

## **Inquiry into Elder Abuse in Queensland**

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Inquiry into Elder Abuse in Queensland  
Submission – Caxton Community Legal Centre

*“The Queensland Government needs to give equal priority to preventions and interventions to address elder abuse, as it does to domestic and family violence and child protection. Given the data about the prevalence, seriousness and impact of elder abuse, anything less is ageist.” Cybele Koning, CEO.*

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## Background Information About Caxton Community Legal Centre - Queensland's Largest Provider of Specialist Elder Abuse Services

1. Caxton Legal Centre (Caxton) is Queensland's oldest and largest generalist and specialist community legal centre. We are an independent, non-profit community organisation whose purpose is to promote and protect human rights in Queensland through access to justice. Since our establishment 49 years ago, our objective has been to provide free legal and social support services to people who experience disadvantage, trauma and marginalisation. Caxton also delivers community legal education and advocates for reform to unfair laws, policies and systems. We assist approximately 25,000 people with legal and social support services per annum.
2. We have delivered specialist elder abuse services for 27 years as follows:
  - Legal Outreach for Older Persons 1998-2003
  - Seniors Advocacy, Information and Legal Service 2003-2006
  - Seniors Legal and Support Service 2006 to the present date
  - Seniors Financial Protections Service 2018 to the present date
  - Seniors Legal and Support Service Health Justice Partnership (Commonwealth funded) 2019 to the present date
3. In 2023-2024 Caxton's specialist elder abuse services assisted nearly 5,000 people with information, social work advocacy and supports, legal information, advice and representation.
4. Caxton is regarded as being a national leader in its work preventing and responding to elder abuse. It has developed innovative models and strategies to help older people experiencing abuse:
  - Caxton was the pioneer in Australia of the multi-disciplinary social support-legal service delivery model for responding to elder abuse. This model has been adopted by the Commonwealth Attorney-General's Department to deliver the Elder Abuse Trial Services and was successfully evaluated by that Department as a best-practice model<sup>1</sup>.
  - The success of the model has also led to the expansion and funding of other services in Queensland. There are now 12 locations where the Queensland Government funds elder abuse services: six multi-disciplinary services delivered by community legal centres (CLCs) and six case management services delivered by Relationships Australia Queensland.
  - Caxton co-designed Australia's first financial elder abuse prevention service model where financial protections workers outreach to the community with education sessions and guided conversations with older people that identify ways to plan for a secure financial future and to prevent financial elder abuse.
  - Caxton delivers the largest elder abuse health justice partnership footprint in Australia in hospital and health services across the Greater Brisbane Region.
  - Caxton's CEO was a founding member of the national peak organisation Elder Abuse Action Australia which delivers Compass, the national website on elder abuse. Our Social Work Practice Director is a current board member and our CEO remains as an EAAA Advisory Group member and Compass Content Committee member.

- Caxton’s SLASS Managing Senior Lawyer is the co-chair of the Older Persons Legal Services Network, coordinated by our peak body for CLCs nationally, CLCs Australia, through which member centres including Caxton collaborate to share learnings and drive relevant reforms in this area. This lawyer is also a member of the Queensland Law Society Elder Law Committee.
  - In 2019 Caxton co-hosted the National Elder Abuse Conference in Brisbane. It was directly consulted on the development of both Elder Abuse National Plans, the Guardianship Reforms in Queensland, the National Elder Abuse Inquiry, the Independent Inquiry into QPS Responses to Domestic and Family Violence and other related federal and state consultation processes. Caxton regularly provides submissions on issues that are relevant to elder abuse, aged care and the human rights of older persons.
5. Through our sustained and ongoing elder abuse service work, Caxton has developed significant understandings of the many complex manifestations and adverse impacts of elder abuse and a unique understanding of the linkages of financial abuse to other forms of elder abuse. Sometimes the elder abuse we encounter is overt including physical abuse and stealing. More often it is disguised in some way. When it is linked with another area of legal need, such as family law, debt, banking, property, credit or trust law, it can be assumed under that category and not be recognised as elder abuse (for example, grandparent alienation as a form of elder abuse may be occurring in family law child-related proceedings involving grandparents, or, financial elder abuse may be occurring in an undue influence case). It can be completely hidden due to its nuanced nature and the shame that victims feel, which prevents them from seeking help regarding the elder abuse they are experiencing. This relies on people in the community to be ‘noticers’ and report the suspected abuse. Coercive control almost always underpins the abuse where, in a relationship of trust, this pattern of behaviour diminishes the older person’s decision-making autonomy and independence.
  6. In addition to our specialist elder law services, Caxton provides legal assistance across a wide range of legal issues prioritising older Queenslanders for casework assistance in matters such as intimate partner domestic and family violence, age discrimination, employment rights, and irresponsible lending. We deliver a statewide specialist retirement villages and manufactured home parks advice service, funded by the Department of Housing (Qld) where we assist people (approximately 50 years and older) to protect their rights entering, remaining in and exiting this housing market, a critical service where housing stability is fraught. We have in-house financial counselling services to which our SLASS/SFPS workers can seamlessly refer older clients who experience co-occurring legal and financial issues.
  7. Throughout this submission we will use the term ‘elder abuse’ as short-hand for our preferred definition used by the Australian Institute for Family Studies: *“A single or repeated act or failure to act, including threats, that results in harm or distress to an older person. These occur where there is an expectation of trust and/or where there is a power imbalance between the party responsible and the older person.”*

## **The Framework we Use as an Elder Abuse Specialist Service**

8. Caxton embeds a human rights framework in its service intervention approach. This means that, balanced with their right to live a life free from abuse, emphasis is placed on the older person’s right to make their own decisions, even if those decisions differ from what others might expect or prefer, so long as they have the capacity to do so. It centres the older person in

discussions or decisions about their lives, offering a suite of options to end the abuse and ensuring their right to self-determination is promoted while working towards their safety and wellbeing goals. This is explained further in our publication Specialist Elder Abuse Service available on our website

9. This type of approach recognises and resolves the tension between ‘safeguarding’ and self-determination. It appreciates that the needs of older persons experiencing elder abuse are different from the needs of other cohorts experiencing different types of abuse. For example, these needs are not the same as a younger woman with children in an intimate relationship that is abusive and who needs to escape and end that relationship. In our experience, an older person may (and usually does) want to keep the relationship with the person who is causing harm especially if that person is a child or grandchild. The older person’s goals may be to keep the relationship to the extent they can be safe in it. This requires many legal and non-legal options being simultaneously offered alongside specialist supports for decision-making and sustained resolve. Being listened to, validated, and empowered with options (whether or not they are taken up) serve as protective factors for those experiencing abuse who do not wish to sever their relationship.
10. There are key principles and practices that our specialist services use to inform and address the distinct and different needs of older people who are subject to elder abuse:
  - The older person makes the decisions, and our role is to provide them with the specialist legal and social support information that will enable them to make their own choices. They are in control. We understand that family dynamics are complex. Except in serious cases where our professional duties require disclosure, we do not act without the consent of the older person and this approach is empowering for people who have been in relationships of violence. We focus upon what they can do (their strengths) rather than what they cannot do (deficit approach). We acknowledge that risk is a part of everyone’s life; and we support older people and their right to make autonomous decisions and have dignity in taking risks.
  - We rebut ageist perspectives that see all older people as frail, vulnerable and in need of help. We also note that older people who are physically well can still be abused by family or friends. We combat ageist practices that create barriers for older people to make decisions and take action to keep themselves free from harm.
  - Barriers to the disclosure of elder abuse is complex. Older people may not recognise or identify the situation as being elder abuse. They often blame themselves for the abuse and feel ashamed that their family is behaving in such a way. Abuse can be tolerated within relationships of trust as means of getting personal needs met or when the older person is providing care or supports to the person causing harm. There may also be cultural mores that don’t allow disclosure to government agencies. Most older people we provide services to do not want to progress immediately or at all to a police response for these reasons, even when a Protection Order may be warranted. And we have identified that the interconnected legal and social needs of older people are diverse and complex and must be tailored to each client.
  - Elder abuse occurs because of a unique combination of coexisting legal and social issues in the lives of each older person, noting there are some more commonly arising abuse scenarios with similarly combined elements of legal issues and social issues (we explore

these later and make recommendations for the types of interventions that work in these more frequently occurring abuse scenarios). We are confident that it takes an integrated multi-disciplinary approach to provide the best intervention for this clustering of issues. It must be inclusive of legal assistance, social supports, cultural supports (for First Nations older persons in particular), financial protections workers and financial counsellors.

- A life course approach recognises that service interventions for elder abuse need to be visible in three places:
  - i. in the community where most of the abuse occurs;
  - ii. in hospital and health settings where it can be noticed earlier when it presents as part of a health incident or ongoing social admission; and
  - iii. in the aged care setting (our submission does not focus on abuse of older persons by aged care staff, instead by family and friends of an older person who is accessing aged care services or residing in aged care).
- In accordance with the changes to the *Guardianship and Administration Act 2000* Qld, the *Human Rights Act 2019* Qld and recommendations from various Inquiries such as the Australian Law Reform Commission Inquiry's into *Elder Abuse – A National Legal Response*, tabled 2017, we seek to maximise the client's participation in their own decision-making, even if there is some clinical diagnosis that may suggest that they need support to make decisions. We follow the Queensland Department of Justice and Attorney General Capacity Assessment Guidelines 2020 which clearly states that capacity for decision-making is a legal concept and not a medical concept and reflects all domains of a person's life, not just health capacity.

## **Caxton's Core Programs and Partnerships**

11. Relevant to this inquiry, Caxton have a number of core programs available to support older people with their legal and financial needs and we formally collaborate and partner with Metro South Hospital and Health Service, Metro North Hospital and Health Service and various non-government services including the Indigenous Urban Institute of Health, World Wellness Group, Uniting Care and Good Shepherd to support older people experiencing elder abuse.
12. Caxton's specific geographical reach encompasses Brisbane, Moreton Bay North and South, and Logan-Beaudesert. It previously serviced the Gold Coast, Sunshine Coast and Ipswich until additional services were brought online. As the largest provider, Caxton also acts as the safety net for the whole of Queensland, providing service interventions where: there is no other available service option; there is a 'conflict of interest' for another provider; or where our multi-disciplinary model provides additional casework services unavailable to older people in particular geographical locations (because we are not funded for EAPSS locations, we have to limit this to the more complex matters identified in those areas).
13. Caxton's services are provided by phone and face-to-face at our office in Brisbane. We also visit older people in their homes, in aged care or respite, in hospitals, at neighbourhood centres or any location where the older person feels safe and is able to access.
14. Caxton has programs that address elder abuse across the spectrum – targeted prevention, early identification and intervention, response and intervention. This is displayed in Table 1 and explained in following paragraphs.

Targeted Prevention	Early Identification and Intervention	Response & Recovery
Seniors Financial Protections Service – outreach information sessions	Elder Abuse Professional Training – Qld Police, Qld Health & Geriatricians, Justice of the Peace, Aged Care, Legal Profession	Seniors Legal and Support Service & Seniors Financial Protections Service – legal and social support case management services
World Elder Abuse Awareness Day – community engagement events	Health Justice Partnerships – hospital and health services in GBR	Vera Raymer Fund – internal fund for urgent financial hardship relief
Community Education and Engagement Program – education sessions with community groups	Seniors Legal and Support Service & Seniors Financial Protections Service – information & referral services	Financial Counselling – embedded financial counsellor
	Family Financial Mediation – legally represented pro bono service with barristers	

**Table 1**

## **Programs: Prevention, Early Identification and Intervention in Relation to Elder Abuse**

### **Seniors Legal and Support Service (SLASS)**

#### *Establishment*

15. Since 1997, Caxton has been providing specialist expert legal assistance to older clients who are experiencing or at risk of experiencing elder abuse. Caxton’s first funded programme (Legal Outreach for Older People) was delivered by a single lawyer providing advice at various respite centres around Brisbane. Now Caxton’s multidisciplinary team of six lawyers, six social workers including a First Nations social worker, a First Nations Older Client Liaison Officer identified role, paralegal/intake roles including a First Nations paralegal identified role, and a Community Education and Engagement Lead, provide integrated legal and support services to our elder abuse clients. To our knowledge, the Queensland Government was the first government to respond to grass-roots urging for a need to make a specific investment in services for older people experiencing elder abuse. Its commitment to invest in our recommendations for a multi-disciplinary service was forward-thinking and has been sustained and expanded over nearly two decades.

### *Aims & Activities*

16. The program aims to prevent elder abuse (especially financial elder abuse) and to support older Queenslanders' rights when they are at risk of or experiencing elder abuse. It aims to provide the support and assistance they need to enhance their safety, security and wellbeing.
17. The activities may include:
  - steps to increase safety including domestic violence orders
  - short-term counselling and boundary setting to manage conflict and build resilience
  - case managed legal and social supports
  - assistance to keep money and assets safe, or recover money or assets
  - referrals to other services including aged care
  - in certain circumstances, representing a client in court or before a tribunal.
18. The service also provides free community education about elder abuse and related topics to raise awareness:
  - of what is elder abuse and how to identify it
  - about what services are available to assist and how those services can be accessed

### *Target Demographic & Issues*

19. Caxton's work with older persons is generally for people 60 years and older (noting the Commonwealth Government adopts a 65 years and older age bracket) but we remain flexible in expanding eligibility for our services where relevant need exists (for example, where the circumstances are elder abuse but the person is under 60). Caxton also sees First Nations clients over the age of 50. This is in recognition of complex family structures within First Nation communities and of the reduced life span of First Nations' people.
20. Our data indicates that the service is being accessed by the broad target group: older Queenslanders on low incomes who have experienced elder abuse. The program has been successful in attracting clients from culturally and linguistically diverse backgrounds but less so from Aboriginal and Torres Strait Islander communities until recent years (with dedicated programs and partnerships). Demand in our geographical area outstrips program service availability.
21. The program responds to all types of elder abuse: physical, social, emotional/psychological, financial, sexual, cultural, systemic and neglect.

### *Funding and Queensland Government Strategic Priorities*

22. The SLASS service is funded by the (now) Queensland Department of Families, Seniors, Disability Services and Child Safety. There is no specialist investigative body that exists for older Queenslanders who have decision-making capacity. The Queensland Government has made a long-term investment in community support services which respond to allegations of elder abuse. Its strategic priorities and frameworks for preventing and responding to elder Queenslanders have been influenced by various reviews and inquiries. In each case, the SLASS program has been acknowledged as a critical response to elder abuse for older Queenslanders:
  - In 2015 the Not Now, Not Ever report noted the work of the program's services as an existing effective response to elder abuse in Queensland and, in highlighting the particular

vulnerability of older persons to violence and abuse, made a number of key recommendations including Queensland Government commissions a specific review into the prevalence and characteristics of elder abuse in Queensland.<sup>ii</sup>

- The Queensland Parliament conducted an inquiry into financial protections for older Queenslanders (Financial Protections Inquiry) in 2015–16<sup>iii</sup>. The Financial Protections Inquiry report considered the program’s impact in some detail, noting its valuable contribution in responding to the financial abuse and exploitation of older Queenslanders. The report recommended that all older Queenslanders should be afforded the same levels of access and support, and recommended increased program funding for regional hubs and under-serviced areas.
- In 2016 the Queensland Government Statistician’s Office examined administrative data including Caxton’s data<sup>iv</sup>.
- In 2017 the Queensland’s Prevalence Review found the program was an integral part of Queensland’s global response to elder abuse<sup>v</sup>. The Prevalence Review described the program as a secondary prevention response that ‘... involves an immediate response to the abuse to stop the risk of abuse escalating or continuing’. One key finding of the Prevalence Review was that ‘... the adequate resourcing of organisations such as the EAPU and SLASS is extremely important if they are to continue to develop and provide targeted information and education to older people, their families, carers, staff, professionals and the wider community, as well as respond to elder abuse victims’.
- In 2019 the Joint Submission of the Seniors Legal and Support Services to the Department Review of Elder Abuse Services provided evidence that the program is a leading Australian example of best practice response to the abuse of older people and provides positive outcomes for older Queenslanders which represents a significant return on investment
- In February 2022, the Queensland Law Society and the Queensland Public Advocate released an Elder Abuse Joint Issues Paper. This Joint Issues Paper provided an overview of responses to elder abuse including the SLASS model and outlined the relevant legal frameworks and civil and criminal remedies available at the time of publication.

#### *Overview of the multidisciplinary model*

23. The service is staffed by lawyers, social workers and other specialist workers, and assistance is provided within a multidisciplinary framework. Program social workers and counsellors are experienced in conducting psychosocial and risk assessments, safety planning, short-term counselling, capacity screening, aged-care and housing referrals, advocacy for older people and other complementary supports. The lawyers are experienced across a number of related legal areas including elder law, domestic and family violence, guardianship and administration, family law, consumer law and general law. Integrated case planning between the social worker and the lawyer ensures that a suite of empowering interventions is explored with the client. The support provides a range of services from one-off information to intensive casework.
24. The SLASS multi-disciplinary model:
  - accepts referrals from:
    - the Elder Abuse Helpline delivered by Uniting Care;
    - older persons at risk of or experiencing abuse self-referring;

- family, friends and supporters;
  - hospital, health and aged care workers;
  - emergency personnel (police and ambulance mainly);
  - statutory bodies (Public Trustee and Public Guardian mainly);
  - government agencies; and
  - community organisations.
- Is fully integrated internally so that lawyers and social support workers work side-by-side to achieve holistic outcomes. Older persons experience a seamless holistic pathway of service delivery rather than relying on information sharing and referral protocols between organisations.
  - Includes safety planning as a foundation. The social worker performs a preliminary risk assessment and safety planning with the client during their first contact, and continues to assess risk as the case progresses, especially if the client decides to take steps to assert their wishes. There is heightened attention towards safety planning in cases where the client is living with the perpetrator of abuse. Lawyers can take urgent action to obtain a Protection Order. The service receives referrals from and works with the Queensland Police Service/Vulnerable Persons Unit where there is domestic and family violence or other issues (stealing, assault, serious neglect) that warrant a policing response.
  - Delivers face-to-face supports as the preferred mode with jointly attended visits either at the older person's home, a neutral place, in aged care, at hospital or at Caxton's premises/locations.
  - Utilises interpreters, third party supports, cultural support workers, and bi-lingual peer support workers to enhance service access for persons from diverse backgrounds.
  - Can be delivered remotely by phone or video conference depending on what the older person needs/wants.
  - Includes short-term counselling, psycho-social education and referrals for longer term mental health supports.
  - Delivers tailored and direct advocacy, legal advice, negotiation, mediation and court representation.
  - Delivers case managed supports including assessment of needs, development and monitoring of case plans, and ongoing case management.
  - Is provided in a trauma-informed and client-centred way.
  - In our community-based services, our social workers provide the first point of contact with the older person and that same social worker maintains contact with the older person until the conclusion of the service.
  - The social worker interacts with aged-care services, hospitals, community organisations and family members to manage any complexities in the referral process. At this stage, the social worker assesses whether outreach, interpreters or other supports are required to overcome any access barriers and to optimise the client's capacity to give instructions and seek help. This involves gathering important information about whether there are

capacity concerns, current capacity assessment reports, an enduring document, guardianship and administration orders, and/or involvement of other services.

- Early in the process, the social worker undertakes a psychosocial assessment with the client to identify the reasons for the referral and to assess issues such as social and family history, significant others who are involved, health, housing/accommodation, financial circumstances, transport, support networks and risks of social isolation, services in place, strengths and interests, cultural sensitivities, end-of-life planning documents and current decision-making autonomy.
- Older people experiencing abuse need an integrated case planning approach to achieve the holistic outcomes identified in the Investment Logic, Older People Investment Specification. Social work/case management or legal services alone without the other cannot address holistic safety and wellbeing needs. Caxton's SLASS prepares an integrated case plan to address the legal and social support issues. This plan identifies the client's initial goals and needs, and the suite of legal and social work interventions available to address these including the priority that could be placed on certain interventions. It identifies the type/s of abuse experienced, the impact of the abuse on the client and their family network, the profile of the perpetrator, referral pathways and collaboration partners, and nominates a review period. The case plan is modified once the lawyer and social worker meet with the client and plan together how to address the elder abuse experienced. The plan and approach are family-centred, allowing the service to prioritise the client's goals in respect of their family relationships.

25. Over the course of 10 years, we have provided to the Department of Seniors hundreds of case studies of elder abuse. The most common scenarios of elder abuse that our service sees are:

- Adult child refusing to leave the parent's home. An adult son or daughter moves into an elderly parent's home during financial hardship. They refuse to pay rent, contribute to household expenses, or move out when asked, creating stress, conflict, and sometimes threatening behavior.
- Coercion and control for financial gain. An older person is pressured, sometimes subtly and sometimes aggressively, to change their will, gift money or property to a particular family member.
- Granny flat/assets for care arrangement breakdown. An older person sells their home and gives a large portion of the proceeds (often hundreds of thousands of dollars) to an adult child, with the informal understanding that they will be provided with a place to live, often a granny flat, extension to the child's home, or a promise of lifelong care. The adult child reneges on the arrangement sometimes because of their own relationship breakdown.
- Joint venture undermined. An older person and a family member (often an adult child) decide to enter a joint venture typically to buy a property together but in the adult child's name. The older person provides most or all of the capital, believing that the venture will support both parties or secure their future housing or income but the adult child dominates decision-making, hides financial transactions and shuts out the older person from any benefits.
- Step-Family Conflict. An older person's adult step-children take over all decision-making for their parent when that parent's decision-making capacity starts to decline.

- Misuse of Enduring Power of Attorney (EPOA). A trusted family member or friend appointed as an attorney under an EPOA begins mismanaging or stealing the older person's finances, selling property without consent, or using funds for their own benefit. They disregard the older person's wishes and preferences and act as substitute decision-makers where supported decision-making is indicated.
- Neglect in family care. An older person depends on a relative for daily needs, but the carer neglects their medical appointments, hygiene, nutrition, or emotional wellbeing, often because the carer is overwhelmed, financially stressed, or resentful.

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*Case Study – Adult Child Living at Home*

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**The Issues:** A GP made contact with the Seniors Legal and Support Service about concerns regarding a patient's (Emily) safety at home under the care of her son. Emily was also the primary carer for her grandson who lives with a disability. The solicitor from the Seniors Legal and Support Service met with Emily at the local medical centre. The appointment was made under the guise of medical management, however, was an example of a collaborative place-based medical, legal and social work effort.

Emily presented as being visibly upset with heightened emotions, rapid speech and breathlessness. She expressed fear and worry about her son being in the carpark waiting for her to finish her standard 15-minute medical consultation. The son's behaviour as described by Emily included • leaving her in a lift chair for 15 hours in front of the television • being locked in her bedroom for evening rest with only a half glass of water • repeatedly threatening to put her into care • verbal abuse • attempting to throw her out of her wheelchair when moving her around • only showering her once a week • failing to provide proper nutrition • taking her pension card and her car • stealing her cash • using illegal substances at her home • taking her mobile phone so that she could not seek assistance • neglect and subsequent hospitalisations for treatment of wounds caused by being left in a wheelchair for up to 3 weeks at a time.

**Multi-disciplinary service interventions:** Emily urgently needed personal care support, and support for her grandson. At Emily's request, the solicitor secured police involvement at the medical centre. The process for a Domestic Violence Order with a provision for an immediate ouster to have the son removed from the home was mobilised. The son was served with the application in the car park and escorted by the police to collect his belongings. The social worker liaised with relevant support services to secure immediate personal care for Emily, which subsequently mobilised an aged care assessment for a home care package. The social worker also facilitated referral to the Community Legal Centre's advocacy services to assist with the needs of the grandson. The social worker continued to provide ongoing emotional support to Emily.

**Outcome:** The DVO application was successful which provided Emily with a 5-year full non-contact protection order. The intervention of the service addressed Emily's health, legal and social support needs. Emily was supported to express her concerns, enact her wishes and enhance immediate and longer-term safety, wellbeing and self-determination.

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### *Case Study – Coercive Controlling Financial Abuse*

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**The Issues:** Geraldine, aged 79 instructed us that she had complained to multiple banks over \$500,000 worth of funds which were misappropriated by her son Jason over 4 years. There were multiple large withdrawals by Geraldine which she told the bank were for Jason, opening and closing of bank accounts and transfers which she said she made while being subjected to controlling and coercive behaviour by Jason. This included him attending the branch with Geraldine, standing over her when she withdrew funds or transferred them into an account in his name. When she complained to the bank, they refused to accept any responsibility. Geraldine was unsure of the next steps if she wanted to progress these matters.

**Service intervention:** The SLASS lawyer and Social Worker met with Geraldine through multiple appointments. The social worker provided short-term counselling to build her resilience to progress the legal issues. The lawyer progressed the matter to the Australian Financial Complaints Authority (AFCA) with the assistance of our embedded Financial Counsellor.

**Outcome:** At the time of this case study, Geraldine had received offers from two banks to compensate her for the full amount sought. One of the banks, upon receiving our submissions, offered an immediate \$50,000 gratis payment to Gerladine, which is unprecedented in our experience.

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### *Case Study – Step-Family Conflict*

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**The Issues:** Margaret and Bill, both in their late 70s, had been married for 20 years - a second marriage for both. When Bill developed dementia, his care needs increased rapidly. Feeling overwhelmed and physically unable to meet his needs at home, Margaret agreed, with Bill's adult children, that Bill would move into residential aged care.

After Bill's admission, his biological children became increasingly hostile toward Margaret. They accused her of "abandoning" their father, restricted her visits to the aged care facility, and challenged her role in medical and financial decisions. Despite having lived together for two decades, Margaret found herself isolated, disrespected, and excluded from important decisions about Bill's care. Bill, due to his cognitive decline, was unable to advocate for her. Margaret suspected Bill's children were inheritance guarding.

Without clear legal protections such as enduring power of attorney or guardianship orders Margaret's relationship with Bill was sidelined, and she faced emotional distress, financial insecurity, and social exclusion at a vulnerable time.

The law is confusing in these situations because family law, guardianship and administration law, aged care law and estate planning law all collide.

**Multi-disciplinary service interventions:** The SLASS social worker supported Margaret to cope with grief, isolation, and family conflict and to articulate her wishes and goals moving forward. The SLASS lawyer advised her about her family law, relationship and decision-making rights.

Assistance was given to negotiate with Bill's adult children to come to an understanding about how decisions would be made jointly moving forward.

**Outcome:** Margaret was able to visit Bill regularly and join in decisions about his health and care. A property settlement was negotiated with Bill's adult children so that Margaret could have financial independence.

### *Effectiveness of the program*

26. The program is an effective and efficient provider of services to older Queenslanders. Caxton's specialist multi-disciplinary social worker-lawyer intervention model has been positively evaluated:
- SLASS was evaluated in 2008 (Fiona Guthrie and Shirley Watters, An Evaluation of Seniors Legal and Support Service, December 2008). They found that the service model was appropriate to address the needs of the target demographic and that it directly addressed the issue of elder abuse, achieving significant positive outcomes for older Queenslanders.
  - A similar model in the US has also been positively evaluated (Rizzo VM, Burnes D and Chalfy A, A Systemic Evaluation of a Multidisciplinary Social Worker-Lawyer Elder Mistreatment Intervention Model, Journal of Elder Abuse and Neglect, 2015, 27).
  - The SLASS model was rolled out as the 'Specialist Elder Abuse Unit' model as part of the Commonwealth Government's Elder Abuse Service Trials. It has also been positively evaluated (Inside Policy, Final Evaluation of the Elder Abuse Service Trials, 6 August 2021). As the most recent evaluation, it is useful to note these recommendations about the service model (page 29):
    - Be client-centred and client-led, enabling flexibility in the mode and point in time at which supports are provided.
    - Address legal needs in ways that recognise that legal and social needs are interconnected for people at risk of or experiencing elder abuse.
    - Be based on a therapeutic model with specific service features (e.g. legal and financial supports) able to be provided as required.
    - Provide case management or at minimum ongoing support beyond initial advice and referral, including through partnerships within and across services.
27. Service outcome measures show that 85% of clients' needs were met as against their case plans and that they were safer from harm with a risk assessment and safety planning, additional supports and connections, protection orders, and developed insight/boundary setting, all contributing towards this.
28. Client survey data from 2022 tells us that the service is meeting client needs with 90% agreeing the service helped them understand how to deal with their problem and would recommend the service to someone experiencing elder abuse.

### *Need for Increased Funding*

29. In 2022 Caxton and the other SLASS services (save for ADA Law) provided a submission to the Queensland Government: Budget 2022-2023. It identified that only about 12% of the estimated need for Seniors Legal and Support Services is met by current funding.

30. The Queensland Government's funding for domestic and family violence (DFV) significantly surpasses its investment in elder abuse prevention and response. The 2024–25 budget allocates \$154.4 million over four years, with \$36 million annually directed to frontline DFV service providers, marking a 20% increase in core funding. Since 2015, the government has invested over \$1.9 billion to combat domestic, family, and sexual violence. Approximately 25% of women in Australia have experienced physical or sexual violence by a current or previous partner since the age of 15.
31. In the 2024–25 Queensland Budget, the government allocated approximately \$2.3 billion to child protection and family support services, encompassing out-of-home care, early intervention programs, and the employment of over 1,400 child safety officers. The Australian Child Maltreatment Study (2023) found that among Australians aged 16–24 up to 39.6% experienced some form of abuse (elder abuse prevalence is 14.8%).
32. Contrast this with the investment for elder abuse. We understand this to be approximately \$7.9 million annually to elder abuse prevention and intervention initiatives. This funding supports services such as the Elder Abuse Prevention Unit, Seniors Financial Protection Services and the Seniors Legal and Support Service.

**Recommendation** The Queensland Government should significantly increase funding for elder abuse prevention and response, with priority given to expanding the specialist multi-disciplinary legal-social support elder abuse service model across Queensland including into areas where the SLASS model is currently unavailable to older Queenslanders.

### Seniors Legal and Support Service - Health Justice Partnership (SLASS HJP)

33. Within the SLASS program, there are two *embedded* health justice partnerships (HJP). Health Justice Partnerships are an approach to service delivery which recognises that bringing legal and health services together to assist clients/patients provides earlier identifying and intervention to vulnerable people with complex needs. The key activities of our HJPs aside from case management, social supports and legal advice, are the professional education provided and supports to health professionals via secondary consultations (deidentified discussions). These HJPs are a developed separate collaboration with Metro South Health and Metro North Health:
  - The first HJP was established in Metro South Health in 2019 and although initially a pilot project, it was so successful that it has been recurrently funded by the Commonwealth Attorney-General's Department. It was originally called Older Persons Advocacy and Legal Service (OPALS) and was the first of its kind in Queensland for older people who are supported by health services and are experiencing elder abuse. Metro South Health (MSH) delivers health services to a large and diverse cohort of older people south of the Brisbane river to Logan, and west to Beaudesert and east towards Redlands. In Metro South Health we have SLASS lawyers embedded at the P.A. Hospital, Logan Hospital, QEII hospital and Redlands Hospital, with outreach to Beaudesert hospital.
  - The Metro North SLASS HJP commenced in 2022 and is funded as part of the SLASS funding from Queensland Department of Seniors. In Metro North Health we have SLASS

lawyers embedded at the Royal Brisbane and Women's Hospital, the Surgical Treatment and Rehabilitation Service (STARS) and Redcliffe Hospital.

34. Health Justice Partnerships (HJP) were initially developed for clients experiencing chronic illness and/or disability in the United States of America (referred to as medico-legal partnerships). The model was introduced following research evidencing the link between patients with health concerns who also have associated legal needs. The solutions for issues such as abuse and neglect often sit outside the health system but in the legal system, but the problem is first identified in the health system. Connecting the two sectors assists people to achieve better health and justice outcomes.
35. HJPs work by embedding legal help into healthcare services and teams for individuals, through direct service provision in places that they access, by integrating services responses around client needs and capability and through advocacy for systemic change to policies that affect the social determinants of health and unmet legal need.
36. The focus in this program is upon early identification, response and referral to appropriate specialist elder abuse services like Caxton. There is a component of elder abuse prevention strategies inbuilt into the model too: via education of staff and also consumers about their rights and options around future planning to prevent elder abuse.
37. The SLASS HJP's lawyers' work is embedded in the health service and receives referrals from hospital and community health workers, works with health staff to meet clients in the hospital or follow up into the community if they are discharged or seen in an out-patient capacity. We continue case work with the older person as needed into the community, based upon each diverse case.
38. The lawyers and social workers also provide specialist elder abuse training to health professionals (red flag training) as well as other relevant education with the aim of reducing elder abuse.
39. We offer secondary consultations. These secondary consultations are de-identified and hypothetical conversations about a patient, where the lawyer can provide legal information to a health staff. In the same way that a health practitioner may contact a medical specialist about a particular health issue for information, secondary consultations give health practitioners direct contact with an elder law specialist to obtain information for clients. These may then develop into a direct referral to casework with the older person or allow us to provide information via the health staff to older people who may not want a referral but want information.
40. SLASS HJPs has also seen its advocacy role in the health system as giving real effect to the *Convention on the Rights of Persons with Disabilities* by 'interrupting' or 'giving a different perspective' to a sometimes 'paternalistic' health system and promoting the rights of the person to autonomous decision-making (or supported decision-making where required). This simultaneously provides protection from elder abuse perpetrated by family members or systemic abuse in situations where there is a tension between duty of care and a patient's self-autonomy.
41. By way of example, here are two de-identified case studies (used with appropriate permission) that demonstrate the positive impacts of our health-justice partnerships. The first case highlights how we address legal issues and can provide independent advocacy for clients but

also health staff about unwarranted guardianship and administration applications. The second case demonstrates supported decision-making in action.

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*Case Study - HJP*

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**Health issue:** A 66-year-old woman was admitted to hospital following a stroke which resulted in an Acquired Brain Injury.

**Presenting legal issues:** She was referred to the SLASS HJP by a health practitioner after discovering that the patient's husband was trying to sell their matrimonial home without her permission. After meeting with the client, we discovered that the client presented with multiple legal concerns relating to marital separation and employment. Before we could proceed further, our client informed us that the health service was applying for a Guardianship and Administration Order on the grounds that she lacked capacity for decision-making. The client vehemently opposed this application.

**Advocacy demonstrating our approach:** The SLASS HJP lawyer had no concerns about the client's legal capacity for decision-making and met with the treating medical team bringing the Application to discuss further. The treating medical team identified their reasons for the application as being directly related to her limited knowledge of her current financial situation, 'disinhibited' behaviours and lack of social support. In contrast, we focused upon her strengths and how we could support her decision-making and maximise her participation. We had already ascertained that she had two very supportive friends that she had indicated she would want to be her Attorneys under an Enduring Power of Attorney. We could provide all the legal supports and information regarding her separation and refer her in-house to Caxton's employment law service for assistance.

Given our in-depth psycho-social assessment of the client, we could advise that she was unable to currently access her finances due to her husband's control. With our engagement with the banks on behalf of the client, this would change. We advocated that the client would benefit from an opportunity to return to the community and affirmed that this would support her autonomy and be the least restrictive option at this time. To us, it was clear that the client could make decisions independently if provided with the appropriate support.

**Outcome:** Empowered with legal advice and knowledge about available options to achieve her goals, the client self-discharged from hospital and found a rental home with the assistance of her friends. After waiting with anxious uncertainty for four months for the QCAT application to be heard, QCAT dismissed the HHS application. QCAT recognised the client's strengths and ability to manage her own affairs and any complex matters, with the support of her friends. The client finalised her employment matter with the assistance of Caxton's employment law service. SLASS HJP has also assisted the client to finalise her divorce and property settlement amicably (reducing pressure on the client from the husband) and she has since been able to purchase her own small property with the proceeds of sale of the matrimonial home.

**Recommendation** Specialist SLASS HJP services be expanded into hospital and health services where SLASS HJP services are currently unavailable to older Queenslanders.

### Seniors Financial Protections Service (SFPS)

42. This service is funded by the Queensland Department of Seniors. The focus of the SFPS is firmly upon targeted primary prevention of elder abuse.
43. The only prevention model of this kind in Australia, the Seniors Financial Protections Service (SFPS) was co-designed with the Department of Seniors, Caxton and Townsville Community Law ('TCL' who deliver SLASS in Townsville) in consultation with the Financial Counsellors' Association. It commenced in 2019.
44. SFPS is aimed at preventing financial elder abuse by increasing financial literacy of 'younger' older Australians as they approach retirement age and creating awareness of the importance of future planning, including education around EPOAs, aged care and Family Agreements.
45. The focus is upon education about future planning with the aim to prevent future elder abuse or lack of autonomy about appointing future decision-makers.
46. The model is evidence-led. The research conducted by Caxton and TCL indicates that an outreach model combining some education with one-on-one conversations leads to increased protective behaviours and actions being adopted by older people with an aim to prevent financial elder abuse. Case management is provided to persons who are identified as currently at risk of financial elder abuse and they are informed about how to undertake preventative action.
47. SFPS facilitates warm referrals to specialist elder abuse services who can respond to financial elder abuse that has occurred and/or is presently occurring. SFPS also refers to Financial Counselling and Financial Resilience Services.
48. This service in Caxton is provided by a part-time community worker and part-time social worker conducting outreach and information sessions.
49. Over the period 1 January 2023 to 31 December 2024, Caxton's Seniors Financial Protections Service reached thousands of older persons across Greater Brisbane, Logan, Moreton Bay, Scenic Rim and Redlands regions with a diverse and multi-layered approach, blending group education, one-on-one support, systemic advocacy, and relationship building to promote senior financial rights:
  - Community education presentations to senior groups, Probus Clubs, cultural groups, neighbourhood centres, and Mens Sheds. Common topics family agreements and preventing financial elder abuse, protecting finances and future planning.
  - Interactive workshops and activities including bingo and trivia games themed around senior rights and financial protections.
  - Hosted workshops using conversation guides to promote future planning discussions.
  - Participated in or hosted network meetings with Brisbane Seniors Central Network, Moreton Bay Elder Abuse Prevention Network, multicultural service networks, Relationships Australia, Legal Aid Queensland, ECCQ, Good Shepherd, and local councils.

- Community event participation by setting up information stalls at major events and expos, including Seniors Expos (Logan Seniors Big Day Out, Bribie Island Seniors Expo, Caboolture Seniors Expo), World Elder Abuse Awareness Day (WEAAD) events, Multicultural community festivals.
- One-on-one outreach and casework referrals. Conducted in-depth one-on-one discussions at outreach locations (especially Beenleigh Neighbourhood Centre), provided customised information, referrals, and follow-up casework and offered immediate pathways to legal and social work support.
- Collaborations focused on CALD communities by partnering with multicultural organisations (ECCQ, World Wellness Group, SSI) to deliver culturally sensitive education sessions using interpreters and translated conversation tools.

50. Two key trends have emerged from this work which are worthwhile noting:

- There is a strong and ongoing demand for free or subsidised EPoA drafting and legal advice on wills, AHD and family agreements. Older people still avoid the Public Trustee due to distrust and wait times.
- Cost of living pressures are intensifying financial abuse risk. Fixed-income older persons are facing housing insecurity and rental stress. There is an inability to meet basic living costs (energy, food, transport) forcing unwanted intergenerational cohabitation arrangements.

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*Case Study – Seniors Financial Protections Service*

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**Presenting situation:** Mrs M is an 80 year old German woman who speaks limited English. Her husband was recently admitted to a Residential Aged Care Facility. Mrs M was referred to our service from the elder abuse service at Caxton as her daughter had financially exploited her. She is living on an acreage with her adult son but would like to sell her property to move into a Retirement Village closer to where her husband is living. Mr and Mrs M receive the Centrelink Aged Pension which is their sole income. She expressed concern the real estate agent provided her with a low valuation as he is keen to sell her property to a developer. She feels he is taking advantage of her as she is elderly, alone and there are language barriers. She is also worried about the financial implications of moving into a Retirement Village and would like to minimise the financial burden as she is also paying her husband's RACF fees. Mrs M stated her son has been a great support to her and she would like to gift him a significant sum from the sale proceeds of her property so he can find alternative housing.

**Service intervention:** 1. Consulted with Mrs M by phone and in person using an interpreter to complete an intake and psycho social assessment to determine issues of concern and to identify Mrs M's wishes, goals and instructions. Mrs M was apprehensive about using SFPS and required information, time and support to build trust and rapport with SFPS worker. 2. Counselling provided for future planning and setting goals. 3. Information and referrals provided to access advice and support to make financial decisions regarding plans to move into a Retirement Village. Referrals included Caxton's Retirement Village service (QRVPAS) and Services Australia Financial Information Service. Mrs M expressed concern about using Services

Australia as she was in the process of negotiating her husband's RACF fees. 4. Reassurance provided to Mrs M that she is not obligated to use FIS, however, encouraged her to seek advice regarding the Centrelink implications for selling her property, fees for entering a Retirement Village and gifting of money to her son. Warm referral provided for Mrs M to seek advice from Basic Rights QLD including a request for an interpreter for her appointment. 5. Discussed strategies for seeking accurate valuations for her property from real estate agents. 6. Provided grief and loss counselling for separation from her husband due to his declining cognitive state and entry to a residential facility far from home. 7. Encouraged Mrs M to access culturally and linguistically appropriate community services to access support and reduce social isolation. Offered to connect Mrs M with services when she is ready.

**Client outcome/benefit and satisfaction:** Mrs M presented as tearful and anxious during her first contact with SFPS indicating she lacks confidence in making significant financial decisions about her future including accommodation and care. She felt alone, socially isolated and vulnerable due to history of financial exploitation and language barriers. She also indicated she no longer had her husband to manage their financial affairs and make significant financial decisions (which is a role she is not familiar with). Mrs M indicated she felt more confident and capable of making decisions about her future and finances following intervention and support from SFPS and other community services.

51. For the period 1 January 2023 to 31 December 2024 our Seniors Financial Protections Services reported that 90% of service users receiving a case managed service showed improvements in being safe and/or protected from financial elder abuse.
52. The service receives minimal funding, representing less than 10% of Caxton's elder abuse service funding. We are not even able to employ a 1.0FTE for a position that covers the whole of Brisbane, Moreton Bay and Logan-Beaudesert.
53. Increased funding for this type of service could act as a key gatekeeper for preventing financial elder abuse. 40% of Caxton's elder law clients experience financial elder abuse and 90% experience financial disadvantage. It is our highest demand area for response services. We predict that demand for financial elder abuse response services will increase over the next decade given the largest generational wealth transfer in Australia's history has already begun as trillions of dollars moves to the rising generation of family members. Given financial elder abuse is carried out mostly by adult children, it makes sense to invest more in financial elder abuse prevention services that have a track record of success.

<p><b>Recommendation</b> Seniors Financial Protections Services receive expanded funding from the Queensland Government for targeted financial elder abuse prevention work across Queensland.</p>
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### Partnerships and Collaborations

54. Community partnerships are an effective way to provide legal and social support services for hard-to-reach groups.
55. Under SLASS expansion funding from the then Queensland Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships Caxton established a Health

Justice Partnership with the Institute for Urban Indigenous Health (IUIH) which commenced as a pilot in 2023 to provide elder abuse services to older First Nations people in the Moreton Bay North region. IUIH is a large community-controlled health service with an existing internal health justice program.

56. Caxton and IUIH share an interest in minimising the incidence and impact of elder abuse in First Nations communities. We do this by subcontracting IUIH to embed a lawyer in IUIH's indigenous-led, culturally-centred healthcare setting to provide integrated legal-psychosocial support services, adjacent to the Caxton SLASS model, to First Nations older people who are identified as being at risk of or experiencing elder abuse.
57. By partnering with IUIH to embed a lawyer in their organisation and training their health professionals to deliver the case management services of the SLASS model, we enhance best practice in service delivery to First Nations older persons. Older First Nations persons in the Moreton Bay North catchment experience seamless and joined-up assistance to overcome access barriers and receive assistance for coexisting unmet legal and health needs arising out of their experience of elder abuse. In this health setting, we train the health professionals to perform the case management role which would otherwise have to be performed by our SLASS social workers and which they do in a culturally appropriate manner.
58. We co-developed First Nations Elder Abuse resources and training materials to raise awareness of elder abuse issues specifically for Aboriginal and Torres Strait Islander communities and co-deliver elder abuse red flags training to IUIH health professionals.
59. IUIH have extensive connections with Aboriginal and Torres Strait Islander communities in the Moreton Bay North area. As a trusted organisation within the community they offer a safe, culturally appropriate space for First Nations older persons to receive assistance.
60. The number of First Nations clients has grown from our baseline for other areas of 5-6% to 45% of our Moreton Bay North clients.
61. In the Logan-Beaudesert area our First Nations Older Persons Liaison Officer (see below) co locates at YFS and Beaucare and links in with First Nations health services and Logan Elders groups. This has also meant an increase in numbers of older First Nations people receiving assistance from SLASS to 22%.
62. In 2018 we established a Health Justice Partnership with World Wellness Group, a multi-cultural health and well-being service in Brisbane, with a lawyer embedded with multicultural health practitioners and support workers to assist both persons who either have co-existing legal and mental health issues or who experience elder abuse. This has been an effective strategy for gaining greater reach into CALD communities.

### **Identified Roles**

63. Within SLASS we employ two identified First Nations roles, the Older Persons Client Liaison Officer (OPCLO) and First Nations SLASS paralegal. The OPCLO is a specialist role dedicated mainly to the Logan-Beaudesert area and focused on liaising and engaging with older Aboriginal and Torres Strait Islander peoples, their communities and organisations who support them. This approach was taken in Logan-Beaudesert because IUIH was unable to deliver SLASS services in that area and there is a similar demand to Moreton Bay North for culturally safe SLASS services for First Nations older people.

64. Our First Nations staff create and foster extensive connections with Aboriginal and Torres Strait Islander communities. They work within community to offer a safe, culturally appropriate space for First Nations older persons.

**Recommendation** Community-controlled organisations that can deliver SLASS services to First Nations older persons be directly funded by the Queensland Government.

**Recommendation** SLASS funding from the Queensland Government be expanded across Queensland to create more First Nations SLASS worker identified roles within mainstream organisations.

### Collaborations with Financial Counsellors

65. In 2024 we commenced a partnership with Uniting Care to embed a full-time financial counsellor at our office. This embedded financial counsellor assists SLASS clients who have debt problems or financial worries, including but not limited to issues related to financial elder abuse. Uniting Care run Queensland's National debt helpline and work closely with financial institutions, energy companies and debt recovery organizations to assist clients and to educate those organizations on issues of financial hardship and consumer rights. Uniting Care also deliver the Elder Abuse Helpline (Elder Abuse Prevention Unit).
66. Our close collaboration with Uniting Care has resulted in our SLASS clients having greater and more timely accessibility to financial counsellors than ever before, facilitated by direct referrals from SLASS to the embedded financial counsellor. Our partnership with Uniting Care has proven highly successful in filling the gap that our SLASS clients historically experienced, whereby they previously had low prospects of obtaining financial counsellors in a timely fashion, or at all.
67. The partnership has resulted in 59 SLASS clients receiving assistance from the financial counsellor from January 2024 to February 2025.
68. We also have a successful partnership with Good Shepherd's Financial Independence Hub which assists people with Financial Counselling and Financial Resilience services to address the impacts of financial abuse. A financial counsellor is embedded at our office once a month and contactable via phone or email five days per week. This partnership enables us to engage in warm, seamless referrals, greatly increasing timely accessibility to financial advice for our SLASS clients who experience financial abuse.

**Recommendation** Financial Counsellor providers be specifically funded to embed financial counsellors into SLASS services throughout Queensland.

### Projects

69. Under the Investing in Queensland Women grant and in partnership with World Wellness Group, in 2024 we successfully completed a project entitled: *Listening to their Voices: Older Queensland Women's Views on Safety*. Led by our SLASS First Nations staff we ran two yarning

circles with older First Nations women, and in partnership with World Wellness Group we ran two discussion groups with older women from CALD backgrounds.

70. As part of these focus groups, older women met to discuss ways to keep older women safer, a topic that is often hidden within communities rather than discussed openly and therefore available to influence policy.
71. The focus of the informal discussion groups was older First Nations and CALD women sharing their experiences; expressing their views on the key drivers of violence and abuse in their communities, as they see them, alongside what works for them in addressing the problems and what does not work. Women who participated were encouraged to know that their voices and perspectives would be reported to policy makers. They expressed hope that their views would influence policy and actions to reduce or abolish abuse in the future. It was evident that the systems currently in place to manage abuse do not work well or effectively for cultural groups.
72. Our project identified that financial abuse of older people is viewed as particularly problematic in all cultural groups. The examples of abuse shared by the older women who participated demonstrated that psychological abuse such as denigration, bullying, pressuring or coercion tactics are used and viewed as ways for abusers to force financial abuse. As abuse often happens through grandchildren or adult children, older women feel embarrassed to disclose this to other people.
73. There is a lack of support and accessible resources available for caregivers, especially those from multicultural backgrounds. Language barriers, lack of education, and financial struggles hinder access to assistance and perpetuate abusive situations.
74. Fragmentation of families due to trauma was a strong theme coming through in the project – both historical and institutional. In First Nations culture, for example, the fragmentation of families due to trauma has led to traditional cultural expectations, values and Lore being less understood or de-valued by younger family.
75. The deep insights gained directly from the voices of older women are articulated in a report which we have published and made available online. For many of our participants it was the first time that they had ever engaged in or been invited to engage in conversations on these topics.
76. The *Older People Investment Specification* states that funded organisations must, "include older people in program/project development including consultation, design, delivery and evaluation", amongst other ways of creating opportunities to consult with older persons. As far as we are aware, in practice this has not been a core practice of the SLASS programs to date because of limited funding to engage in this type of more resource intensive activity.
77. The National Elder Abuse Prevalence Study underscores the necessity for culturally appropriate engagement with Aboriginal and Torres Strait Islander older persons and diverse communities. While the study's sample size did not allow for detailed analysis specific to First Nations older people, it highlights the importance of further research and culturally safe practices. Our project, although small in size with a total of 48 participants across four groups, created a platform for SLASS to increase direct consultation with First Nations and CALD older persons as a way of informing culturally appropriate and effective service provision.

**Recommendation** Funding to SLASS services be increased to deliver increased community engagement and education services to enable local engagement with First Nations and CALD communities to consider the diverse circumstances of elder abuse within these communities and to co-develop services in partnership with these communities ensuring that approaches are culturally safe and respectful.

### Elder Abuse Professional Training

78. Caxton has provided training on elder abuse identification and response to senior members and vulnerable persons unit officers of the Queensland Police Service since 2023. After almost 7 years of advocating for this, it received the green light immediately after the Independent Commission of Inquiry into QPS Responses to Domestic and Family Violence conducted in late 2022. To date Caxton has trained approximately 450 QPS staff.
79. This is a positive step in the right direction however a ninety-minute training on elder abuse as a once-off to senior QPS staff does not offer the complete solution to providing sufficient training to the police. This training needs to be built upon and extend to frontline officers.

**Recommendation** Embed elder abuse training in existing front-line police training including via DFV modules, scenario-based practical training, short online modules, updated operational policies and field resources.

**Recommendation** Expand the specialist Disability and Elder Abuse Team within the QPS Vulnerable Persons Command so that there are an increased number of trained specialist elder abuse champions in police districts who can act as a resource for colleagues, attend case conferences and support complex elder abuse responses.

80. Caxton has provided training on elder abuse identification and response to Queensland Health staff since 2019 through its health justice partnerships. It has trained over 5,000 health professionals. In addition to this, Caxton has provided elder abuse training to graduating Geriatricians for over a decade as well as Justices of the Peace. There is insufficient funding for us to reach all professional sectors with elder abuse training and we can only train those who are willing.
81. Queensland public sector workers must complete DFV awareness training, often part of induction and continuing professional development (CPD). Health, education, justice, and housing sectors have practice frameworks (e.g., Queensland Health's *Recognise, Respond, Refer* model) which require DFV risk screening, documentation, and referral. Services must collaborate under frameworks like the *Queensland DFV Common Risk and Safety Framework*, ensuring a shared language and consistent response.
82. It is probably easiest (to get the most traction) to embed elder abuse training within DFV frameworks rather than building a separate, parallel system.

**Recommendation** That the Queensland Government align elder abuse training with existing DFV training frameworks to ensure consistency, efficiency and sector-wide awareness.

**Recommendation** Elder abuse should be explicitly incorporated into the DFV Common Risk and Safety Framework, mandatory public sector DFV training, and professional sector standards for health, policing, legal, housing, community and Qld Health-operated aged care services.

## Community Education and Engagement

83. Community education (awareness), support and development is essential to ensure that older persons or service providers can identify signs of elder abuse, know about SLASS and have and confidence that it can help.
84. All SLASSs provide community information sessions to older persons or service providers who seek to assist older persons, information stalls at community events, community access points and participate in networking meetings to connect and collaborate with other organisations supporting older Queenslanders. Help seeking is not a majority response for older people who experience elder abuse, with six in 10 people who experience elder abuse not seeking help. Specialised information and education strategies for older people are needed to help them (and the general community) to recognise and deal effectively with elder abuse.

### *World Elder Abuse Awareness Day*

85. World Elder Abuse Awareness Day (WEAAD) is observed every year on 15 June. It was established by the United Nations in 2011 to shine a global spotlight on the issue of elder abuse. Each year, Caxton recognises WEAAD by delivering targeted activities that raise awareness, educate the community, and advocate for the protection of older people's rights. It hosts community education sessions, participates in community events, collaborates with other organisations to deliver culturally responsive sessions, promotes WEAAD through media and social channels and uses WEAAD as an opportunity to build sector partnerships.
86. In our respectful opinion, WEAAD lacks strategic direction for Queensland and has a much lower profile than DFV related 'days/months'. It needs proper funding and coordination to:
  - actively involve older Queenslanders (mostly disengaged in the day)
  - support peer-led activities where older people are emboldened to speak about dignity, safety, rights and not just victimhood (from other crimes)
  - promote messaging that addresses prevention like safe financial planning and respectful intergenerational relationships
  - provide small grants directly to regional councils and seniors groups to organise local WEAAD events

**Recommendation** To elevate the visibility, reach and grassroots engagement of World Elder Abuse Awareness Day, the Queensland Government should strengthen WEAAD by developing a coordinated statewide strategy with a dedicated small grants program and greater involvement of older people in designing and leading activities.

## Nature and extent of elder abuse from our data

87. We acknowledge the research already identified by the Parliamentary Inquiry into Elder Abuse, the National Elder Abuse Prevalence Study as well as the Elder Abuse Prevention Unit data findings. We will not replicate these comments but will focus on the SLASS/SFPS data collected by us over defined periods of time. Please note that this data relates to cases of elder abuse that come to us, and as such is limited by that understanding; however, it provides insight into our sample cohort, usefully echoes data from other agencies and adds to information available in an area where data is already largely unavailable. Where relevant, we have separated the data distribution of SLASS and SLASS HJP services if there are clear differences.

### Basic statistics arising from our data

88. The following data is from an 18-month period 1 July 2023 to 31 December 2024. Where possible and relevant (due to a significant deviation) we compare it with data from the National Elder Abuse Prevalence Study and with our own data from 2015 when we (and Townsville Community Law) reviewed 500 closed cases 2010 – 2014.

89. Over this period the Seniors Legal and Support Service and Seniors Financial Protection Service assisted over 7,000 people with information, social-work advocacy and support, legal advice and representation.

90. Below we discuss our key data points for the clients we represent (we don't collect data for those to whom we only provide information):

- **Age:** 50% were aged 60 – 74 years old. 21% were aged 75 – 79, 15% were aged 80 - 84 and 12% were over 85 years of age. Age plays a significant role in shaping the experience of elder abuse, with different age groups facing distinct risks and barriers. According to the National Elder Abuse Prevalence Study, individuals under 75 reported the highest overall rates of abuse, particularly psychological and financial abuse, while those aged 85 and over who made up 12% of victims (same as our data) were more likely to experience neglect and were less likely to report abuse due to increased frailty, cognitive decline, and reliance on others for care. These findings highlight the need for age-sensitive prevention and response strategies that recognise the heightened vulnerability of the 'oldest old' and ensure all older Queenslanders can access protection and support, regardless of age or capacity.
- **Domestic and Family Violence:** 56% experience domestic and family violence as defined by the Domestic and Family Violence Protection Act 2012 (Qld). The report of the Queensland Government Statistician's Office, Queensland Treasury, Insights into the abuse of older Queenslanders, 2023, analysed administrative data from police records and court applications for Domestic Violence Orders (DVOs) between 2008–09 and 2020–21 and found that there has been an increase in DVO applications involving older individuals with 72.7% involving family members (67.3% for First Nations older persons) rather than intimate partners. Older females were listed 69.3% of the time as the aggrieved (59.3% for First Nations).
- **Disability:** 61% live with a disability. Poor physical or psychological health and higher levels of social isolation are also associated with an increased risk of elder abuse. People with cognitive, sensory, or intellectual disability may be particularly at risk of abuse going undetected or unreported. Policy and service responses must be inclusive of older people

with disability, ensuring accessible services, supported decision-making, and safeguards that recognise the intersection of ageing and disability.

- **Financial Disadvantage:** 93% of clients experience financial disadvantage. The National Prevalence Study identifies low socio-economic status as a significant risk factor for elder abuse among older Australians. Older individuals with limited financial resources are more susceptible to various forms of abuse, including psychological, financial, and neglect. Factors such as living in rented housing or owning a home with debt contribute to this vulnerability. Insecure housing, intergenerational living arrangements driven by financial necessity, and lack of access to financial literacy or legal support further compound this vulnerability. Policy responses must address the link between economic insecurity and elder abuse by improving access to legal, housing, and financial counselling services, and by embedding safeguards in financial decision-making and informal caregiving arrangements.
- **Gendered Issue:** The majority (66%) identified as female and 34% identified as male. We did not have any clients who openly identified as LGBTIQ+. Women are disproportionately affected by elder abuse with the National Elder Abuse Prevalence Study also finding that 66% identified as female. This gendered pattern reflects lifelong inequalities, including lower income and superannuation, caregiving burdens, and experiences of domestic and family violence that can persist or re-emerge in later life.
- **First Nations:** We do not hold clear data on how many clients are First Nations. We do know that 3 years ago it was approximately 3%. This has increased significantly for the Moreton Bay and Logan-Beaudesert region (up to 1/3 of all clients in a reporting quarter) where we subcontract a community-controlled organisation to deliver specialist elder abuse services and where we have identified roles in our mainstream organisation doing outreach to older First Nations people.
- **Culturally and Linguistically Diverse:** Again we do not hold clear data on how many clients identify as CALD. If we look at the total number born outside Australia or speak a language other than English at home, our data indicates around 22% which is not surprising given the amount of work we have done to reach into CALD communities. This highlights the need for culturally safe, multilingual, and community-informed responses. Older people from CALD communities may face unique forms of abuse, including exploitation related to migration pathways, isolation within intergenerational households, or coercion linked to cultural obligations. Policy responses must prioritise outreach through trusted community channels, ensure interpreter access, and embed cultural competence across elder abuse services to ensure CALD older people can recognise abuse and safely seek support.
- **Geographical:** Although our elder abuse funding is for Greater Brisbane, we often provide support outside this area if there is an existing 'client conflict' in other SLASS services or there is a gap in service provision. Accordingly, our clients came from Metropolitan areas (65%) but also from regional areas (18%) and rural areas (17%). The National Elder Abuse Prevalence Study findings are that the prevalence of elder abuse is similar in urban and rural areas. However, older individuals in rural and remote communities may face heightened vulnerabilities due to factors such as geographic and social isolation, limited access to services, and privacy concerns in close-knit communities. These factors can make it harder to detect and report abuse.

- **Living Arrangement:** About 49% of clients are living with their family when reporting the abuse whilst 39% are living alone. The cases referred to the SLASS HJP found that over 50% of clients were abused whilst living with family. This is an increase from 25% in our 2015 review. This data supports national data about the growing trend of adult children returning to the family home later in life, influenced by factors such as housing affordability challenges, economic pressures, relationships breakdowns and caregiving responsibilities. Living arrangements are a key issue of concern for elder abuse because they often create conditions of dependency, isolation, or conflict that can increase the risk of harm. Unwanted prolonged cohabitation can lead to increased stress, conflicts over financial contributions, and blurred boundaries regarding caregiving responsibilities.
- **Homelessness:** More than one-quarter (28%) were at risk of or already homeless noting that older women are the fastest-growing group of people experiencing homelessness in Australia. As affordable and secure housing becomes harder to access, many older people are forced into precarious living arrangements such as informal agreements with family, living with abusive adult children or partners, or remaining in unsafe housing due to lack of options. Addressing housing affordability and providing support for multigenerational households are essential steps in mitigating these risks.
- **Relationship:** The main category of perpetrator of elder abuse in our cases were adult sons or daughters (32%). Spousal abuse occurred in 11% of cases. The SLASS HJP data reflects higher numbers of adult children (50%) which is interesting when put together with the higher rate of co-living arrangements for that setting. It is our observation that elder abuse is often a deeply relational, intergenerational issue rooted in family dynamics where older people may feel love, obligation, fear, or guilt toward the abuser. Many older people we see were reluctant to report abuse by their children due to emotional ties or fear of family breakdown. Abuse may be rationalised as “helping out”, blurring the lines between family support and exploitation, or excused due to the adult child’s mental health, addiction, or unemployment. These dynamics point to the need for holistic, non-punitive approaches that support older people while addressing underlying drivers of abuse in adult children. Recognising elder abuse as a complex family issue requires cross-sector responses that are trauma-informed, culturally safe, and capable of engaging both older people and their families in prevention and support.
- **Barriers to Help Seeking:** In our 2015 review we found that the top five barriers for reporting abuse were fear of repercussions (27%), unaware of help options (20%), decision-making capacity issues (13%), family loyalty/love for the abuser (12%), and feelings of powerlessness (10%). We do not have up to date data on this however we observe anecdotally the additional barriers that contain an emotional aspect such as shame and embarrassment, and the practical concern of dependency on the abuser.
- **Type of Abuse:** Financial abuse was the most prevalent form of abuse arising in our data (42%) but closely followed by psychological abuse (35%). We can compare this to a review we conducted in 2015 of 500 closed cases 2010 – 2014 which found that 36% of cases involved financial abuse and 25% involved psychological abuse. For us it shows an increase in financial abuse in the proportion of cases we see. This is considerably higher than the 2% financial abuse prevalence identified in the National Elder Abuse Prevalence Study. This discrepancy is expected and reflects Caxton’s role as both a legal, advocacy and social support service where financial abuse is the tipping point that prompts an older

person, a professional or informal supporter, to seek help. This data also reflects the international as well as Australian research findings that older people often experience multiple abuse types. Importantly, financial abuse and psychological abuse commonly co-occur because both forms are used to assert control over the older persons. Psychological abuse including coercive control is frequently used to pressure the older person into handing over money, property or decision-making power. Conversely, financial abuse such as misusing a power of attorney can lead to increased psychological dependence and isolation. These abuse types reinforce each other in a cycle where the older person's autonomy, confidence and access to support are gradually eroded. Physical abuse occurs in 9% of our cases, social abuse in 11%, neglect in 6%, and systems and institutional abuse (organisational practices, policies, or systemic gaps that result in harm to older people) in 4%. Sexual abuse was only identified in a couple of cases.

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### *Case Study – Financial and Psychological Abuse*

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Mary is a 70 year old woman who lives with her adult daughter, Sue, and grandchildren. Sue moved into Mary's home a year ago after her marriage broke down. She has been living with Mary rent and outgoings free since then. She was supposed to only live with Mary for up to 6 months. Mary loves her grandchildren, but they monopolise the TV, leave her to clean up the house after them and she has had to move downstairs as they need all the bedrooms. Mary now sleeps on the couch and does not have ready access to the bathroom at night when she needs it. Sue has been asking for Mary to put her name on the title of the property as joint tenants if Sue is to remain living nearby, intimating that if this does not happen, she may need to take the grandchildren away and Mary won't get to see them. She stated that this would be Mary's fault. Mary feels distressed and anxious. She is referred to Caxton by the Seniors Inquiry Line.

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### *Case Study – Financial and Physical Abuse*

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Antonis and Sophia are a couple in their late 60's. Their oldest son Nick is a qualified electrician but is unemployed and homeless so stays with the couple on and off. He regularly uses illicit substances. Antonis is a plumber and was recently working part-time until he had a stroke. Antonis and Nick recently had a fight over Nick's drug usage. Nick pushed Antonis onto the ground and Antonis has been admitted to hospital. Sophia lied when asked about how Antonis was injured. Antonis was verbally and sometimes physically abusive towards Sophia and their 3 sons, especially Nick. Sophia was a stay-at-home mother and now looks after 2 grandchildren 3 days per week. Antonis has always made the decisions about family finances. With Antonis in hospital, Nick has stepped in and taken over as Antonis' power of attorney. He has been withdrawing large amounts of cash from Antonis' and Sophia's bank account. The couple's youngest daughter Georgia recently called 000 when Nick became drunk and was threatening to kill himself at a family BBQ. The family have never engaged with any services until the police refer Sophia to Caxton.

## **Social Elder Abuse - Distinct Type of Abuse**

91. The terms social elder abuse and psychological elder abuse are closely related and often overlap, but in our opinion, they refer to distinct forms of harm that impact an older person's wellbeing in different ways.
92. Psychological elder abuse involves behaviours that cause mental or emotional harm such as verbal threats or intimidation, humiliation or name-calling, gaslighting or guilt-tripping, undermining an older person's confidence or decisions or creating fear or anxiety. This form of abuse seeks to control, degrade or emotionally harm the older person and can have serious impacts on their mental health, including depression, withdrawal or suicidal thoughts.
93. Social elder abuse, on the other hand, refers specifically to actions that isolate an older person from their community, family or sources of support, such as preventing contact with friends or relatives, controlling access to phones, mail or visitors, moving someone into a setting where they are cut off from community. Social abuse may be used as a tool of psychological abuse especially when isolation is part of a broader pattern of coercive control. Recognising it is a distinct form of harm allows services to identify patterns of control and disconnection that may not involve overt emotional abuse but still have severe impacts on an older person's wellbeing, autonomy and access to help. It also highlights the need for prevention strategies that strengthen social inclusion, peer networks and connection to culture.

## **Cultural Elder Abuse**

94. Abuse relating to language and culture is a distinct category that we are only just beginning to document as such. It occurs when cultural norms, obligations, or identities are manipulated, exploited or disrespected in ways that cause harm to older people. It can involve coercion, exclusion or control masked as cultural expectation or family duty. We observe it in the following ways (not exhaustive):
  - 'humbugging' or persistent financial demand beyond what is reasonable and framed as cultural obligation
  - appropriating an older person's pension or housing
  - disrespect or ignoring of language, spiritual practices or roles of Elders in the family
  - forcing an older person to remain silent about abuse to avoid shaming the family
  - forced kin caring obligations against an older person's will, capacity (including financial) or wellbeing

## **Financial Elder Abuse – More Detail**

95. In the 2015 review the top five types of financial abuse are:
  - misuse of money/property/ assets
  - misuse of PoA/EPoA
  - taking money/property without providing agreed care
  - failure to repay loans
  - coercion to give away assets/change will/change title/change EPoA.

96. In 2018 we reviewed a further 116 closed cases specifically for different types of financial elder abuse and found these to be the most common sub-types:
- Debt accrual in older person's name
  - Abuser took money, possessions, or property from older person
  - Granny flat problems (eg misuse of living arrangements tied to financial agreements)
  - Disposal of assets without consent
  - Failure to honour verbal agreements about money/assets
  - Misuse of Enduring Power of Attorney (EPOA)
  - Failure to repay loans lent by the older person
  - Unauthorised access to internet banking or bank accounts
  - Coercion - forcing older persons to sign legal or financial documents or give away assets
  - Withholding financial information or documents from the older person
  - Failure to honour written agreements about money/assets
97. The impacts of financial abuse are stark. Assets lost by older persons due to financial abuse are rarely recovered. Where large amounts of money are involved, the older person may have little opportunity to recover from the loss. Financial abuse takes a toll on the older persons' physical and psychological health and increases risk of institutionalisation, hospitalisation and mortality. Preventing financial abuse, therefore, is a critical need.
98. Detecting financial abuse is difficult when the abuse is perpetrated physically remote from the older person and without their knowledge (e.g. by internet banking). The onset of financial abuse is often gradual and insidious, and, lacking oversight, subtle deception may mimic legitimate transactions that escalate over time (e.g. smaller withdrawals that escalate in frequency and amount).
99. Loss of autonomy and independence is a central theme that regularly features in financial abuse. An older person subject to elder abuse may end up in residential care too early because they are put into care to protect them from abuse in the home and if their financial assets have been stripped, they often have less access to money to pay the significant Residential Aged Care Deposit or Daily Aged Care Payment – which is in addition to their daily care fees. Older people with no assets are required to seek concessional admission to residential aged care facilities and this may not be at the level of care or quality that they have saved all their life to achieve. If they live in the community, lack of money limits their quality-of-life options.

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*Case Study – Joint Venture, Guardianship & Administration*

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**The Issues:** SLASS received an urgent referral for a couple of European origin, George and Rosaria, both in their 80s, who had been living with their son Peter and his wife. Rosaria had a diagnosis of early-stage dementia. George had significant hearing impairment.

George explained that they had given all their assets, some \$500,000, to their son to build them a house, and that the agreement was that until that home was ready, they were to live with their

son. However, the relationship between the son and his wife and the older parents had deteriorated and daily incidents of verbal abuse of the older couple had escalated to physical abuse. At that point, Peter and his wife put Rosaria, for whom they held an enduring power of attorney (EPOA), into a Residential aged care facility on the pretext that she was violent.

**Multidisciplinary Service Intervention :** The SLASS social worker arranged for George to have respite care to avoid further abuse by his son and daughter-in-law. Rosaria's matter was taken on by another agency. While assisting George in preparation for Rosaria's QCAT guardianship hearing for revocation of her EPOA, SLASS discovered that there had been several previous attempts by Peter and his wife to apply for a QCAT hearing for George to have him declared impaired as well. It was also discovered that the title of the new house was only in Peter's name.

**Outcome:** SLASS represented George at the QCAT hearing and was successful in obtaining a declaration of capacity for George and having him appointed as the guardian and administrator for Rosaria. The Tribunal ordered Peter to account for all moneys obtained from Rosaria, and George's further legal matters regarding the transfer of the new home to George were taken on by a pro bono partner law firm. George and Rosaria were then reunited after a painful forced separation. This was a complex and long-running matter.

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### *Case Study – Poly-victimisation*

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**The Issues:** Tom was referred to our service by a hospital social worker after he was repeatedly assaulted by his stepdaughter. Tom experienced ongoing depression and anxiety. Our social worker's psycho-social assessment with Tom identified that he had been the victim of elder abuse from his ex-wife's daughter for the past three years. He was repeatedly physically assaulted to the point of being hospitalised due to his injuries. His ex-wife and stepdaughter had left the home but transferred Tom's entire savings into the ex-wife's personal account. Tom's biological son, who had substance abuse issues, moved uninvited into the family home with his son and girlfriend. To escape more family drama, Tom relocated into the garage together with his dog. His son neglected to pay any rent or contribute to utilities. Tom's son and his girlfriend argued and had violent altercations with each other most nights of the week, which resulted in serious damage to the property and referred verbal and emotional aggression towards Tom. These aggressive arguments left Tom, who was already traumatised by his own experience, frightened and shaken to the core. Tom loved his grandson and had cared for him on and off since his birth. This is the only reason he tolerated his son's presence in the house as he feared the child would move with his dad.

**Multidisciplinary Service Intervention:** Caxton's social worker provided Tom with counselling and supports to take action including linking him with mental health supports. The lawyer assisted Tom to obtain a protection order including an ouster condition requiring his son to vacate the home. Concurrently, Tom started receiving telephone calls from a number of debt collectors regarding bills for mobile phone plans, internet plans, and loans Tom never signed up for. Tom's son had stolen Tom's identity and entered into contracts with various providers and lenders online. Our lawyer negotiated the waiver of the debts.

## **Effectiveness and cohesiveness of responses to elder abuse, including Queensland laws, policies, programs and services, in preventing, safeguarding, identifying and responding to elder abuse and Opportunities to improve responses**

100. Caxton contributed to the Queensland Law Society and Queensland Public Advocate Joint Issues Paper on Elder Abuse, 2022. We commend that paper to the Committee. We do not intend to repeat the issues identified therein. There are some discrete issues we wish to address based on our work with clients.

### **Bridging Solutions for Lack of Aged Care Community Care Packages or Long Waits**

101. Caxton's social workers in our SLASS service report that one of the biggest problems for older people with disabilities affected by elder abuse is that there simply are not enough appropriate services to support older people to remain in their homes as they age. The long wait times for an initial Aged Care Assessment is also concerning. Of course, there are many good services, but the recent reports about aged care have identified worrying trends. Ultimately, the federal government needs to fund more packages to enable people to stay in their own homes and be provided with appropriate professional supports they need.
102. The Queensland government can bridge gaps with State-funded interim support building on existing programs like the Queensland Community Support Scheme (expanded eligibility, increased funding), strengthen hospital discharge planning programs to ensure older people don't stay in hospitals longer because they can't access community care packages, fund additional short-term support programs that bridge people safely until their HCP starts.

**Recommendation** The Queensland Government prioritise action to address the lack of timely access to aged care community care packages by strengthening interim state-funded support services.

### **Housing for Older Persons Escaping Elder Abuse**

103. There is no dedicated crisis accommodation for older people if they need to leave their residence due to elder abuse noting that 28% of our clients are at risk of or experience homelessness.
104. Queensland's tenancy laws protect an older person if they are a victim of DFV-elder abuse in so far as they can end a lease quickly without impunity. If they want to stay in the rental property they can theoretically apply to QCAT to remove the abuser but practically they are not going to initiate this process.
105. Anyhow, in the vast majority of cases, the older person is the homeowner (national figures indicate about 77% of Australians aged over 65 own their own homes) or granny flat owner noting that this may only be by way of equitable interest if they have given over title. They may have to leave their own home because the situation has become unsafe. There is a gap in laws and policing (discussed further below) where they can't force the abuser to leave without successfully obtaining a protection order with ouster condition.

106. Some women's shelters suggest that they do accommodate older persons but they give priority to younger women with children.
107. We have older women who experience homelessness who are living in unsafe and sub-standard accommodation whilst their matters are being addressed. This can include rooming arrangements with minimal privacy, shared bedrooms, bathrooms and kitchens, and fellow tenants with serious drug and alcohol issues.
108. Some of our older clients have chronic illnesses and are being exposed to situations (eg drug-taking behaviours by other residents) that they find distressing.
109. If the older person has aged care support needs and needs to quickly escape an abusive situation, they may need rapid entry into residential aged care respite. This can be very difficult due to:
- the requirement for a prior aged care assessment that has approved eligibility for respite care
  - the costs of respite care
  - the lack of availability of emergency places
110. When an older male needs urgent refuge accommodation, he has no options as all refuge accommodation and services assisting people to access refuges cater only for women and children.
111. When an older person with support needs urgent access to refuge accommodation, they find the options are limited because not all premises or rooms offer universal access (full wheelchair access). In-home aged care services staff (who have been providing personal care, help to get to medical appointments and so on) are not permitted to continue to assist at the refuge and substitute carers are not provided. If the refuge is in a different locality or region, the older person may find that the care provider does not operate in that location. If the older person is able to return home after a period in refuge, they may find their in-home care package has ceased and cannot be reinstated in a timely way.

**Recommendation** The Queensland Government invest in the development of dedicated safe housing options for older people escaping elder abuse, including crisis accommodation, transitional housing, and long-term affordable housing pathways. Housing solutions should be age-appropriate, accessible, located in safe communities, and linked with legal, health, and social support services to enable recovery, autonomy, and protection from further harm.

**Recommendation** The Queensland Government fund interim aged care packages for older people in crisis accommodation so that there are no gaps while navigating crisis and transition.

### Decision-Making Capacity and Elder Abuse

112. The hallmark of elder abuse is the erosion of autonomous decision-making. There can be no greater attack on one's human rights than the wrongful removal of one's right to autonomous decision-making. The issue of decision-making capacity reigns supreme in many cases of abuse.

113. People with a cognitive disability have an equal right to make decisions for themselves and ought to have access to the supports they need to make, communicate and participate in decisions that affect their lives. Within the playfield of capacity dwells ageist and paternalistic attitudes and practices that contribute to the silencing of the voices of older persons with either perceived or real cognitive impairment.
114. From health justice partnership work we observe that when older people at risk of elder abuse interact with the health system, especially if there has been a hospital admission, this increases the risk of unnecessary (and sometimes harmful) restrictions on decision-making autonomy. The harm usually presents as:
- premature entry into aged care
  - unnecessary appointments of substitute decision-makers
  - undesirable and unnecessary sale of assets
  - isolation from partners and social networks
  - thoughtless disposal of personal chattels
115. For example, a disengaged or malevolent power of attorney who may be setting things in motion to sell the family home and move the older person into aged care, will be assisted by a health system that fails to promote and protect the decision-making rights of the older person. We notice these issues commonly arising:
- Lack of regular reviews of capacity when the root cause may be transient e.g. delirium or no review reports completed even though months have elapsed.
  - Interim appointments of substitute decision-makers without proper evidence of the effect of the decision-making impairment on the actual decision that has to be made
  - Least restrictive appointments for substitute decision-making not properly considered
  - Supported decision-making not effectively applied
  - Risk-of-falls aversion leading to the over-placement of older persons in institutional care
  - Denial of dignity of risk even in respect of inconsequential decisions and despite a lifestyle pattern of the person accepting certain risks
  - A push towards moving patients through the hospital system does not support comprehensive assessments about the person in a way that allows them to work at a pace to suit them. Older people may not have family but may have a strong network of friends to support them when they return home.
  - A push to discharge due to hospital bed pressures means that decisions about discharge options must be made quickly and this may disadvantage any person who is struggling to get used to a different environment; particularly if there is any thought within the treating team that the older person should not return to the community.
  - Preferencing the decision of an adult child about discharge arrangements when the older person can make the choice about accommodation and where they wish to live.
  - Lack of understanding about legal capacity for decision-making leading to health professionals taking a heavy-handed 'lacks capacity for all domains' rather than lacks capacity for some complex health decisions (as an example).

116. Capacity for decision-making is a legal concept and not a medical concept. It encapsulates the person in their environment, their ability to make or be supported to make decisions about health but also all personal and financial decisions. However, health staff consider it is their role to assess capacity and when they focus on deficits and illness, they tend to focus on clinical rather than holistic assessments.
117. We query the training at university or other post-graduate levels of medicine, nursing or allied health about capacity for decision-making and options. There has been a 'black and white' approach to capacity demonstrated in some QCAT health professional reports where it is argued that the person lacks capacity based upon a clinical diagnosis only or because the older person did not agree with the treating medical team.
118. It is our experience that there is a clear line that can be drawn from health service interventions through to the phenomenon of elder abuse. In particular, interventions that do not promote or protect the older person's decision-making rights, can tip the risk of elder abuse into reality or contribute to poorer outcomes where abuse is already occurring. Conversely, rights-respecting health interventions can make a positive difference in elder abuse prevention and intervention.
119. In Queensland, the guardianship and administration laws clearly articulate the supported decision-making framework under which all substitute decision-makers are expected and required to operate. The general principles under our guardianship legislation explicitly outline the need for any substituted decision-maker to consider the views and wishes of a person who has impaired capacity and emphasise the need to maximise self-determination for those with impaired capacity.
120. SLASS provides supports to older persons who experience elder abuse as a result of a poor application of decision-making capacity and the general principles in our guardianship laws.
121. Our clients experience inadvertent elder abuse caused by a lack of understanding of legal and practical obligations held by lay substitute decision-makers at one end of the spectrum and a concurrent lack of understanding by key stakeholders, including aged care facilities and hospitals, on the other end. In one context, our clients experience abuse as a consequence of deliberate misuse of Enduring Powers of Attorney by their appointed attorney, often an adult child, including when an attorney prematurely enacts an EPOA for all decision-making when the older person retains decision-making capacity for most or all decisions. They start to make all decisions for them without any consultation or consideration of the older person's views and wishes (effectively totally diminishing the older person's rights to autonomy and self-determination).
122. Health and aged care staff who do not understand legal capacity or the general principles inadvertently facilitate unintentional or deliberate misuse of an Enduring Power of Attorney in situations where they support and comply with the attorney's decisions under a mistaken belief that solely because an EPOA is in place the attorney immediately holds all decision-making powers over the older person.
123. We see this play out for our clients who experience "social abuse", where an adult step-child blocks the older person from having contact with their long-term spouse in an attempt to "protect" their perceived inheritance from being shared with the spouse, at the cost of the older person being denied a relationship with their spouse in the last stages of their life. The adult child directs RACF staff not to permit entry to the RACF or visitation by the spouse, sometimes concocting false allegations of abuse by the spouse as the rationale for denying visits. RACF

staff, under a misguided belief that an EPOA grants power to the attorney to deny these visits, support the attorney and comply with the attorney's direction.

124. In other situations, the adult child tries to totally block the parent who resides in the RACF from gaining access to advocates, including SLASS lawyers and social workers, by instructing staff to deny all visits or contact. In the worst case scenario, the result is a complete barrier to access to justice with SLASS staff never gaining access to the older resident while they remain isolated from supports.

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### *Case Study – Decision-Making Capacity*

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Fiona had been living in a nursing home for the last ten years and suffered a stroke six years ago, which also affected her speech. Her husband continued to reside in the family home and was acting as her Enduring Power of Attorney (EPOA). Fiona contacted SLASS. Fiona declared that her husband was taking her pension money, leaving her without autonomy to buy personal items such as birthday presents for other family members. She found this lack of basic freedom highly distressing. Fiona also described a lengthy history of domestic violence including property damage, ongoing verbal abuse and other threatening behaviour towards her by her husband. Fiona's adult daughter, who suffered from a physical disability, was unable to stand up for her mother when this abuse occurred. Fiona also did not want her daughter to become stuck in the middle of the situation.

Our lawyer received a capacity report made by Fiona's general practitioner at the nursing home, which was a one-sentence letter stating that the client did not have capacity to make decisions regarding health, lifestyle or finances due to a health condition. Our lawyer and social worker did multiple visits to the client at the nursing home as they were concerned that the client did not have any other support networks, and communication via telephone was difficult due to the client's hearing and speech impediment.

The nursing home was not very cooperative and, despite having Fiona's written authority to obtain a copy of all previous capacity assessments, staff refused to provide any documentation or information to our lawyer due to objection by and interference from Fiona's husband.

Subsequently, our lawyer sent a letter to the nursing home demanding a copy of Fiona's EPOA and any capacity assessments, reinforcing the client's rights under the Aged Care Act 1997 (Cth) and Powers of Attorney Act 1998 (Qld). The letter specifically emphasised that Fiona maintained the right to access information about her rights, care and accommodation, as well as the right to receive independent legal advice, regardless of allegations of impaired capacity. Our lawyer also pressed upon the fact that the client's attorney must take into account the wishes of the principal when making decisions and should not interfere with Fiona's right to confidentiality. As a result, the nursing home then provided all requested documents, which revealed dubious capacity assessments. Our social worker assisted Fiona to arrange a geriatrician appointment to obtain a more suitable assessment of her capacity.

As the matter progressed, the client demonstrated that she was able to provide instructions in relation to non-complex legal matters. Caxton's lawyer and social worker spoke to Fiona's husband, who was aggressive and verbally abusive on the phone, demanding that our service cease contacting his wife. Fiona's remaining problem was that she had no trusted person to

appoint as her attorney should she choose to revoke her husband as attorney. Fiona did not wish to appoint the Public Trustee. She agreed to Caxton negotiating with her husband a fortnightly payment to Fiona to spend at her own discretion.

**Recommendation** That consultation with key stakeholders occur for the Queensland Government to identify how it can improve practice in terms of supported decision-making and implementation of the general principles for attorneys.

125. Compounding the issue is poor quality capacity assessments that indicate a “blanket” lack of capacity without offering any assessment of domain-specific capacity or the supports that could be put in place to increase capacity for decision-making.
126. Capacity assessments can unfairly limit an older person’s rights and contribute to elder abuse when they are used prematurely, are poor quality, are driven by family conflict or financial motives, or are weaponised to unjustly remove an older person's autonomy and control over their life.
127. We regularly read GP-generated capacity assessments in the form of a one-line letter/medical certificate stating only that a person, “*does not have capacity for decision-making*”, without providing any details about how that assessment was made and what decision-making domain the determination relates to. This should not be sufficient to enliven an EPoA.
128. Challenging a GP’s or health professional’s assessment can be difficult. In our experience, the cost of these reports (such as reports prepared by geriatricians and psychiatrists) is between \$1,200.00 - \$2,500.00 or more. An older person may not have access to these funds.
129. In addition to costs barriers, psycho-geriatricians and neuropsychologists can be booked up for 3-6 months in advance and many will not participate in legal proceedings.
130. The QCAT Health Professional Report should be changed to reflect the changes in the legislation. QCAT certainly must consider whether the person lacks capacity for decision-making as a threshold consideration, but it should not rely upon a clinical diagnosis:
  - A separate medical report detailing a diagnosis that may impact upon decision-making is appropriate but any person who knows the older person and their circumstances well, whether a health professional or not, should be able to complete a report about their ability to make personal and or financial decisions and what supports are available to them, even if there is a level of impairment.
  - Any report should focus on the strengths and ability of the person, rather than what they cannot do.
  - It could also clearly drive the reporter through the questions that are necessary to consider when assessing capacity and, prior to making an application to QCAT, what they have done to ensure compliance with the general principles as well as the performance of functions and exercise of powers under the *Guardianship and Administration Act 2000* Qld.

131. Any person who engages in capacity assessments should have training about the legal aspects of capacity and how to assess broadly and through a strengths-based perspective rather than relying upon mis-guided medical concepts.
132. If there is continued focus upon medical or health professionals to be determiners of capacity, then like the excellent pro bono community within the legal profession who provide thousands of hours of assistance per annum, there should be a similar community of pro bono medical service amongst medical specialists to call upon (or if it exists, it is not visible to services such as ours).
133. Funding to deliver education around this area of practice should be provided to independent legal expert services to ensure that focus is upon rights and not meeting health service needs.

**Recommendation** Any person who engages in capacity assessments should have training about the legal aspects of capacity, how to assess for domain-specific decisions, and how to assess broadly and through a strengths-based perspective rather than relying solely on medical concepts.

**Recommendation** Capacity assessments should be subsidised for low-income earners.

**Recommendation** University education be strengthened in the areas of health and law for improved understanding of a rights-based approach towards capacity for decision-making.

134. SLASS and SPFS routinely provide information and advice to ageing Queenslanders about the importance of obtaining an EPOA and its purpose and function. As flagged above, free EPOA-drafting has been identified by a vast number of our clients as a gap that older Queenslanders want and need prioritised.
135. Adjacent to the need for free EPOA-drafting is the need for attorneys to be educated around what their roles and responsibilities are as an attorney. There has never been dedicated funding for educating Attorneys in the use of these powerful documents. There is an explanatory guide that sits alongside the EPOA, however, anecdotal evidence suggests that this alone is insufficient as an educational tool. Organisations, such as QPT, don't offer such education statewide. As a result, well-intentioned family members who are appointed under an EPOA fail to meet their obligations, or overreach their role to the extent that they take over decision-making for the older person and ignore, or are unaware of, supported decision-making requirements.

**Recommendation:** Funding should be allocated for free and legally informed EPOA drafting.

**Recommendation** Education on rights-respecting practice for prospective or current attorneys under an EPoA be developed and rolled out statewide.

**Recommendation** The Queensland Government provide more regular and clearer messaging about future planning and how legal documents as well as discussions with future attorneys can help. Currently the focus is upon Advance Care Planning funding but this is mainly focused upon health decision-making rather than all decisions for the future.

136. The purpose of both Enduring Powers of Attorney and applications to QCAT for Guardianship and Administration are to enable the older person to appoint a trusted person (or statutory body) to make decisions on their behalf in the event that they lose decision-making capacity in the future i.e. it is intended to be for the benefit of the adult. In spite of this, older persons entering aged care are often “required” by the RACF to hold an EPOA or a QCAT Order appointing an administrator before entering the RACF, for the administrative convenience of the RACF (i.e: so that they can be assured that an appointed attorney will manage payment of fees). This is inappropriate and indicates an inherent assumption that the older person cannot make decisions for themselves, which goes entirely against the general principles. It becomes particularly difficult when an older person has dementia (or is in the early phases of dementia when capacity may be a fluctuating thing) when they sign an EPOA in favour of an abuser for the sake of gaining entry into an RACF.
137. Transition to RACF commonly occurs upon a hospital discharge. There is funding between Queensland Health and QCAT for internal QCAT hospital hearings to endorse orders that inadvertently assist with the management of bed flow to RACF admission. The older person should always have access to independent advocacy, legal advice and oversight when an application to QCAT is made while the older person is in hospital. This currently does not occur.
138. Older persons who are not linked in with legal supports or advocates to assist them through a QCAT process are practically prevented from meaningfully engaging in the process. Consequently, their views and wishes remain silenced when decisions are being made by a tribunal about who will be their substitute-decision maker. Some hearings are run by telephone, which often prevents the older person from participating freely due to various access barriers, including hearing impairment, the need for an interpreter, difficulty using technology, no access to a private space, or being deliberately kept out of the proceedings by an abusive family member who is seeking to be appointed in spite of protest by the older person. A QCAT member who cannot adequately communicate with the older person cannot sufficiently or accurately form a view as to whether there is enough evidence to make an interim order, without there being a serious risk that the older person’s right to supported-decision making to the greatest extent possible is diminished.

**Recommendation** That there be an independent review of the current Queensland Health to RACF pathway for discharge.

#### *Collaboration with the Department of Health, Queensland Health*

139. On 30 November 2020, key reforms to Queensland's guardianship and administration system came into effect. The reforms included the publication of the Capacity Assessment Guidelines, and updates to the enduring power of attorney and advance health directive documents. Coupled with the earlier introduction of the Human Rights Act 2019 (Qld), the reforms require service sectors to practice, view capacity for decision-making and seek or implement supported decision-making as well as substituted decision-making, guardianship and administration in a way that promotes human rights.
- Acknowledging this issue and the impact that lack of understanding would have upon how older people and their autonomy in decision-making may be affected, Caxton implemented an educational Statewide on-line Community of Practice (COP) in mid-2023

with the aim of encouraging shared learning across service-providers in this rapidly changing area of practice.

- This COP is a collaborative initiative between Queensland Health System Policy Branch and Caxton and has input from specialist consultants in geriatrics and rehabilitation. The COP is titled *Capacity for decision-making, guardianship and options: contemporary updates and practice Community of practice initiative*.
- There is no funding allocated for this initiative; however, it is supported in principle by Caxton as the facilitators are experts in this area and work for Caxton. It is also envisaged that better education of service providers will prevent elder abuse by institutions.
- This COP is open to all Queensland service providers with an interest in this topic and has a regular monthly series of presenters or issues discussed. A majority of registrants are from Queensland Health; but many other services providers are welcome and have joined.
- Given the focus of the COP, it would most benefit those who work regularly in health areas which assess a person's capacity for decision-making and consider whether guardianship or other options are appropriate. The target group are those who are currently leading teams or making decisions in practice in this context.
- The focus is interprofessional learning: learn with, about and from each other. The framework will view practice via a 'safeguarding human rights' perspective.
- Current registrations for the Community of practice are 288 registrations with new people from across Queensland joining each month.

140. These reforms, and other new initiatives since have significant impacts upon all service providers. A key issue in practice was that there was no government funding, and still is not, provided to up-skill service providers in the changes and what it meant to their daily work or to how and when they assess capacity. And for any significant changes, it is known that considerable effort is needed to translate high level legal concepts into service provider practice. Ongoing funding for the Caxton Community of Practice would ensure its sustainability but also allow development of more workshops and other forms of in-depth education in this essential topic.

141. Caxton received funding from Legal Aid Queensland, Department of Justice and Attorney-General, to develop targeted education in relation to these guardianship reforms and a program of self-paced modules were developed under the title of Human Rights in Practice: Capacity, decision-making and options.

#### *Collaboration with Justices of the Peace*

142. To assist with prevention but also identification of elder abuse, in 2024, Caxton SLASS trialled a team education approach with the Justices of the Peace Branch within Department of Justice, Queensland to complete face to face as well as on-line statewide education for all Justices of the Peace. The education was free and accessible to any JPs. The series was very well attended and was focused upon how to set up an interview to support an older person's human rights, identification of elder abuse but also witnessing requirements etc. We also were then invited to do some sessions and speak at forums for branches of the Justices Association.

## National Concerns

143. Without adding to a crowded discussion about EPoAs on a national level, we support recommendations for harmonisation and a national registry.

**Recommendation** That the Community of Practice: Capacity for Decision-Making receive ongoing funding for continued development of practice improvements in upholding the decision-making rights of older Queenslanders.

**Recommendation** Specialist elder abuse services receive expanded funding to provide education to attorneys, professionals and the community about attorney rights and responsibilities.

**Recommendation** That the Queensland Government take all reasonable steps to give effect to harmonisation of EPoAs and the development of a national registry for power of attorney documents.

## QCAT and AGAC Guidelines

144. The Australian Guardianship and Administration Council (AGAC) National Decision-Making Principles promote a rights-based, supportive approach to decision-making, emphasizing autonomy, dignity, and participation. The Australian Guardianship and Administration Council (AGAC) Best Practice Guidelines set out how tribunals like QCAT should conduct guardianship and administration hearings based on principles of autonomy, dignity, participation, cultural safety, natural justice, and least restrictive intervention.

145. QCAT has made strong progress toward aligning with these standards but in our experience significant challenges remain, particularly in urgent or complex elder abuse cases:

- Interim guardianship or administration orders (made urgently to "prevent harm") often occur without the adult participating. While lawful under the Guardianship and Administration Act 2000 (Qld), it reduces adherence to AGAC principles of participation and hearing the adult's voice.
- QCAT is positive about supported decision-making, but in practice, it often defaults to substitute decision-making if there are family disputes, abuse concerns, or cognitive decline.
- Some Tribunal Members rely heavily on medical or neuropsychological assessments that focus on deficits rather than supports, are produced quickly and without multidisciplinary input and this can skew decisions away from preserving autonomy.
- There is limited data transparency. QCAT does not routinely publish data on how many adults participate in proceedings (especially interim) or how many orders are revoked or varied on review. This lack of data makes it hard to track systemic impacts on older persons' rights.

**Recommendation** To better uphold the rights, autonomy, and dignity of older persons and adults with impaired decision-making capacity, the Queensland Government should support QCAT to fully implement the Australian Guardianship and Administration Council (AGAC) Best Practice Guidelines.

## Domestic and Family Violence

146. Queensland's domestic and family violence laws, including new coercive control laws, are some of the strongest in the country to provide protections for older Queenslanders who experience elder abuse. Most scenarios of elder abuse, where a Protection Order warranted in the circumstances, would be captured under these laws.
147. 56% of our SLASS clients experience domestic and family violence. In the majority of those cases there is coercive controlling domestic and family violence.
148. Our services are provided in a trauma-informed way. We prioritise safety including through safety planning, practical supports to reduce dependency and interaction with the abuser, referral pathways with police, and swift legal action to obtain a protection order where necessary. Our social workers support older people as our lawyers bring urgent domestic violence proceedings. Joined up legal services with social support services are essential to appropriately address safety concerns where there is domestic and family violence.
149. We have assisted hundreds of older people to obtain Protection Orders, including ouster conditions (where the 'perpetrator' must leave the home). We have yet to test the coercive control laws.
150. Caxton has a formal partnership with QPS to be listed on the Police Referral system. That means that when the police have identified that an older person may be experiencing elder abuse and are in need of legal supports, they will directly refer those parties to Caxton's SLASS using their email "infoexchange" system. The older person must consent to the referral before they are referred to or contacted by SLASS. Through this process, we triage incoming email referrals from the QPS within two days at the latest, usually earlier, and confirm within that timeframe whether or not we are able to assist (pending a conflict check) so that they can be satisfied that no further referrals are needed from their end once the client is linked in with Caxton.
151. The types of referrals we receive from QPS include assets for care arrangements with family members, misuse of Enduring Power of Attorney and other guardianship matters, debt issues, grandparenting alienation and any other matter where the police have identified possible red flags of elder abuse occurring, most often in the context of family relationships. Almost all of these clients are concurrently experiencing domestic and family violence in addition to other legal issues. Some of the clients referred to us may not be experiencing elder abuse, but still require legal advice, in which case we are able to seamlessly refer internally to other legal programs within Caxton, or alternatively offer legal information and referrals to services external to Caxton.
152. Caxton also refers to QPS when clients need assistance to apply for a protection order. We do this with the client's consent. It is extremely rare for us to refer to the police in the absence of the client's consent. Although we may do so under the circumstances permitted under Queensland's current information sharing provisions under the *Domestic and Family Violence Act 2012* (e.g. to assess or prevent serious threat to life) under the human rights framework within which our service operates, when our clients do not wish to engage with the police, we maximise the older person's self-determination and support that decision by helping them to explore and implement their safety planning options.
153. There is a strong reluctance from most of our clients to seek police involvement in matters where they are experiencing domestic and family violence by an adult child or grandchild and it

often takes time for an older person to choose this legal avenue, if ever. When they do, we offer warm referrals with the client's consent to link the client in with the QPS/VPU to seek that assistance. When our clients are linked with 'elder abuse champions' in the QPS, they have experienced positive outcomes. On some occasions the police assist the older person to obtain an ouster order and on other occasions police welfare checks and investigations are sufficient to obtain the outcome desired by the older person, that is, to live safely and free from violence (and also for their adult child to not have to face legal or criminal consequences).

154. Whilst our SLASS model already assists older people experiencing elder abuse related DFV, it could be much more systemically integrated into Queensland's DFV frameworks to strengthen protections for older Queenslanders. We will seek to be involved in the Qld DFV Peak's activities although we note that there is no relevant representation on the Advisory Board. We have presented to the DFV Death Review Board and the DFV Prevention Council, the latter having taken steps to incorporate elder abuse into its activities. We have actively contributed to various Queensland consultations, taskforce work and inquiries concerning elder abuse within the context of DFV. All of this is making a (slow) difference to catch up intergenerational violence prevention and response with intimate partner violence initiatives but it would be preferable for steps to be taken to formally integrate elder abuse into Queensland's DFV response system, ensuring it is recognised and treated as a distinct form of harm requiring specialised responses.

#### *Protection Order Conditions & Emergency EPoA Suspension Powers*

155. Older people experiencing DFV-elder abuse can benefit from all of the conditions of a Police Protection Notice, Temporary Protection Order and final Protection Order. However, the usual conditions (including the templated conditions in the DFV Benchbook) are not tailored for elder abuse. Magistrates may be uncertain of how wide they can exercise their powers to tailor conditions that specifically address the real types of harm older people face.
156. It would be preferable if conditions could include:
- Financial protections conditions – that prohibit the respondent from accessing or controlling the older person's bank accounts, credit cards, Centrelink payments or dealing with or disposing of assets
  - Regulating communication so that there is no pressure about financial matters, no coercion regarding estate planning
  - Prohibiting interference with the older person's access to services or medical care
157. It would be interesting to consider allowing protection orders to automatically override EPoAs if the attorney is the respondent. At the moment the EPoA remains legally valid unless separately challenged at QCAT. Magistrates could be given emergency powers to suspend EPoAs temporarily.

#### *Judicial Responses*

158. We reiterate in this submission our concern raised in previous submissions that it is not appropriate to mediate elder abuse that involves physical, sexual, or coercively controlling domestic and family violence. We are concerned that some Magistrates have inappropriately refused to make orders protecting an older person before requiring the aggrieved to 'sit down and chat with their adult child' to resolve the 'family conflict'.

159. The Queensland Chief Magistrate's Domestic and Family Violence Newsletters are internal publications aimed at informing magistrates about developments, best practices, and resources related to domestic and family violence (DFV). While these newsletters cover a broad range of DFV topics, specific content focusing on elder abuse is lacking.

### *Police Responses*

160. Police responses to DFV-elder abuse have improved in the last decade but the resourcing and approach is mostly geared towards responding to intimate partner violence between heterosexual partners, especially younger women with children. There have been some 'champions' in the VPU over this period of time, including Detective Senior Sergeant Deborah Phillips from the Vulnerable Persons Group – Mental Health, Disability and Elder Abuse in the Domestic, Family Violence and Vulnerable Persons Command, who understand the complexities of responding to intergenerational violence.
161. The improvements are incremental. Inadequate responses to DFV-elder abuse often result from the incorrect exercise of discretion by police officers when investigating a report. It is likely that this failing stems from insufficient training, a lack of appropriate processes and procedures, misconceptions about the dynamics of DFV-elder abuse, and the underlying culture of the QPS.
162. In instances where the QPS make a decision not to apply for a protection order for the older person in spite of a matter easily satisfying the threshold of an order needing to be "necessary or desirable" as required under the legislation, our service can then assist the client to apply for a protection order and subsequently represent them in court. We note that this police inaction may give grounds for a complaint to the Queensland Human Rights Commission as a decision that breaches the older person's human rights. In most cases where this occurs, however, the older person, already experiencing significant distress by engaging in a DV court process, does not wish to additionally exercise their option of pursuing a complaint, leaving the police unaccountable for their inaction.
163. Examples of inadequate policing responses include:
- Failing to properly engage with an older victim survivor complaining about familial violence especially where the alleged perpetrator is an adult child, an informal carer and/or there is suspicion/assertion of cognitive decline.
  - Failing to use or offer independent and/or qualified interpreters when interviewing an older person who speaks English as a second language or who speaks limited English.
  - The facts alleged in the application for a protection order being misrepresented (either exaggerated or underrepresented) due to the lack of an interpreter being used
  - Victims who do not show the 'correct emotional response' have had their experiences discounted, trivialized and/or under-recorded, noting that an older person may present with anxious behaviours ranging from hypervigilance through to complete shut down.
  - The police have not been transparent and accountable about their decision to either issue a protection order application or PPN, or not to do so.
164. The below brief case study further demonstrates how our older clients have been impacted by inadequate policing responses to domestic and family violence against older persons.

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## Case Study – Elder Abuse & Policing

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We wrote a Notice to Leave (a legal mechanism signaling there is no consent for a person to remain living in the older person's home) for a frail client in her 80's who reluctantly decided she could no longer cope with her abusive adult son, in spite of her instincts to support him after his failed marriage and his lack of a job. Local Police advised they couldn't flag her on their system for assistance as no offence had been committed and they wouldn't necessarily become involved in a trespass matter should he over-stay his deadline to leave despite the adult son having no legal right to remain in the premises.

In a similar situation when a different frail older client rang 000 and then Police Link asking for a protection order, she was told the verbal and emotional abuse and the theft of her food and belongings by her adult child and his partner did not amount to domestic violence and that she should write them a notice to leave and ensure they received it. She did this in great fear of their reaction to the notice to leave. Fortunately, when she needed to ring Police a few weeks later a different officer immediately identified the issue as domestic and family violence and offered to assist.

John, in his 70's, rang Police when his son had become enraged for an unknown reason and kicked in the client's bedroom door. Fearing for his life, the client rang Police. When Police arrived, they spoke first at length to our client's son and daughter-in-law, not to the person who had called them. When they eventually spoke to our client they asked him what he wanted to do without explaining to him what his options for action were. Our client, who had several serious health problems, ended up being taken by Police to sleep on the couch of a relative. They offered no further assistance.

**Recommendation** That elder abuse be integrated into DFV frameworks for protection and funding access, but also treated as a specialised, complex form of violence requiring distinct, rights-based responses tailored to what older people want and need.

**Recommendation** That Magistrates receiving training about DFV-elder abuse, the protection order conditions that are more likely to protect older people from harm, and that the Chief Magistrate's newsletters regularly feature content on elder abuse to raise awareness and provide guidance on handling such cases effectively.

**Recommendation** That the Queensland Government facilitate work with the elder abuse sector on information sharing protocols to enhance how services can collaborate and share information in a rights-respecting way to address elder abuse.

**Recommendation** That the Queensland Police Service identify existing and potential best practice models for policing elder abuse to inform continuous improvement, specialised training, and stronger frontline responses to protect older Queenslanders.

**Recommendation** That the Queensland Law Reform Commission review how laws could be strengthened to protect an older person whose attorney under an EPoA is the respondent in DFV proceedings where the older person is the aggrieved.

## Coercive Control against Older Persons

165. There needs to be a greater understanding of the way coercive control affects older Queenslanders.
166. Older persons have been given far less attention as victims of coercive control, older men even less so than older women. Many of our clients are victims to the patterns of controlling behavior and emotional abuse that characterise coercive control within family relationships, in particular relationships with their adult children.
167. In the context of family relationships, the coercive control experienced by our female older clients is often identical to that experienced by our male older clients, where the user of violence is an adult son, daughter, or grandchild. For our clients these patterns of coercive control take a variety of forms, including:
- making someone believe they have cognitive decline when they do not;
  - deliberately not providing medications or access to medical services;
  - taking over financial decision-making;
  - restrictions on use of areas of the home;
  - threatening placement in aged care;
  - grandparent alienation;
  - deliberately making an older person feel they are a burden; and
  - social isolation from friends and family.
168. Coercive control within the context of elder abuse and family relationships shares the same pattern of controlling behavior as is present in intimate partner violence. Many of our clients are victims of years of coercive control by their adult children, often without any issues of physical violence and often concurrent with issues of financial or economic abuse. For a number of our older clients, many years of coercive control eventually culminate in an act of physical violence committed by a young, physically fit adult, against an older, physically frail person.
169. In addition to coercive control by adult children against their parents, our service assists older women who have been decades-long victims of coercive control within the context of intimate partner violence.
170. The case studies below illustrate how coercive control is an extremely concerning issue for older Queenslanders that needs to be given due recognition and addressed alongside coercive control within intimate partner violence.

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### *Case Study - Coercive control*

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Kate, aged 80, had agreed for her daughter, Mary (together with her partner and daughter) to temporarily move in with her for a few months. Mary and her family remained in Kate's home rent-free for six years. Mary was emotionally abusive towards Kate, constantly calling her names, belittling her and isolating her from friends. Mary's partner observed this behaviour but never intervened.

After Kate had a hip operation, Mary's behaviour towards her worsened. Kate had trouble completing her post-operation rehabilitation exercises, so Mary taunted her and called her a 'cry baby'. Occasionally, when Mary was angry at Kate, she refused to make her dinner. On a regular basis Mary would deliberately make Kate feel like a burden and would say things to Kate to make her believe she could not survive without Mary. When a friend of Kate's became concerned that Kate was not answering her phone she called the police and requested a welfare check. When the police arrived Mary told them that Kate had dementia and police consequently took no action. Kate was so disturbed by this baseless allegation of dementia that she went to her GP to complete a Mini-Mental Examination and scored 29 out of 30.

Over the years Mary had never been physically violent towards Kate, until one day things escalated and she pushed Kate over. Shortly after this incident Kate's friend again became worried when she had not heard from Kate for a while, so she went to Kate's house to check up on her. When she arrived, Mary blocked the door and would not let Kate leave. This incident was the final straw for Kate having already endured years of coercive control. With the help of her friend, she left the home and stayed at friends' houses for six months, effectively homeless. She was still reticent to take legal action because Mary had threatened that she would never see her granddaughter again if she kicked them out of the house.

Eventually, after nearly six years of coercive control, Kate worked up the courage to seek help from the police to obtain a protection order against Mary. The police declined to take action. They advised Kate to apply for a protection order herself. With the help of our service Kate succeeded in obtaining a protection order with an ouster condition to remove Mary from the home, after which she and her family left. Upon Mary's departure from the home in compliance with the ouster order, she stripped Kate's house of all her furniture, wrote derogatory messages on the walls in black marker and deliberately left the bathroom and toilet in a state of filth, as her final acts of coercive control.

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*Case Study - Coercive Control*

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Cheryl sought our help to remove her daughter Pamela from her home. Pamela had moved into Cheryl's home ten years prior. Over the years Pamela's behaviour towards Cheryl included telling Cheryl she had Alzheimer's (after which Cheryl attended her GP who reassured her that she had no capacity issues); monitoring Cheryl's phone calls; controlling Cheryl's communication with her other adult daughter; following her around the house; constantly interrupting her at bedtime so that she could not sleep; constantly harassing and interrupting Cheryl while she used the bathroom; threatening suicide; and banging on her bedroom window from outside of the house to intimidate her.

Cheryl expressed that for many years she had felt like she was constantly walking on eggshells around her daughter. She became too afraid to keep living with Pamela and eventually left her home of twenty years to stay with friends, effectively homeless. It took Cheryl nine months of 'couch surfing' at friends' houses to work up the courage to take legal action against her daughter. Cheryl phoned the police to seek help. The police declined to take action. They advised her to lodge a private application.

Subsequently, our service assessed that there was sufficient evidence of domestic and family violence to apply for a protection order. We assisted Cheryl to successfully obtain a protection order including an ouster condition requiring Pamela to leave the home. Cheryl returned to her home but still lives in fear of Pamela returning and has installed a medi-alert system and changed the locks.

**Recommendation** That existing DFV bodies responsible for raising awareness of DFV and coercive control, be mandated to collaborate with the elder abuse sector to develop an awareness raising campaign and communication strategy that includes how coercive control manifests for older persons, especially in the lesser understood instances of elder abuse.

### Co-Responding to Remove Unwanted Persons Living with the Older Person

171. We have collaborated with the Queensland Police Service to engage in a co-response model. This model has not been formalised, however, we have on an ad hoc basis experienced great success in working in collaboration with QPS elder abuse champions from various Vulnerable Persons Units across Greater Brisbane. Under this model we have engaged in joint home visits to older persons (with a lawyer, social worker and police officer) followed up by welfare checks and further investigations by the police. In some instances, this is a sufficient intervention to improve the behaviour of the abuser and make the older person safer without progressing to court proceedings, as is most often the preference of our clients.
172. As demonstrated through the case studies above, it commonly takes a considerable amount of time before an older person feels ready to utilise Queensland’s civil law jurisdiction to seek a protection order against their adult child. We have observed through our clients that a typical example of a timeline of events that takes place before an older person is ready to engage with the police often arises as follows:
- The older person, whose coercively controlling adult child is living in their home rent-free, is referred to the Seniors Legal and Support Service.
  - ↓ There are co-existing forms of elder abuse, in the form of DFV, as well as financial abuse or other forms of abuse. Our service assists the older person with all legal and social support issues they experience.
  - ↓ The client chooses at the outset not to engage in a protection order application process, preferring instead to commence with a “softer approach” where our lawyer writes them a “Notice to Leave” letter, requiring them to leave within a certain time frame, in conjunction with the social worker engaging in safety planning with the older person.
  - ↓ In instances where this is unsuccessful, which is common, the older person often chooses to allow their adult child to remain living in their home, enduring emotional and financial abuse for months or years.
  - ↓ During this period of time, the older person is often agreeable to accepting further social supports and ongoing safety planning supports from our social worker. In that way they achieve enough safety to accept the ongoing situation. They may set boundaries on what they are willing to tolerate. For a while the behaviour of the adult child might improve

because of the initial service intervention. The older person remains linked in with our service and maintains a rapport with us which is extremely important for when they (likely) return for further assistance.

- ↓ After a period of time, whether months or years, the older person feels ready to proceed and returns to our service and communicates that they are ready to seek police assistance.
- At this point our lawyer and social worker are very well placed to assess that the older person has reached a point where they are ready to pursue a legal process, having ensured that any adverse consequences (e.g. stress, guilt, uncertainty as to how to proceed) have been mitigated through support, advice and time passed.

173. Matters can then typically progress as follows:

- The older person is reluctant to approach the police themselves, due to an initial mistrust or fear of the police, or previous negative experiences with the police, in which case we offer to explore and pursue a “warm handover” by way of a joint home visit with our lawyer, social worker and a police officer.
- ↓ With the client’s consent, we contact the VPU advising that the older person requests assistance with a protection order application, or alternative police assistance, and advising on:
  - i. DFV advice that we have provided, an outline of the issues and steps taken to date.
  - ii. A brief outline of other legal and social supports being provided by our service.
  - iii. The older person’s living arrangements e.g. tenancy or home ownership.
  - iv. An indication of how our social worker can continue to support the client in collaboration with the VPU e.g. emotional and practical supports, including as a support person at court.
  - v. A request for a joint face to face consultation for the purpose of introducing the older person to the VPU officer in a safe place and from a trusted service, enabling and encouraging the older person to feel more comfortable to accept police assistance.
  - vi. At the joint home visit, the option of removal of their adult child via a protection order application is discussed together with the police, noting that the older person is already familiar with the process having been advised by the lawyer and therefore better placed to understand.
  - vii. In the alternative and in our experience, the VPU may offer a different solution to pursuing a protection order that our service cannot, namely, speaking directly to the user of violence and conducting further investigations with them, often in conjunction with welfare checks on the older person. In some instances, this is enough to motivate the adult child to relocate without the need for a lengthy protection order application. In most instances, this is the preferred approach for our clients, who strongly favour the peaceful removal of a family member and avoiding subjecting their adult child or grandchild to a court process.

174. This framework has anecdotally proven successful in making older clients feel safer. However, one of the major barriers to the effective implementation of this co-response model is the large variance in resources of VPU's. The outline above illustrates just one possible approach to co-responding to elder abuse in a way that does not necessarily result in an ouster order being made, but can if the older person desires. Of significance, this framework offers an option where the police play a key role in the peaceful removal of the "perpetrator".

**Recommendation** That the QPS engage in consultation with stakeholders to co-develop an elder abuse co-responding model through which police will collaborate with specialist elder abuse legal and support services.

**Recommendation** Following a consultation process, resources and funding be invested into a co-responder model trial with Caxton Legal Centre's Seniors Legal and Support Service and specific VPU's in Brisbane for a period of 12-36 months with an evaluation to follow.

175. The QLS/QPA Joint Issues Paper identifies the challenges in removing an adult child from a parent's home in the case of elder abuse. Legal complexities in particular get in the way of a quick pathway to safety with police believing they cannot lawfully remove them under existing laws. We provided the QPS with a research memo about the laws and how they could be operationalised but this remains difficult to put into practice.

**Recommendation** The Queensland Law Reform Commission be tasked with reviewing the legal gaps and recommending reforms around removing abusive 'house guests' in cases of elder abuse.

### **Guardianship issues in the DFV jurisdiction**

176. An area where significant gaps in the legal response endures is situations where an older person or adult child with impaired capacity commits acts of domestic violence against their spouse or parent. This can occur either where there is no history whatsoever of DFV and is the result of the impaired capacity due to advanced dementia, Alzheimer's or other cognitive decline or as a result of a mental illness. In such situations the older aggrieved party is at risk of harm, however, the 'respondent' lacks capacity to understand the effect of a protection order rendering a protection order redundant and inappropriate.

177. In our capacity as duty lawyers at Brisbane's Specialist Domestic and Family Violence Courts, we have observed matters where the police have made the difficult decision to intervene. For lack of being able to identify a more appropriate avenue or support service for the couple, police have applied to the courts for a protection order against the person who lacks capacity to understand the legal process. The Magistrate cannot make an order in such circumstances which results in the matter being adjourned multiple times, in an attempt to source assistance through the Office of the Public Guardian. Equally, the Magistrates cannot or are reluctant to quickly dismiss such applications, in the absence of the necessary immediate supports for the party who has been listed as a Respondent in spite of impaired capacity. Whilst attempts are

made to appoint the Office of the Public Guardian to these roles, it can be a lengthy process to reach that point, leaving no resolution to the matter in the short term.

**Recommendation** That when domestic and family violence proceedings involve an older aggrieved person and a respondent with impaired capacity, Queensland courts, the Public Guardian, and support services work collaboratively to implement specialised risk assessments, coordinated safety plans, and ensure that both protection of the older person and appropriate guardianship or support arrangements for the respondent are addressed.

### Family financial agreements

178. Family financial agreements are a private arrangement where an older person and family members agree about living, financial, or care arrangements, often without formal legal documentation.
179. Rising housing costs, the lack of affordable aged care options, and intergenerational financial stress are driving more families to create informal arrangements where parents contribute money or property (such as helping buy a home, starting a business or building a granny flat) in exchange for housing, care, or support.
180. The bank of mum and dad has become a significant force in Queensland's housing market with parents collectively contributing billions annually to help their children purchase homes. This introduces substantial risks concerning financial elder abuse if the contribution is not meant to be purely a gift.
181. We have discussed earlier how breakdowns in these arrangements can lead to a common elder abuse scenario.
182. We are taking up this issue again here to make several points for reform. Family financial agreements are usually entered into when an older person is in a stronger financial position, and is motivated by family ties and a desire to support their adult children (and grandchildren) with a trade for care supports/co-living company. This often proceeds without the older person obtaining independent legal advice.
183. We have often said (in submissions and consultations) that Services Australia (through Centrelink and its Financial Information Service) often sits at the critical decision point when older people enter into family financial agreements (like granny flat arrangements or gifting assets to adult children) to notice the red flags of elder abuse. We maintain that line but we recognise this is not a fix for the Queensland Government.
184. When these arrangements break down, with or without attributable fault such as the separation of adult children and spouses, or an older person needing aged care, the older person can be denied the right to repayment, compensation or specific performance of the agreement terms. Without a statutory scheme to resolve the dispute, there are remedies based in equity, contract and/or tort law (eg undue influence, unconscionable conduct).
185. We have pursued these remedies as stand-alone proceedings in State courts or as a third party in family law proceedings for property settlement adjustment between separating parties where

a parent has made financial contributions to the parties' assets. In the backdrop of these proceedings we have negotiated or mediated a resolution.

186. This is complex law. There is a significant lack of affordable/free services other than SLASS for older people to get the legal help they need. There is little jurisprudence to explain how coercive controlling behaviours can amount to undue influence. The presumption of advancement, a medieval rooted legal principle that says a transfer of an asset from a parent to a child is a gift unless rebutted with evidence to the contrary, can work against the older person.
187. This is all discussed in the QLS/QPA Joint Issues Paper previously referred to but that does not make any recommendations that follow from the issues identified.
188. The Queensland Civil and Administrative Tribunal (QCAT) could play a critical role in addressing elder abuse where family financial agreements have broken down or become exploitative. Currently, QCAT's jurisdiction is limited largely to substitute decision-making under guardianship and administration law, minor civil disputes, and some specific statutory schemes. The ALRC Report 131 of May 2017 – Elder Abuse – A National Legal Response (“the ALRC Report”) recommended that State and territory tribunals should have jurisdiction to resolve family disputes involving residential property which is the subject of a family arrangement (written or verbal) and/or family loan arrangements.
189. To better protect older persons, particularly in family contexts, QCAT's jurisdiction could be expanded in the following ways:
  - Dedicated Elder Financial Abuse Division - establish a specialised stream within QCAT to deal with disputes involving older persons and financial arrangements with family members, such as informal loans, co-purchasing of property, or "granny flat" interests.
  - Recognition and Regulation of Informal Family Agreements: Allow QCAT to formally recognise, review, and enforce informal family financial agreements involving older persons, especially where there is evidence of undue influence, exploitation, or unconscionable conduct.
  - Remedies for Breach: Grant QCAT power to order remedies where elder abuse is found, such as restitution, compensation, cancellation or variation of agreements, or orders for property to be returned.
  - Low-Cost, Accessible Early Dispute Resolution: Provide an early dispute resolution mechanism by way of mediation or compulsory conferences where there is more active tribunal involvement in settlement discussions (provided the older person is able to be legally represented to address any power imbalances).

**Recommendation** The Queensland Law Reform Commission review how QCAT's jurisdiction could be expanded to provide an accessible mechanism to resolve elder financial abuse involving family financial agreements.

**Recommendation** The Queensland Law Reform Commission assess the implications of abolishing the presumption of advancement and recommend any legislative changes. Reverse the onus of the Presumption to be on the transferor to provide contrary evidence that any property and/or money was a gift by the Transferee.

## Elder Abuse “Roadmap”

190. Queensland needs a strategic, whole-of-community roadmap focused on preventing and responding to elder abuse within the Queensland community. It could draw inspiration from the (to be released) National Plan to End the Abuse of Older Australians however a national framework sets the vision, but real change happens on the ground—where state governments lead delivery, coordination, and community engagement. A state-specific plan is essential for Queensland to ensure that it:
- is tailored to Queensland’s population and needs
  - allows for targeted reforms, service development and legislative action within its jurisdiction
  - coordinates agencies and services, and builds place-based partnerships
  - supports councils, community groups, aged care, and NGOs to align with broader goals while meeting local realities
  - sets measurable goals and accountability at State level
  - engages Queenslanders in the solution by consulting with older people, carers, families and frontline workers
  - bridges the gap between national vision and local action
191. This roadmap would set out a clear vision, key goals, strategic pillars and actions.

**Recommendation** That a 10-year Plan to End the Abuse of Older Queenslanders be developed, in consultation with older persons and key stakeholders, to support and expand the Queensland Government’s commitments under the 10-year National Plan to End the Abuse of Older Australians.

**Recommendation** That two 5-year Action Plans be developed to implement the 10-year plan.

## Governance

192. As an organisation that has been delivering elder abuse services over several decades, it is really difficult to see how we are going to achieve any real systemic change without the State Government developing an elder abuse governance framework.
193. Because of the prevalence of elder abuse, the complex dynamics and the number of services that necessarily need to be involved in appropriately intervening, there is a clear rationale for separate governance arrangements to prevent and respond to elder abuse that occurs in Queensland.
194. Caxton consulted on the draft governance blueprint commissioned by the Department of Seniors and prepared by Nous Group in mid-2024. We agree with their proposed model of governance being citizen and community-led, with government both facilitating and providing the authorising framework to empower the diverse range of stakeholders who work together to address abuse of older people. We affirm an approach towards governance of embedding the voice of older Queenslanders, especially those with lived experience, alongside community members at the top of the process by which governance seeks to achieve its vision and goals.

195. What needs to follow is the State Government giving the green light for a properly funded governance structure to be developed that is as strong as the one we have to prevent and respond to domestic and family violence. Both issues share systemic and social dimensions, and both benefit from a coordinated, whole-of-government and community approach.

**Recommendation** That a governance framework for preventing and responding to elder abuse be developed. That this framework include:

- A. Whole-of-Government and Multi-Sector Coordination - establish a cross-sector elder abuse response that includes specialist elder abuse services, aged care, guardianship and administration, legal, health, housing, police, community services and financial institutions
- B. Dedicated Oversight and Advisory Bodies: create something akin to an Elder Abuse Prevention Council or advisory body to provide oversight, strategic advice, and public advocacy
- C. Clear Roles and Responsibilities: clearly delineate which agencies respond to elder abuse and how they coordinate community engagement and awareness: ramp up public campaigns to raise awareness of elder abuse, its signs, and where to get help—target older people, families, and carers
- D. Integrated Service Delivery: develop local integrated response networks/teams/panels involving specialist services, health professionals, legal support, advocacy services, etc
- E. Monitoring, Evaluation, and Data Collection: improve data collection on elder abuse incidents, responses, and outcomes noting the outcomes of the Department of Seniors consultation on a Data Governance Framework, and set up a monitoring and reporting framework tied to performance indicators.
- F. Workforce Development and Training: build capacity across sectors through elder abuse-specific training and professional development
- G. First Nations Inclusion and Cultural Responsiveness: ensure the framework includes culturally safe responses and First Nations leadership in elder abuse prevention and response strategies
- H. Funding and Resource Allocation: Secure sustained funding for prevention, response and reform – including an adult safeguarding body & helpline, specialist elder abuse services, community-based prevention, response and recovery options.

## Prevention

196. Because elder abuse is often hidden, relationship-based, and financially driven, prevention needs to happen across systems: health, education, community, and families.
197. In addition to the evidence-led financial elder abuse prevention work we discussed above (see Seniors Financial Protections Service), we consider there needs to be additional research on what actually works in practice to prevent elder abuse in addition to the usual broad strategies such as raising public awareness.
198. The Queensland Government should fund and pilot evidence-gathering programs requiring services to partner with universities to conduct action research.

199. Intergenerational programs could have an impact if they build respect for older people and promote their autonomy and independence. This could include funding for shared projects (eg: art, storytelling), educational programs (eg: where students are taught about elder abuse as part of health or social studies) and intergenerational family activities.
200. Queensland's health sector should come on board with preventing elder abuse. Queensland Health could take a lead on a public education campaign including posters and materials in GP offices, hospitals and pharmacies and social media campaigns about decision-making autonomy and impact of elder abuse on health.

**Recommendation** That the Queensland Government establish an Elder Abuse Prevention Innovation and Research Fund to pilot, evaluate, and scale elder abuse prevention activities, with a focus on financial abuse, intergenerational strategies, and culturally responsive models.

**Recommendation** That the Queensland Elder Abuse Plan (refer above) include a cross-sector, cross-government prevention framework.

**Recommendation** That Queensland Health include in its communications and engagement strategy, public education and awareness campaigns aimed at preventing elder abuse.

## LGBTIQA+

201. Older persons identifying as LGBTIQA+ rarely access our services. We note similarly nominal data in other state and national data sets. It is our experience that older LGBTIQA+ people often do not report elder abuse due to a combination of historical trauma, systemic discrimination, and a lack of culturally safe services. Their experiences are shaped not only by ageing, but by decades of marginalisation, legal exclusion, and mistrust of institutions.
202. The Queensland Government ought to consider partnering with trusted LGBTIQA+ community organisations and older persons to co-design ways of bringing the concerns about elder abuse experienced by older LGBTIQA+ persons to the fore and recommending a pathway forward.
203. Reform needs to ensure LGBTIQA+ older persons are not rendered invisible in Queensland's elder abuse response system and are able to access safe, affirming, and effective support when experiencing harm. It will need to recognise and address the unique risks and barriers faced by LGBTIQA+ older persons in the context of elder abuse. These reforms could include:
  - Data collection and research investment to better understand the prevalence, forms, and drivers of elder abuse experienced by LGBTIQA+ older persons in Queensland.
  - Funding for dedicated LGBTIQA+ inclusive elder abuse outreach, peer-led programs, and community legal education, co-designed with LGBTIQA+ elders and representative organisations.
  - LGBTIQA+ cultural safety training for relevant professionals including content on historical trauma and institutional discrimination, the importance of chosen family and identity affirmation, how abuse may be perpetrated through identity erasure, misgendering, or exclusion from decision-making.

- Inclusion of chosen family and nominated supports in all safety planning, care arrangements, and substitute decision-making processes—recognising that many LGBTIQ+ older people may be estranged from biological family.

**Recommendation** That the Queensland Government implement targeted strategies to prevent and respond to elder abuse experienced by LGBTIQ+ older people.

### New Adult Safeguarding Body

204. We consider there is absolutely a need for a separate unit/agency for older people and the community to contact to discuss/report their concerns about elder abuse or neglect. It makes practical and economical sense that this unit/agency be provided to all ‘at-risk’ adults, not just older people.
205. We have carefully considered the recommendations in the Queensland Public Advocate’s report ‘Adult Safeguarding in Queensland Volume Two: Reform Recommendations’. We strongly do not favour option B (expand Public Guardian role) because an adult safeguarding function should be clearly separate from a guardianship role. Older people, their families and supporters will, in our experience, be much less willing to report abuse to an authority that also exercises control over their decisions. There are already enough barriers to reporting without introducing another barrier where people fear overreach into their decision-making autonomy.
206. We favour some of the features of option A (modelled on the NSW Adult Safeguarding Commission). It certainly has its merits, especially this option being independent of government so that it can critique services, including health services, provided by or on behalf of government. Our main concerns with option A are:
- Queensland has a different demographic and service landscape to NSW. Unlike when the Adult Safeguarding Commission approach was adopted in NSW, it did not have the significant depth and breadth of specialist elder abuse services that exists in Queensland with the Elder Abuse Prevention Unit, the six Seniors Legal and Support Services and the Elder Abuse Prevention and Support Service.
  - Queensland has a larger rural and regional population than NSW, meaning accessibility and service delivery challenges are different. A centralised commissioner model like NSW’s might not work well for remote or First Nations communities in Queensland, where localised and culturally responsive services are essential.
  - Older Queenslanders already benefit from decentralised, specialist, place-based, elder abuse services. It is difficult to imagine how most of the activities of specialist elder abuse services like SLASS (given the sophistication of the model and the experienced personnel) as well as existing service partnerships could be hauled over to a single statutory figure. This may not be the intention of Option A however we note that the NSW approach sees the Commission replicating quite a lot of the service functions of the specialist elder abuse services (case management, safety planning, triage and referrals, education, community engagement, community support) but without the multi-disciplinary model, the experience doing the work and the local connections with diverse communities and key stakeholders.

- Option A does not seem to provide a client-centred, trauma-informed approach towards responding to elder abuse. If case managers in the Commission ‘hold’ the older person and their story of abuse for a period of time that extends beyond mere triage, even with information sharing protocols in place with agencies it refers older people to for ongoing assistance, this model requires the older person to be part way assisted by the Commission then referred off to services like SLASS where more long-term ongoing assistance is required. Already we are concerned that older people who contact the Elder Abuse Helpline are sometimes not referred quickly enough through to the SLASS services.
- We are concerned about the data in the NSW Ageing and Disability Commission 2023-2024 Annual Report, Appendix A, namely that there are a high number of reports of psychological abuse, financial abuse, physical abuse, and sexual abuse but these result in only 74 referrals to legal support. It is worrying, given that we know elder abuse is a phenomenon that usually has coexisting legal and social support issues.
- Without further explanation about how option A would practically interact with the existing service footprint, it is difficult to support it.

207. Option C offers features that are suited to Queensland. This is akin to the South Australian Safeguarding Unit which sits within their Department of Health. We are not necessarily advocating for the unit to sit within the equivalent department in Queensland. It may rest better in the Department of Seniors and Disability Services. The favourable features of option C are:

- A separate unit for reporting concerns, initial safety assessment, efficient triage and referrals to specialist services that provide case managed assistance.
- Holding responsibility for ensuring there is coordination and integration of existing service interventions for individual clients falling through the gaps as well as taking responsibility for organising professional networks that bring services together to create enhanced ways of working with each other in local settings to maximise outcomes.
- Enhancement of existing agencies/organisations to do the work they are already doing but in a much more integrated way, with this unit tasked with improving coordination, rather than creating a whole new office that performs many of the services already being well-performed.
- Elder abuse is not just a safeguarding issue — it's legal, financial, emotional, and often health-related. Queensland might prefer a networked response model, where multiple agencies collaborate (like a multi-agency safeguarding hub) rather than relying on one commission to handle everything.
- This option has the look and feel of being service-oriented rather than regulatory-focused.
- Unlike the centralised commissioner model, this approach appears to be more flexible and scalable. This seems well-suited to Queensland’s regional diversity, especially in remote, rural, and First Nations communities, where a locally-engaged, culturally-aware approach is crucial.
- Given it is not a whole new statutory body, it will be less expensive to establish and run. It works *within* existing government structures and community services, offering Queensland a model that may be more efficient, integrated, and realistic to implement

especially amid tight public budgets. Caxton supports a realistic option that is likely to get traction.

- There could be legislative safeguards for this unit to operate semi-independently. This could include introducing an independent advisory or oversight board with strong community governance, made up of experts, advocates, lived experience representatives, First Nations leaders, people with disability CALD and rural community representatives. This board could monitor the unit’s operations, review systemic issues, and ensure transparency and accountability. A requirement to produce annual reports, data on cases handled, outcomes, and systemic recommendations independent of government spin could boost public trust and ensure accountability without full statutory separation.
- It could avoid conflicts of interest, by not providing ongoing frontline services itself, just coordination, safeguarding planning, and referral. This way, it can hold service providers to account without being one. By keeping the model focused on empowering the adult at risk, not just protecting government interests, the Queensland Government could demonstrate that a strong rights-based, consent-driven approach can actually enhance credibility within government if it centers the person, not the institution.

208. It may be that a hybrid of Option A & C is possible to address the concerns about independence and to give the unit/agency more of an investigative role, but without replicating or destabilising Queensland’s already strong foundation of elder abuse services.

<b>Element</b>	<b>Based on</b>	<b>Role in Qld Hybrid Model</b>
Independent Statutory Authority	NSW	Provides oversight, systemic investigation, and policy leadership
Frontline Response and Casework	SA	Coordinates responses, refers cases, and works with existing services
Specialist Service Providers	Existing Qld Model	Continue providing direct support, community engagement and education
Safeguarding for High Risk that Diminishes Decision-Making Capacity	OPG	Supported decision-making approach and substitute decision-making where necessary
Public Education and Awareness	All	Strategic driver of campaigns and elder abuse awareness delivered locally
Data and Research	Existing Qld Model	Collect and analyse trends to inform practice and reform

209. In practice this might be built by:

- Legislating a Queensland Adult Safeguarding Commission with independence and investigative powers
- Maintaining existing service providers as core delivery partners
- Creating a shared reporting and triage system to streamline access for the public and professionals

- Adopting a lighter touch triage and referral mechanism, rather than a case management approach, where referral to existing services is indicated
- Coordinating service delivery where needed
- Where there is a gap in services, providing case managed supports and investigatory functions
- Coordinating high risk interventions
- Setting up and supporting the interagency networks required for systems cohesion

210. Whether Option A, B , C or a hybrid is adopted, it appears to us that the Elder Abuse Prevention Unit would be folded into the unit/agency/commission's activities.

**Recommendation** That Queensland introduce an Adult Safeguarding Agency that gives Queenslanders a trusted, central body for safeguarding the rights of older Queenslanders whilst retaining and leveraging existing specialist elder abuse services and best-practice ways of working across systems.

### Support for Carers/Families

211. The adult safeguarding body/approach will need to holistically address elder abuse prevention and response by integrating support for carers and families, especially those at risk of (or already) using abusive behaviours due to stress, burnout, isolation, or lack of resources (recognising that they may also be the victims of abuse from the person they are caring for).

212. Possible components of this could include:

- Using holistic risk assessments that see carer wellbeing as integral to safeguarding the older person. This could include carer red flags screening that identifies stress, fatigue, financial strain, mental health issues in carers as potential abuse risk factors.
- Carer inclusion in early intervention pathways by establishing dual-track responses: one for the older person at risk who is referred to specialist elder abuse services and one that supports the carer/family member with referrals to properly funded wrap-around carer support services.
- Prioritised access to counselling, respite care, in-home support, financial counselling, substance use and mental health services where there is a risk of elder abuse.
- Coordinating collaborative care planning that maintains both safety and relationships when possible particularly in low-risk or first-time incidents.
- Dedicated staff within the safeguarding body to work with families who may be unintentionally neglectful or reactive due to overwhelm or referrals to appropriate services that can do this.
- Referrals to psychosocial education on rights and dignity of older adults, stress management, navigating complex care roles

213. The system-wide benefits of this approach is that the safeguarding body presents as being supportive not just a body to report bad behaviour. It would provide early intervention to prevent escalation to formal investigations, preserve relationships where safe and appropriate and reduce the risks of abuse by addressing root causes in the care relationship.

**Recommendation:** That holistic support for carers and families be prioritised in the development of prevention and early intervention responses that address elder abuse.

**Recommendation:** That support for carers and families where an older person is at risk of abuse be included as a priority area in the next iteration of the Queensland Carers Action Plan 2024-2026.

### People Using Abusive Behaviours Towards Older Queenslanders

214. This provides a neat segue into discussing how Queensland can set up appropriate mechanisms that work with people using abusive behaviours towards older people. This has been deliberately separated from the discussion above about carers so as not to unfairly judge or antagonise.
215. There is a vital consideration including for which safeguarding option to adopt. It is one that rarely receives any attention in discussions about elder abuse but it is a critical element for successfully preventing and addressing elder abuse.
216. As part of the Queensland Government's commitment to end domestic and family violence (DFV) in Queensland, a draft DFV perpetrator strategy aimed at strengthening and guiding a whole-of-government approach towards preventing and responding to persons using violence was released, consulted upon but not completed. Prioritising this strategy comes with funding and policy implications that compete with victim/survivor priorities, notwithstanding the evidence that successful interventions with users of violence is an important means of keeping victim-survivors safe both in the adult and youth justice space.
217. There are nuances in the elder abuse space that demand a different prioritisation for working with users of abusive behaviours. Firstly, the abuser may have an ongoing caring role and it will be very expensive for Government to provide formal care options to replace informal ones. Secondly, the relationship is mostly familial and there is usually a desire for this to continue. Thirdly, child safety (a dominant issue in intimate partner DFV) does not feature prominently in elder abuse concerns except for when the older person may have a more significant caring role for a grandchild, niece, nephew, etc.
218. Intervention targeting those who cause harm has great potential preventative gains. It is no longer acceptable to ignore the causes of elder abuse and those who perpetrate it. In the DFV space this is acknowledged in the National Plan to End Violence against Women and Children 2022–2032 but the response to elder abuse should learn from that plan immediately and not delay focus in the way the DV sector has for several decades.
219. In our efforts to better understand the causes of abuse and mistreatment of older people, Caxton identified research into the profiles of abusers<sup>vi</sup> which found four main subtypes:
- Caregiver – a person causing harm who was overwhelmed or lacked skills and unintentionally caused harms
  - Temperamental abuser – a person who was often emotionally draining, had poor temper control and provided little or no care or support
  - Dependent care giver – opportunistic, often without employment or money, provided some support but dependent on older person for funds

- Dangerous abuser - high negative characteristics and behaviour, trouble with the law, no money, emotionally draining, poor temper control, substance abuse, little care for older person.

220. We then examined 50 of Caxton’s closed elder abuse cases to see if these subtypes matched the evidence we had about the behaviours of abusers as well as the older clients’ descriptions of their behaviours. We found that the subtypes were very applicable.

221. The table below summarises 1) the features of the subtypes; 2) the main categories of abuse associated with each subtype; and 3) the kinds of desirable interventions to address the perpetrators’ behaviours, or, in the case of the dangerous abuser, the action required to ensure he/she had no access to the older person.

Abuser Subtypes	Features	Substantiated Abuse Types	Possible Targeted Interventions
<b>Caregiver</b>	Unintentional or overwhelmed Lack of skills or knowledge Low probability of exhibiting all negative behaviours High probability of providing instrumental help and emotional support to the older person	Emotional 21.7% Physical 7.8% Neglect 51.9% Financial 48.8%	Caregiver support Education about minimum standards of care and proper financial management & fiduciary practices Stress management Caregiver respite
<b>Temperamental Abuser</b>	Emotionally draining Trouble controlling temper Low probability of providing emotional support and personal care	Emotional 65.9% Physical 28.6% Neglect 21.6% Financial 39.8%	Mental health services to improve emotional stability Restricting access to older person as last resort
<b>Dependent Caregiver</b>	Opportunistic Moderate levels of support to older person Trouble keeping a job Irresponsible Depend on the older person for money	Emotional 40.0% Physical 14.3% Neglect 37.1% Financial 74.3%	Alternative housing, job training, life skills training to increase independence Older person empowered to discontinue enabling behaviours Increased support services to older person to decrease dependence
<b>Dangerous Abuser</b>	High negative characteristics & behaviours (trouble with the law, keeping a job, extremely emotionally draining) Substance abuse Trouble controlling temper Low probability of positive behaviours towards the older person	Emotional 73.8% Physical 36.9% Neglect 22.6% Financial 58.3% *highest frequency of polyvictimization	Restricting access to older person as an early intervention

222. Our legal and social work interventions achieve significant positive outcomes for our older clients, but, due to conflict of interest requirements, we cannot engage intensively with those

causing harm. There is no parallel elder abuse response to assertively outreach to those causing harm.

223. It is very clear to us that the types of abusers and factors driving the abuse are complex and vary widely, which means that any services intervening to prevent continuing harmful behaviours needs to have a) specific elder abuse knowledge and training; 2) social work and legal expertise in client engagement and assessment of social and legal needs; 3) capacity to intervene and case manage access to other specialist supports.
224. For example, a substance addicted adult child who is financially dependent on their elderly parent and has low impulse control leading to verbal abuse and threats to harm them physically, needs:
- to be confronted with the illegal and unacceptable nature of their behaviour and their parent's option to seek police help or take legal action and/or to respond to DFV proceedings brought by police/specialist elder abuse services
  - to be given encouragement and supports to take responsibility for their harmful behaviour and choose to address their substance abuse
  - to have continuity of support to take action to prevent the abusive behaviour (such as reinforcement of changed thinking about the rights of the older person and acknowledging the impacts of abuse on the parent; securing alcohol and other drug treatment/rehabilitation; gaining independent income; finding alternative accommodation).
225. The constellation of factors that tend to characterize elder abuse 'perpetrators' – mental illness, substance abuse, high stress levels, low coping skills, and being dependent (financially or otherwise) on the older person – are best addressed through case managed services. Stress and dysfunction will respond well to these supports (less so, perpetrators with exploitative motivations). In other words, these perpetrators often have their own vulnerabilities and risk factors that precipitate the abuse. Caxton has some confidence in the likely effectiveness of this approach as we have provided a successful 18-month program to work with men who use violence in domestic relationships. The program, which we call *Court Plus for Men*, has the goal of keeping women and children safe by holding men accountable for their behaviours and giving them the opportunity to make significant changes in their beliefs about domestic violence, address their own behaviour, tackle complex hardship, mental health, substance abuse and other challenges. *Court Plus for Men* aligns with the National Plan to End Violence against Women and Children 2022–2032 and the relevant service standards.
226. In our experience individuals who perpetrate elder abuse can sometimes have histories of experiencing abuse themselves, including child abuse and domestic or family violence. Addressing past traumas and providing support can help break this "intergenerational cycle of violence," where patterns of abuse are transmitted across generations.
227. The Queensland Government could consider funding a three-year elder abuse 'perpetrator' service trial to operate separate to, but in partnership with, Caxton's SLASS or another SLASS. The trial's formative evaluation should be funded from the beginning of the trial to enable progressive learning and amendments to the trial.

228. The new adult safeguarding body could be designated responsibility for coordinating and/or case managing services for elder abuse ‘perpetrators’ including expanding funding to existing non-SLASS services to receive training and to specifically work with elder abuse ‘perpetrators’.

**Recommendation** For primary prevention targeting those who cause harm – an evidence-based five-year community education strategy should be delivered and evaluated in Queensland (or across Australia in conjunction with the Federal and other State and Territory Governments) that targets the various types of people causing harm to older people noting that awareness and education for exhausted carers has to be vastly different from education for an appointed attorney for an older person who is mixing older person’s funds with their own and misusing/stealing their funds.

**Recommendation** For early intervention targeting those who cause harm – an elder abuse ‘perpetrator’ strategy be developed to provide tailored early interventions.

229. While comprehensive national data is limited, our experience is that elder abuse is a significant concern in Aboriginal and Torres Strait Islander communities. Contributing to this is the legacy of colonisation, including the Stolen Generations, and systemic discrimination that has led to cycles of trauma that affect family dynamics and community structures. Higher rates of poverty, unemployment, and housing instability in Indigenous communities can exacerbate stressors that lead to abuse. Traditional practices of resource sharing, when misinterpreted or exploited, can lead to financial abuse (‘humberging’).
230. In working with First Nations families and those who are abusive towards older First Nations people, culturally responsive prevention and response services will need to centre on community-led solutions that develop respect for cultural values and which are trauma-informed and healing-centred. These could include elder-centred community education programs delivered through yarning circles that promote intergenerational respect and co-designed whole-of-family healing programs.

**Recommendation** Targeting those who cause harm in First Nations communities – funding for community-controlled approaches towards preventing and responding to elder abuse.

### **Elder Abuse Homicide**

231. In rare but tragic cases, elder abuse escalates to homicide. Elder-abuse related deaths need to be registered as a shocking phenomenon, in the same way that intimate partner DFV-related deaths are, by the community and by government, with commensurate steps taken to prevent this from occurring.
232. Informed by national and international evidence, Caxton Legal Centre recommends the following practical measures to strengthen prevention, risk assessment and early intervention. These recommendations include targeted approaches for high-risk or underserved groups – such as Aboriginal and Torres Strait Islander communities, Culturally and Linguistically Diverse (CALD) communities, people with disabilities, and those in caregiving relationships

characterized by high stress or dependency – to ensure Queensland’s response is inclusive and effective.

233. Preventing elder abuse-related homicides requires addressing root causes and risk factors before violence occurs. In addition to ramping up the elder abuse awareness raising campaign the Queensland Government already does, providing regular training for those who interact with older people can save lives (evidence from fatality reviews highlights this), and providing all of the services and supports mentioned above, there must be additional strategies introduced to identify when an older person is at risk of serious harm – and doing so as early as possible – which is critical to preventing homicides. Consider these additional risk identification and mitigation strategies:

- Develop and use a standardised risk assessment tool (think CRAF-Elder Abuse). This should flag high-risk indicators such as previous violence, threats to kill, extreme caregiver stress, dependency of the perpetrator on the victim, cognitive impairment of the victim, or access to weapons. Ensure there is funding for services involved in responding and collaborating to prevent elder abuse homicide so they are trained to use it.
- Develop multi-agency risk monitoring and response to high risk. Queensland should consider creating local Elder Abuse High Risk Teams (similar to integrated domestic violence high risk teams) that convene police, health, social services, and specialist elder abuse services to review cases with escalating risk. Alternatively it could integrate responses to ‘high risk’ elder abuse within broader DFV high-risk frameworks.
- Fund additional crisis and longer-term accommodation tailored to older Queenslanders’ needs to allow older people to flee abusive situations if they feel the need to for their own safety.
- Specifically task the Queensland Domestic and Family Violence Death Review and Advisory Board (DFVDRAW), which is uniquely placed to strengthen systemic responses to elder abuse-related homicides, with reviewing and reporting these deaths as a priority focus area:
  - i. Homicides by intimate partners (often late-life domestic violence)
  - ii. Homicides by adult children or carers (especially where dependency or mental illness is present)
  - iii. Deaths caused by neglect, coercive control, or financial abuse leading to serious harm

This clarity will ensure elder abuse deaths are identified, tracked, and systematically reviewed with the same rigour as other DFV cases.

- Use findings from these reviews to develop tailored, evidence-based recommendations aimed at police, health services, aged care, legal and community sectors. These should prioritise early identification of high-risk elder abuse, interagency information-sharing, safe options for older people who want to remain in the home and training for relevant professionals on red flags for serious harm/homicide.

234. Create an elder abuse homicide data subset. An overarching data collection effort would help identify systemic issues and ensure no cases “fall through the cracks”.

235. Improve the investigation of deaths of older persons including enhancing the capability of coronial and forensic investigation processes to detect hidden abuse in the deaths of older persons. There is a risk that some elder abuse fatalities (especially from neglect or subtle violence) may be misclassified as natural causes if not thoroughly investigated.
236. Whilst this submission is not focussed on elder abuse occurring in aged care, we would take the opportunity at this point (because we deliver the Queensland Coronial Legal Service) to comment on what we consider to be systemic shortcomings in reporting and investigating deaths within Residential Aged Care Services (RACS) in Australia. The prevailing coronial and death review mechanisms are inadequate for detecting and addressing instances of institutional elder abuse in part due to narrow definitions of reportable deaths. Given the prevalence of abuse in aged care, consider whether deaths occurring in RACS should be explicitly categorized as reportable under the *Coroners Act 2003 (Qld)*. This would ensure that such deaths are systematically investigated, thereby uncovering potential cases of abuse or neglect.

**Recommendation** Strengthen system responses to prevent elder-abuse related deaths by implementing a coordinated, whole-of-government response to include improved identification of high-risk situations, cross-agency information sharing, (culturally safe) early intervention pathways, and enhanced support services for older people and their carers. Targeted reforms should ensure that older people at risk of serious harm are visible to services and supported before abuse escalates to fatal violence.

**Recommendation** Consider whether deaths occurring in RACS should be explicitly categorized (or the definition expanded) as reportable under the *Coroners Act 2003 (Qld)*.

### Retirement Villages and Manufactured Home Parks

237. Caxton delivers the Queensland Retirement Villages and Parks Advice Service. Older people in retirement villages and home parks are uniquely vulnerable to abuse. Residents often live in close quarters, sometimes isolated from family or community. Many experience frailty, cognitive decline, or financial dependency, which can make them targets of coercion, neglect, or exploitation, sometimes by fellow residents, staff, carers, or family members.
238. Residents often feel powerless to report abuse. Fear of eviction, social isolation, or being disbelieved can prevent older residents from speaking up.
239. Operators are in a position of trust and oversight. Retirement village and residential park staff often have daily contact with residents. This puts them in a privileged position to notice changes in behaviour, wellbeing, or financial control – warning signs of potential abuse. A clear legal obligation on operators to support safe disclosure, respond respectfully, and refer to appropriate services would help protect residents and encourage help-seeking. Without a legal obligation to act, opportunities to intervene may be missed.
240. New South Wales has taken steps to formalise the responsibility of retirement village and residential land lease community operators (including home parks) to recognise and respond to elder abuse, particularly under its Retirement Villages Regulation 2017 (NSW) and the Residential (Land Lease) Communities Regulation 2015 (NSW).

241. By comparison, Queensland’s current legal framework lacks specific obligations for retirement village operators or residential park managers to identify, prevent, or respond to elder abuse.
242. Caxton is uniquely positioned to provide training to village and park operators if legislative reforms were introduced.

**Recommendation** Amend the Retirement Villages Act 1999 (Qld) and Manufactured Homes (Residential Parks) Act 2003 (Qld) to include a statutory duty of care for operators and park managers to take reasonable steps to prevent and respond to elder abuse including by staff. This should include a requirement for regular training, to have elder abuse policies and procedures in place to recognise signs of abuse, respond sensitively and appropriately and refer residents to relevant support services, and for the Department of Housing to have oversight of compliance.

### Early Intervention Advice (Secondary Consultations)

243. The model of secondary consultations – where professionals seek deidentified expert advice from specialist legal, social work or culturally-identified services without immediately involving the older person – can be a powerful early intervention tool for addressing suspected elder abuse in Queensland.
244. This model is used by Caxton in its HJPs. Health professionals contact our lawyer (mainly) or social worker. They discuss what they are noticing as red flags of elder abuse, clarify legal rights and duties, understand options and potential responses, and develop a safe approach to engaging the older person about these issues.
245. These consultations are deidentified, which protects the older person’s privacy and avoids any premature intervention. It respects the older person’s right to choose when and how to seek help, while ensuring that risks are not ignored.
246. By providing timely expert input, Caxton helps other services to respond appropriately to emerging signs of abuse, avoid delays or missteps and prevent abuse from escalating to crisis or serious harm.
247. These conversations often lead to referrals for direct assistance when the older person is ready to engage.
248. It works because it is low-risk and low-barrier, builds professional confidence and legal literacy, supports cultural safety and trauma-informed care and empowers services to act without disempowering the older person.

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#### *Case Study – Secondary Consultation*

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**Context:** A hospital social worker contacted SLASS HJP to discuss concerns about an older patient, “Mrs L”, who had been admitted with injuries consistent with a fall. During casual conversation, Mrs L disclosed that her adult son, who lives with her, frequently yells at her and controls her money. However, she became visibly distressed when asked if she felt safe at home and declined to make a formal complaint.

**Secondary Consultation:** The social worker arranged a deidentified phone consultation with Caxton’s social worker and lawyer. Together, they explored indicators of psychological, financial and physical abuse, the legal implications of possible power of attorney misuse and safe ways to re-engage Mrs L in conversation and offer support without triggering fear or withdrawal.

**Outcome:** With Caxton’s guidance, the social worker was able to provide Mrs L with gentle information about her rights, offer a discreet referral to Caxton’s service if she chose to follow up and document her observations in a way that enabled ongoing monitoring by the hospital’s geriatric team. Two weeks later, Mrs L called Caxton herself from a friend’s house. She was supported with legal advice, helped to revoke her son’s power of attorney, and connected with social supports to explore alternative housing options.

**Recommendation** That the Queensland Government formally recognise and support the secondary consultation model as a key early intervention strategy for preventing elder abuse. This model allows frontline professionals—such as health workers, aged care staff, and community services—to seek timely, deidentified legal and social work advice from specialist elder abuse services without requiring immediate client engagement. Embedding and resourcing this approach across sectors would build workforce confidence, improve identification of abuse in its early stages, and facilitate safe, culturally appropriate responses that uphold the rights and autonomy of older people.

### **Criminalisation of Elder Abuse & Mandatory Reporting**

249. A Queensland Law Society sub-committee (QPS attended) considered over a lengthy period of time the issue of a separate criminal offence for elder abuse and could not recommend one. Issues canvassed included existing criminal laws, unintended consequences, practical enforcement, and safeguarding alternatives.
250. We do not support mandatory reporting for certain professionals which would remove older people’s autonomy, discourage help-seeking, and confuse and overload the systems due to the complexity.

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<sup>i</sup> Final Evaluation of the Elder Abuse Service Trials, Final Report, Inside Policy, 2021.

<sup>ii</sup> Special Taskforce on Domestic and Family Violence in Queensland (2015). Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland, p. 8.

<sup>iii</sup> Communities, Disability Services and Domestic and Family Violence Prevention Committee, Parliament of Queensland (2015). Inquiry into the Adequacy of Financial Protections for Queensland’s Seniors.

<sup>iv</sup> Queensland Government Statistician’s Office. (2016). Elder abuse, Queensland, September 2016: Report based on information sourced from administrative data collections. Queensland Treasury.

<sup>v</sup> Blundell, B., Clare, J., Moir, E., Clare, M. & E. Webb (2017). Review into the Prevalence and Characteristics of Elder Abuse in Queensland. Perth, WA: Curtin University and Murdoch University.

<sup>vi</sup> M DeLiema, J Yonashiro-Cho, Z Gassoumis, Y Yon & K Conrad, Using Latent Class Analysis to Identify Profiles of Elder Abuse Perpetrators, Journal of Gerontology Series B: Psychological Sciences and Social Sciences, June, 2018

<b>RECOMMENDATIONS</b>		<b>Page</b>
1.	The Queensland Government should significantly increase funding for elder abuse prevention and response, with priority given to expanding the specialist multi-disciplinary legal-social support elder abuse service model across Queensland including into areas where the SLASS model is currently unavailable to older Queenslanders.	<b>15</b>
2.	Specialist SLASS HJP services be expanded into hospital and health services where SLASS HJP services are currently unavailable to older Queenslanders.	<b>18</b>
3.	Seniors Financial Protections Services receive expanded funding from the Queensland Government for targeted financial elder abuse prevention work across Queensland.	<b>20</b>
4.	Community-controlled organisations that can deliver SLASS services to First Nations older persons be directly funded by the Queensland Government.	<b>22</b>
5.	SLASS funding from the Queensland Government be expanded across Queensland to create more First Nations SLASS worker identified roles within mainstream organisations.	<b>22</b>
6.	Financial Counsellor providers be specifically funded to embed financial counsellors into SLASS services throughout Queensland.	<b>22</b>
7.	Funding to SLASS services be increased to deliver increased community engagement and education services to enable local engagement with First Nations and CALD communities to consider the diverse circumstances of elder abuse within these communities and to co-develop services in partnership with these communities ensuring that approaches are culturally safe and respectful.	<b>24</b>
8.	Embed elder abuse training in existing front-line police training including via DFV modules, scenario-based practical training, short online modules, updated operational policies and field resources.	<b>24</b>
9.	Expand the specialist Disability and Elder Abuse Team within the QPS Vulnerable Persons Command so that there are an increased number of trained specialist elder abuse champions in police districts who can act as a resource for colleagues, attend case conferences and support complex elder abuse responses.	<b>24</b>
10.	That the Queensland Government align elder abuse training with existing DFV training frameworks to ensure consistency, efficiency and sector-wide awareness.	<b>25</b>
11.	Elder abuse should be explicitly incorporated into the DFV Common Risk and Safety Framework, mandatory public sector DFV training, and professional sector standards for health, policing, legal, housing, community and Qld Health-operated aged care services.	<b>25</b>
12.	To elevate the visibility, reach and grassroots engagement of World Elder Abuse Awareness Day, the Queensland Government should strengthen WEAAD by developing a coordinated statewide strategy with a dedicated small grants program and greater involvement of older people in designing and leading activities.	<b>25</b>

13.	The Queensland Government prioritise action to address the lack of timely access to aged care community care packages by strengthening interim state-funded support services.	<b>33</b>
14.	The Queensland Government invest in the development of dedicated safe housing options for older people escaping elder abuse, including crisis accommodation, transitional housing, and long-term affordable housing pathways. Housing solutions should be age-appropriate, accessible, located in safe communities, and linked with legal, health, and social support services to enable recovery, autonomy, and protection from further harm.	<b>34</b>
15.	The Queensland Government fund interim aged care packages for older people in crisis accommodation so that there are no gaps while navigating crisis and transition.	<b>34</b>
16.	That consultation with key stakeholders occur for the Queensland Government to identify how it can improve practice in terms of supported decision-making and implementation of the general principles for attorneys.	<b>38</b>
17.	Any person who engages in capacity assessments should have training about the legal aspects of capacity, how to assess for domain-specific decisions, and how to assess broadly and through a strengths-based perspective rather than relying solely on medical concepts.	<b>39</b>
18.	Capacity assessments should be subsidised for low-income earners.	<b>39</b>
19.	University education be strengthened in the areas of health and law for improved understanding of a rights-based approach towards capacity for decision-making.	<b>39</b>
20.	Funding should be allocated for free and legally informed EPOA drafting.	<b>39</b>
21.	Education on rights-respecting practice for prospective or current attorneys under an EPoA be developed and rolled out statewide.	<b>39</b>
22.	The Queensland Government provide more regular and clearer messaging about future planning and how legal documents as well as discussions with future attorneys can help. Currently the focus is upon Advance Care Planning funding but this is mainly focused upon health decision-making rather than all decisions for the future.	<b>39</b>
23.	That there be an independent review of the current Queensland Health to RACF pathway for discharge.	<b>40</b>
24.	That the Community of Practice: Capacity for Decision-Making receive ongoing funding for continued development of practice improvements in upholding the decision-making rights of older Queenslanders.	<b>42</b>
25.	Specialist elder abuse services receive expanded funding to provide education to attorneys, professionals and the community about attorney rights and responsibilities.	<b>42</b>
26.	That the Queensland Government take all reasonable steps to give effect to harmonisation of EPoAs and the development of a national registry for power of attorney documents.	<b>42</b>
27.	To better uphold the rights, autonomy, and dignity of older persons and adults with impaired decision-making capacity, the Queensland Government should support QCAT	<b>42</b>

	to fully implement the Australian Guardianship and Administration Council (AGAC) Best Practice Guidelines.	
28.	That elder abuse be integrated into DFV frameworks for protection and funding access, but also treated as a specialised, complex form of violence requiring distinct, rights-based responses tailored to what older people want and need.	<b>46</b>
29.	That Magistrates receiving training about DFV-elder abuse, the protection order conditions that are more likely to protect older people from harm, and that the Chief Magistrate’s newsletters regularly feature content on elder abuse to raise awareness and provide guidance on handling such cases effectively.	<b>46</b>
30.	That the Queensland Government facilitate work with the elder abuse sector on information sharing protocols to enhance how services can collaborate and share information in a rights-respecting way to address elder abuse.	<b>46</b>
31.	That the Queensland Police Service identify existing and potential best practice models for policing elder abuse to inform continuous improvement, specialised training, and stronger frontline responses to protect older Queenslanders.	<b>46</b>
32.	That the Queensland Law Reform Commission review how laws could be strengthened to protect an older <i>person</i> whose attorney under an EPoA is the respondent in DFV proceedings where the older person is the aggrieved.	<b>46</b>
33.	That existing DFV bodies responsible for raising awareness of DFV and coercive control, be mandated to collaborate with the elder abuse sector to develop an awareness raising campaign and communication strategy that includes how coercive control manifests for older persons, especially in the lesser understood instances of elder abuse.	<b>49</b>
34.	That the QPS engage in consultation with stakeholders to co-develop an elder abuse co-responding model through which police will collaborate with specialist elder abuse legal and support services.	<b>51</b>
35.	Following a consultation process, resources and funding be invested into a co-responder model trial with Caxton Legal Centre's Seniors Legal and Support Service and specific VPU's in Brisbane for a period of 12-36 months with an evaluation to follow.	<b>51</b>
36.	The Queensland Law Reform Commission be tasked with reviewing the legal gaps and recommending reforms around removing abusive ‘house guests’ in cases of elder abuse.	<b>51</b>
37.	That when domestic and family violence proceedings involve an older aggrieved person and a respondent with impaired capacity, Queensland courts, the Public Guardian, and support services work collaboratively to implement specialised risk assessments, coordinated safety plans, and ensure that both protection of the older person and appropriate guardianship or support arrangements for the respondent are addressed.	<b>52</b>
38.	The Queensland Law Reform Commission review how QCAT’s jurisdiction could be expanded to provide an accessible mechanism to resolve elder financial abuse involving family financial agreements.	<b>53</b>
39.	The Queensland Law Reform Commission assess the implications of abolishing the presumption of advancement and recommend any legislative changes. Reverse the	<b>53</b>

	onus of the Presumption to be on the transferor to provide contrary evidence that any property and/or money was a gift by the Transferee.	
40.	That a 10-year Plan to End the Abuse of Older Queenslanders be developed, in consultation with older persons and key stakeholders, to support and expand the Queensland Government’s commitments under the 10-year National Plan to End the Abuse of Older Australians.	54
41.	That two 5-year Action Plans be developed to implement the 10-year plan.	54
42.	That a governance framework for preventing and responding to elder abuse be developed. That this framework include: A. Whole-of-Government and Multi-Sector Coordination - establish a cross-sector elder abuse response that includes specialist elder abuse services, aged care, guardianship and administration, legal, health, housing, police, community services and financial institutions B. Dedicated Oversight and Advisory Bodies: create something akin to an Elder Abuse Prevention Council or advisory body to provide oversight, strategic advice, and public advocacy C. Clear Roles and Responsibilities: clearly delineate which agencies respond to elder abuse and how they coordinate community engagement and awareness: ramp up public campaigns to raise awareness of elder abuse, its signs, and where to get help—target older people, families, and carers D. Integrated Service Delivery: develop local integrated response networks/teams/panels involving specialist services, health professionals, legal support, advocacy services, etc E. Monitoring, Evaluation, and Data Collection: improve data collection on elder abuse incidents, responses, and outcomes noting the outcomes of the Department of Seniors consultation on a Data Governance Framework, and set up a monitoring and reporting framework tied to performance indicators. F. Workforce Development and Training: build capacity across sectors through elder abuse-specific training and professional development G. First Nations Inclusion and Cultural Responsiveness: ensure the framework includes culturally safe responses and First Nations leadership in elder abuse prevention and response strategies H. Funding and Resource Allocation: Secure sustained funding for prevention, response and reform – including an adult safeguarding body & helpline, specialist elder abuse services, community-based prevention, response and recovery options.	55
43.	That the Queensland Government establish an Elder Abuse Prevention Innovation and Research Fund to pilot, evaluate, and scale elder abuse prevention activities, with a focus on financial abuse, intergenerational strategies, and culturally responsive models.	56
44.	That the Queensland Elder Abuse Plan (refer above) include a cross-sector, cross-government prevention framework.	56

45.	That Queensland Health include in its communications and engagement strategy, public education and awareness campaigns aimed at preventing elder abuse.	<b>56</b>
46.	That the Queensland Government implement targeted strategies to prevent and respond to elder abuse experienced by LGBTIQ+ older people.	<b>57</b>
47.	That Queensland introduce an Adult Safeguarding Agency that gives Queenslanders a trusted, central body for safeguarding the rights of older Queenslanders whilst retaining and leveraging existing specialist elder abuse services and best-practice ways of working across systems.	<b>60</b>
48.	That holistic support for carers and families be prioritised in the development of prevention and early intervention responses that address elder abuse.  Recommendation: That support for carers and families where an older person is at risk of abuse be included as a priority area in the next iteration of the Queensland Carers Action Plan 2024-2026.	<b>61</b>
49.	For primary prevention targeting those who cause harm – an evidence-based five-year community education strategy should be delivered and evaluated in Queensland (or across Australia in conjunction with the Federal and other State and Territory Governments) that targets the various types of people causing harm to older people noting that awareness and education for exhausted carers has to be vastly different from education for an appointed attorney for an older person who is mixing older person’s funds with their own and misusing/stealing their funds.	<b>64</b>
50.	For early intervention targeting those who cause harm – an elder abuse ‘perpetrator’ strategy be developed to provide tailored early interventions.	<b>64</b>
51.	Targeting those who cause harm in First Nations communities – funding for community-controlled approaches towards preventing and responding to elder abuse.	<b>64</b>
52.	Strengthen system responses to prevent elder-abuse related deaths by implementing a coordinated, whole-of-government response to include improved identification of high-risk situations, cross-agency information sharing, (culturally safe) early intervention pathways, and enhanced support services for older people and their carers. Targeted reforms should ensure that older people at risk of serious harm are visible to services and supported before abuse escalates to fatal violence.	<b>66</b>
53.	Consider whether deaths occurring in RACS should be explicitly categorized (or the definition expanded) as reportable under the Coroners Act 2003 (Qld).	<b>66</b>
54.	Amend the Retirement Villages Act 1999 (Qld) and Manufactured Homes (Residential Parks) Act 2003 (Qld) to include a statutory duty of care for operators and park managers to take reasonable steps to prevent and respond to elder abuse including by staff. This should include a requirement for regular training, to have elder abuse policies and procedures in place to recognise signs of abuse, respond sensitively and appropriately and refer residents to relevant support services, and for the Department of Housing to have oversight of compliance.	<b>67</b>
55.	That the Queensland Government formally recognise and support the secondary consultation model as a key early intervention strategy for preventing elder abuse. This model allows frontline professionals—such as health workers, aged care staff, and	<b>68</b>

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community services—to seek timely, deidentified legal and social work advice from specialist elder abuse services without requiring immediate client engagement. Embedding and resourcing this approach across sectors would build workforce confidence, improve identification of abuse in its early stages, and facilitate safe, culturally appropriate responses that uphold the rights and autonomy of older people.

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