barriers to access and consider the older person within the context of their important family and relationship structures. As supported by research, holistic and wrap around case management models allow for tailored responses that address risk and protective factors, types of abuse, offered within the context of relationships. Importantly, case management can be provided in conjunction with other interventions such as family mediation, which can be effective in working with user of abuse such as adult children.

There is a need for consistent, sustainable funding for services to provide older person-centred case management, complemented by a mix of counselling, family mediation/intervention, legal support, outreach, wrap around services/referral pathways, user of abuse interventions, and community initiatives. Importantly, funding should be available for the co-design and delivery of culturally safe, specific responses to meet the needs of First Nations communities as well as those from culturally and linguistically diverse backgrounds.

Importantly, services need to be offered at no cost to service users, reducing the potential of financial barrier. However, we know firsthand that many older persons at risk of, or experiencing, elder abuse have a mix of risks and barriers unique to their individual circumstances. Therefore, services need to be flexible and innovative, to respond to the presenting needs of clients, with inclusion of access to counselling, mediation, education, information and referral to wrap-around specialist support services, specialist legal advice and practical legal supports.

1.b. i. adult guardianship and violence protection services, other funded services, and community-based interventions

Review of the EPOA and Ensuring Checks and Balances for EPOA: There is an urgent need to improve robustness of EPOAs including a centralised register to minimise abuse of rights of older persons that can occur when EPOA document is altered under duress or coercive control. Although this document was designed to protect, we have repeatedly witnessed it used to cause harm.

Overwhelmingly, we support greater consistency and robustness of EPOA law and enhanced legal and aged care frameworks and adult safeguarding responses as described in the draft National Plan to End

the Abuse and Mistreatment of Older People. We support a Commonwealth-regulated and centrally registered standardised financial Enduring Power of Attorney form and system to reduce the opportunity for abuse and mistreatment of older persons.

1.b. ii. civil and criminal legal frameworks

As per the draft National Plan to End the Abuse and Mistreatment of Older People 2024-2034, RAQ fully supports Focus Area 2 to enhance legal frameworks and adult safeguarding responses. Through our Elder Services, we witness firsthand how abuse of Enduring Power of Attorney occurs under duress or coercive control.

Legal Representation and Support Services: There is a dire need for legal representation for seniors with disputed capacity or communication difficulties. A dedicated service to investigate allegations of abuse and provide advice and representation in legal matters is essential. More funding for brokerage to legal services we know abusers block access to legal services as a way to maintain control.

Recommendation 2.1: There is an urgent need to implement robust and consistent legal frameworks and adult safeguarding responses, inclusive of:

- Enduring Power of Attorney reforms
- New Aged Care Act
- Whole of system and sector coordination
- Clear reporting pathways
- Increase role and responsibility of institutions to identify, prevent and report financial abuse.

Recommendation 2.2: Raise awareness of advance planning at all levels of the sector, and the rights and obligations of advance planning instruments.

Recommendation 2.3: Strengthen safeguarding frameworks, clarify and raise awareness of reporting and response pathways.

Recommendation 2.4: Strengthen the role of institutions in preventing and responding to financial abuse with measurable outcomes, as well as protections from financial abuse from persons known to the older person, and also scammers, with requirement for financial institutions to reimburse customers affected by exploitation of their banking or financial products.

1.b.iii. community awareness, education and engagement initiatives

RAQ wholeheartedly supports a whole of community public approach to raising awareness, and improved education and engagement initiatives in a commitment to prevent and respond to abuse and mistreatment of older people. A whole of community public health and system response is essential to achieving long-term sustained change and to reach older persons and those that support them. This work should be inclusive of prevention and early intervention to address underlying contributing factors such as ageism, stigma and social isolation as well as strategies to reduce and respond to abuse and mistreatment of older persons. A whole of system response that supports identifying, screening, reporting and preventing abuse and mistreatment, supported by pathways to accessible services that are resourced to effectively respond to individuals, families and communities in all their diversity.

Importantly, there is no “one size fits all” when it comes to eliminating the abuse and mistreatment of older persons in Queensland.

Recommendation 1.1: Aligned to the outcomes of the draft National Plan, develop and implement a whole of community awareness raising initiative, so Queenslanders in all their diversity have a greater understanding of how to recognise, respond and prevent abuse and mistreatment of older people.

Recommendation 1.2: A whole of community and sector response to reducing the prevalence and impact of social isolation. Adopt a public health approach to promoting social connection and addressing loneliness as a serious public health risk for older Queenslanders.

Recommendation 1.3: Raise awareness of risks and protective factors across individual, relationship, community and societal levels with accessible pathways to effectively resourced services to support older persons, and their partners, families and/or carers.

1.b.iv. monitoring, evaluation and reporting processes

Recommendation 2.3: Strengthen safeguarding frameworks, clarify and raise awareness of reporting and response pathways.

Recommendation 2.4: Strengthen the role of institutions in preventing and responding to financial abuse with measurable outcomes, as well as protections from financial abuse from persons known to the older person, and also scammers, with requirement for financial institutions to reimburse customers affected by exploitation of their banking or financial products.

1.b.v. human rights protections

Relationships Australia contextualises its services, research and advocacy within imperatives to strengthen connections between people, scaffolded by a robust commitment to human rights. Relationships Australia recognises the indivisibility and universality of human rights and the inherent and equal freedom and dignity of all.

In a 2023 submission to the inquiry Parliamentary Joint Committee on Human Rights into Australia’s human rights framework, the RA Federation recommended that Government should introduce a Human Rights Act that provides a positive framework for recognition of human rights in Australia. As part of the RA National collective, we have consistently argued for legislating a comprehensive human rights act that explicitly recognises and provides mechanisms to uphold the rights of older persons. A comprehensive legislative human rights act is essential to ending abuse, mistreatment, neglect and exploitation of older persons in Australia and Queensland. We propose Commonwealth regulation of financial service providers, standardised enduring power of attorney form, and the elimination of restrictive practices in aged care.

We uphold recommendations made by Relationships Australia National relating to the Aged Care Act 2024 and submission in response to draft National Plan to End Abuse and Mistreatment of Older People, that, “*the Australian Government urgently enact primary legislation to implement reforms to reduce, with a view to eliminating, the use of restrictive practices in age care services.*”

1.c. opportunities to improve responses to elder abuse in Queensland, within the government, broader community, non-government, and private sectors, including ensuring responses are trauma informed and culturally appropriate.

Recommendation 3.1: Consistent investment in proven elder abuse prevention programs, such as Elder Mediation Services, to ensure equitable access for all older Queenslanders at risk of, or experiencing, abuse or mistreatment.

Recommendation 3.2: Consistent investment in best practice prevention and intervention programs that specifically respond to users of abuse, including within the context of maintaining family relationships.

Recommendation 3.3: Implementation of best practice quality and safety standards for specialist services.

Recommendation 3.4: Facilitate equity of access to services for all older Queenslanders including those from vulnerable and priority cohorts such as Culturally and Linguistically Diverse backgrounds, regional and remote areas, and those with impaired capacity or mobility.

Recommendation 3.5: Co-designed and delivered responses for First Nations communities to ensure culturally safe and relevant responses to elder abuse

Recommendation 3.6: Investment in the growth and development of a suitable workforce for now and into the future, that understand the specific needs of older persons including risk and protective factors for abuse and mistreatment. Workforce knowledge should include understanding of applicable laws (eg. Powers of Attorney, guardianship), the age care service system and decision-making capacity where appropriate.

Recommendation 3.7: Minimum standards for specialist and frontline workforces as well as the wider sector such as health, aged care, financial institutions and government agencies, to ensure universal understanding of risk and protective factors for abuse and mistreatment.

Build capacity and capability of services and stakeholders within and across the sector

Again, we draw the Committee's attention to the Elder Abuse Best Practice Perpetrator Interventions and Programs⁶ which outlines the core elements of effective elder abuse prevention programs. RAQ provides such services by way of our Elder Abuse Prevention and Support Service (also known as Elder Mediation – refer description in text box below), however funding is limited to five locations in Queensland. We urge the Government prioritise investment in these effective services to promote universal and equitable access for all older Queenslanders. Specifically, the effectiveness of these services is based on an approach that is tailored to the needs of the older person, within the context of their family/carer/significant relationships, with interventions that are multidimensional, multifaceted,

⁶ Moir, E., Sharma-Brymer, V., Lockitch, J., Lee, M., Vickery, N. & Petch, J., (2024) Elder Abuse: Best Practice Perpetrator Interventions and Programs. Research conducted for and funded by the Queensland Department of Families, Seniors and Disability Services and Child Safety in 2024

and multi-actor inclusive of individual, family, community and government. These family-oriented approaches as seen with elder mediation are a valuable tool for resolving family disputes before they escalate to formal legal proceedings, such as those handled by the Queensland Civil and Administrative Tribunal (QCAT).

More specifically, our elder abuse prevention models include the following elements:

- Multiple entry pathways into case management within trauma-informed, no wrong door framework
- Intake and initial risk assessment in case management
- Collaborative and informed approach to case management
- Ongoing assessment and monitoring of risk behaviours and action plan efficacy
- Therapeutic interventions
- Case review and exit.

As seen in the complementary UofSC and RAQ joint submission to the Parliamentary Inquiry, stakeholders recommended the design of new user of abuse focused intervention programs which focus on two equally important factors (Moir et al., 2024):

- a) Empowering the older person
- b) Addressing UofA's multidimensional needs that would reduce abuse.

The core elements stakeholders described as effective for elder abuse prevention programs:

- Empowering the older person
- Interagency approaches
- Tailoring programs to unique needs
- Significance of advocacy and awareness
- Professional development.

Other effective programs include our Senior's Social Connection Program which successfully engages older persons in activities and workshops that promote active ageing and social connectedness. It includes case management, outreach, community support and referral to wrap around support services. Through this service, efforts to combat social isolation for older persons has resulted in significant participation and positive outcomes, with programs and events fostering community connections and support. Recent social trends and issues observed through this program include:

- Digital Literacy - many seniors struggle with digital technology, which can exacerbate social isolation.
- Rural Location - lack of service providers in rural areas makes it difficult for seniors to access necessary services.
- Health Issues - chronic health issues and caring responsibilities often impact seniors' ability to engage socially.
- Lack of Transport - limited transport options hinder seniors' ability to participate in community activities.

Relationships Australia Queensland's Elder Mediation Service

www.raq.org.au

What is Elder Mediation?

Elder Mediation helps older people, and their family members resolve problems, make decisions, and have important conversations. Mediation involves family meetings guided by a professional mediator who helps the family reach agreements and build healthy, respectful relationship dynamics moving forward.

How does mediation help?

Mediation can help families to:

- Resolve conflict
- Agree on a way forward
- Share their hopes and concerns
- Understand each other's perspectives
- Learn healthy ways to manage conflict.

What does a mediator do?

The mediator acts as a neutral third party to support you to safely discuss difficult issues while building healthy, respectful relationships moving forward. A mediator is a trained, qualified professional.

What happens in mediation?

Mediation involves a meeting with family members and a mediator in a safe, supportive environment. It's voluntary and requires the consent of all participants. The mediator guides the process with an agreed-upon agenda. A mediation meeting can take up to three hours, with the opportunity for additional sessions if needed. Participants may take breaks during sessions. Participants can also meet individually with mediators to privately share their concerns.

This can be especially helpful if you don't feel comfortable or safe raising certain issues with your family members present.

Other models that may be effective include Co-Response Models such as the recently established Domestic and Family Violence Co-Response Models delivered alongside QPS of which we are the Cairns provider. Models such as this provide timely, effective intervention and potential adult safeguarding. However, as a service provider we must give consideration to the added complexities and risks of age-related vulnerabilities, cognitive impairment, reliance on others for social supports, adult children living at home. Elder abuse is a form of domestic and family violence and as such should also be included in community awareness raising initiatives such as those in schools to raise awareness from a young age. We need to commit to end elder abuse within a generation.

Local Elder Abuse Networks and Community Awareness networks are vital in building robust support systems, identifying and preventing elder abuse, and fostering strong community connections. They provide resources, raise awareness, and offer education to reduce stigma and promote safe reporting pathways. Greater investment in this initiative would enable Local Area Coordinators to help grow these effective networks.

Recommendation 4.1: Adoption of a National evidence-based prevention framework, with associated monitoring and evaluation framework.

Recommendation 4.2: Ongoing investment in the field of research, monitoring and evaluation of best practice interventions, particularly in response to known knowledge gaps, to build a robust understanding effective initiatives to prevent and respond to abuse and mistreatment of older persons.

Recommendation 4.3: Build and support a community of practice to bring together agencies and community partners to facilitate best practice sharing and collaboration.

As noted on page 2 of the Relationships Australia National submission in response to National Plan to End Abuse and Mistreatment of Older People, we recommend the strengthening of inter-governmental coordination and collaboration to focus on achieving results that reduce the burden of inter-governmental fragmentation on older people and their families. We note this is a key enabler to reducing abuse and neglect of older persons and in achieving outcomes of the National Plan.

“Efficient and effective inter-governmental coordination and collaboration, where burdens of governmental fragmentation are removed for older people.”

RAN submission to Draft Consultation of National Plan for End the Abuse and Mistreatment of Older People

Involvement of other professionals

If there are health concerns or diminished capacity, there may be involvement of public advocates, health practitioners or other services, and there may be disputes which involve, or require the services of particular professionals. RAQ is highly experienced at working within a collaborative case management that includes multiple parties working towards a single case plan.

A small number of organisations offer mediation and counselling services, however the cost is often prohibitive and it can be difficult for service users to navigate the system. Our model promotes broad access to holistic, early intervention services by reducing potential barriers to access and providing non-legal pathways at no cost to the individual.

Benefits of this approach include improved client access, opportunities for collaborative co-delivery of services, and seamless referrals across providers.

Future Funding and Supports

Further and consistent funding should be aimed at reducing and repairing harm through restorative justice approaches, promoting healing and meaningful accountability. Prevention and increasing community awareness across generations is key to a future free of elder abuse.

A whole of community and system response is essential to achieving long-term sustained change and to reach older persons and those that support them. This work should be inclusive of prevention and early intervention initiatives to address underlying contributing factors such as ageism, stigma and social isolation as well as strategies to recognise, respond and reduce abuse and mistreatment of older people. Critically, this requires a whole of system response that promotes identifying, screening, reporting and preventing abuse and mistreatment of older persons, supported by pathways to

accessible services that are resourced to effectively respond to individuals, families and communities in all their diversity.

In conclusion, addressing elder abuse requires a multifaceted approach of community awareness, legal reforms, and equitable access to comprehensive and adequately resourced support services, which focuses on both prevention and early intervention through a coordinated response model. RAQ is hopeful that together, we can end elder abuse in one generation, and we can create a future where all older persons can live a safe and full life.

ⁱ Millward, C., A. (1998). Family Relations and Intergenerational Exchange in Later Life, Working Paper 15, Australian Institute of Family Studies, Melbourne.

ⁱⁱ For a discussion see Horin, A. (2013). *The New, Nasty Sibling Rivalry*, The Global Mail accessed at <http://www.uq.edu.au/ami/the-new-nasty-sibling-rivalry> on 14/07/14.

ⁱⁱⁱ Bagshaw, D., Zannettino, L., Wendt, S. and Adams, V., (2012). Preventing the financial abuse of older people by a family member. Designing and evaluation older-person-centred models of family mediation. Final report. University of SA, Flinders University, Dept. for Families and Communities, Office for the Ageing, Alzheimer's Australia, Guardianship Board, Relationships Australia and the Office of the Public Advocate.

^{iv} King, C., Wainer, J., Lowndes, G., Darzins, P. and Owada, K. (2011), For love or money (intergenerational management of older Victorians' asset: Protecting Elders Assets), Melbourne : Eastern Health Clinical School, Monash University.