

The
STRATEGIC PLAN
for the
PREVENTION
of
ELDER ABUSE
in Queensland

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FOREWORD

A commitment to building an inclusive society in which all older people are valued and are free from abuse and neglect is particularly important in the context of Queensland's ageing population. Issues that affect older people, such as vulnerability to abuse and neglect, have implications for all Queenslanders, young and old. Elder abuse affects approximately three to five percent of the population and it is anticipated that the numbers of people affected will continue to grow. As members of a society in which elder abuse occurs, we all have a part to play in developing and implementing preventative strategies and providing effective responses.

The Prevention of Elder Abuse Task Force (PEAT Force) is a major outcome of the Queensland Law Society (Inc) Forum on Elder Abuse held in February 2000. At the forum a number of recommendations were made regarding actions to prevent elder abuse. The Task Force, comprising individuals representing key government, community, legal and academic sectors was formed to further these recommendations. The aim was to produce a multi-sectoral, cohesive strategic plan for the prevention of and responses to elder abuse in Queensland. The plan has been developed collaboratively with community organisations and builds on previous work conducted by various groups and organisations in the area of elder abuse prevention. It sets out five key result areas for preventing and responding to elder abuse, that with the commitment of government and community organisations, are realistic, attainable and measurable.

The Task Force members hope that the plan makes a significant positive contribution to the ongoing development of creative, evidence based strategies to prevent and address elder abuse in Queensland. As chair of the Task Force I would like to acknowledge and thank all members for their time, enthusiasm, hard work and determination in producing the strategic plan.

Dr Deborah Setterlund
Chair

INTRODUCTION

Nature of elder abuse

Abuse of older people is defined as any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse can include physical, sexual, financial, psychological and social abuse and/or neglect. (This is the working definition used by members of the Australian Network for the Prevention of Elder Abuse and the members of the Healthy Ageing Taskforce).

The different types of abuse are described below. It is very important that the specific type of abuse is identified as there are different contributory factors and interventions for each type of abuse. Abuse does not include self-neglect which is the failure to provide for one's own needs and well being; nor does it include crimes by unknown assailants. Assessments of a potential or actual situation of abuse should take account of the cultural context in which it has occurred.

Financial Abuse is the illegal or improper use of an older person's money or finances. It includes misappropriation of money, valuables or property; forced changes to a will or other legal document, denial of the right of access to, or control over, personal funds including withholding pension payments, forging of a signature on cheques, and misusing Power of Attorney.

Psychological Abuse is the infliction of psychological anguish, involving actions that cause fear of violence, isolation or deprivation, and feelings of shame, indignity and powerlessness. Psychological abuse includes verbal intimidation, humiliation, harassment, shouting, threats of physical harm or institutionalisation, withholding of affection, preventing the older person from seeing others and denial of the right to make one's own decisions.

Physical Abuse is the infliction of physical pain, injury or physical coercion. Examples include any form of assault such as hitting, slapping, pushing and burning and physical restraint such as tying a person in a chair or bed.

Sexual Abuse is abusive or exploitative behaviour, including rape, indecent assault, and sexual harassment.

Neglect is the failure to provide the necessities of life to a person for whom one is caring. Neglect can be intentional or unintentional. Unintentional neglect can occur when a person lacks the skills and knowledge to provide adequate care, is unaware of available community support services or is ill and unable to meet the person's needs. Neglect includes abandonment, non-provision of adequate food, clothing, shelter, medical care or dental care, inappropriate use of medication (including over medication), poor hygiene or personal care, and refusal to permit other people to provide adequate care.

Social Abuse refers to restricting or stopping social contact with others and/or activities.

Extent of elder abuse

The most reliable Australian prevalence studies suggest that elder abuse affects approximately three to seven percent of older people.^{1,2} Psychological abuse is the most common form of abuse with financial abuse identified as the fastest growing type of abuse.³ Elder abuse occurs in aged care facilities and in private domestic settings. Studies show that victims of elder abuse are primarily women with a disability and that increased disability leads to a greater likelihood of abuse. The majority of abusers are relatives of older people.

PEAT force continues to identify the need for further research at state, national and international levels and anticipates that the strategies in all Key Result Areas will contribute to the existing body of research.

Risk factors associated with elder abuse

Studies which have attempted to identify the causes of elder abuse suggest that a range of factors are implicated, one or more of which may be present in any abusive situation:

- individual pathology of the abuser or abused, for example, substance abuse or mental health problems;
- the dependency of the abused on the abuser for assistance with daily living and personal needs, for example, bathing, mobility, accommodation, financial or emotional support;
- a history of family violence;
- social isolation; and
- carer stress;
- opportunity and access to abuse.

Broader societal factors which may contribute to the conditions that allow abuse to occur include:

- negative societal attitudes towards ageing;
- stereotyping of older people as vulnerable and unaware of what is happening around them;
- the erosion of adult children's sense of responsibility for parents;
- conditioned acceptance of violence in society;
- increasing materialism;
- family attitudes towards inheritance and the control of assets of older people; and
- lack of protective mechanisms against financial abuse and limited community resources.

To date, theories of elder abuse have focused on understanding elder abuse as a form of domestic violence, as being associated with earlier experiences

of child abuse and as an outcome of carer stress. However, no one explanation fits all situations and a need for further theoretical development of the social factors that influence elder abuse has been identified.⁴

Responses to elder abuse

Current responses in Queensland range from the provision of community support services, alternate living arrangements, individual support, counselling, general support groups, co-ordination of services and specialist teams, empowerment and advocacy and legal interventions including criminal law, domestic violence legislation, substituted decision making legislation and guardianship legislation.

A number of government departments have implemented strategies across Queensland that are indirectly addressing elder abuse such as the,

- Indigenous Healing centres funded by the Department of Families, currently being established to address family violence and elder abuse;
- *Safe Families - Safer Communities* Policy Statement and Action Plan developed by the Domestic Violence Prevention Branch of the Department of Families;
- *Our Shared Future : Queensland's Framework for Ageing 2000 – 2004*, the whole of government strategic plan on ageing; and
- Queensland Crime Prevention Strategy – *Building Safer Communities* developed by the Department of the Premier and Cabinet.

Further to this, recently enacted amendments to the Domestic Violence (Family Protection) Act 1989 broaden the legislation to incorporate elder abuse and other forms of violence and abuse occurring in families and intimate relationships.

The Elder Abuse Prevention Unit (EAPU)

The Elder Abuse Prevention Unit (EAPU) is solely dedicated to responding to elder abuse in Queensland. It is funded by the Department of Families and currently auspiced by Lifeline Brisbane. The EAPU raises awareness about the nature and extent of elder abuse in the community by preparing resources and engaging with community groups. It also educates community services to recognise and respond appropriately to cases of elder abuse. The EAPU operates a State-wide 1300 telephone helpline which provides information and support to older people, family members, carers and members of the community about elder abuse. It has 3.5 full-time staff in Brisbane and three half-time workers in Cairns, Rockhampton and Warwick.

The Adult Guardian

The Adult Guardian is an independent statutory officer appointed to protect the rights and interests of adults with impaired capacity. The Office of the Adult Guardian is administered by the Department of Justice and Attorney-General and currently has ten staff members with likely expansion to 17 in the near future. The Adult Guardian has investigative and protective powers

under the *Guardianship and Administration Act 2000* to act in relation to allegations of neglect, exploitation and abuse of adults with impaired capacity.

Powers of the Adult Guardian include the right to:

- obtain information relating to an investigation;
- require a person to give evidence;
- conduct an audit; and
- make an application to the Guardianship and Administration Tribunal for a warrant to remove a person to a place of safety where there are reasonable grounds for suspecting there is an immediate risk of harm because of neglect, exploitation or abuse.

The Adult Guardian can also be appointed as attorney for personal matters and as guardian for an adult with impaired capacity.

Accreditation and standards monitoring processes for Commonwealth aged care facilities, along with the Home and Community Care program's Standards Instrument, also serve to protect older people from abuse. The aim of these mechanisms is to ensure that older people are receiving high quality care in both community and residential settings.

While mandatory reporting of elder abuse exists in some States of the United States of America, it has not been adopted in the Australian context. In the United States, elder abuse refers to the abuse of older adults with impaired capacity. The abuse of all other adults is considered within the context of domestic violence.

In Queensland the abuse of adults is considered within the context of family violence and the criminal justice system. However with the anticipated enactment of proposed amendments to the Domestic Violence (Family Protection) Act 1989, elder abuse will be legislated against as an offence.

Mandatory reporting of elder abuse in Australia would limit an adult's right to make decisions for themselves and breach the principle of self-determination. All professionals providing services and support to older people who suspect a person is being abused, have a legal 'duty of care' to the patient/client which is mandatory. This requires them to act according to the patient's/client's best interests. Acting in the best interests of the person is another one of the principles underpinning this strategic plan.

Note : Adults with impaired capacity who are abused can be referred to the Office of the Adult Guardian for appropriate intervention.

Cost of elder abuse to the community and governments

The financial cost of elder abuse to the community and governments is under researched in Australia. The most comprehensive study available shows that in New South Wales, elder abuse increased costs of services provided to people affected by elder abuse by \$311 per person per week.⁵ This adds around \$300 million per year to service costs in that state. Crisis care costs dominated these service costs. There is no reason to doubt that these estimated costs would not be similar in Queensland.

The prevention and alleviation of elder abuse is a challenging issue for governments, professionals and communities. The profoundly damaging impacts of elder abuse on older people, the complex causal factors and the array of sectors and professional groups which have a duty to respond to the problem, suggests a coordinated strategy for elder abuse prevention and alleviation is both necessary and timely. The need for a coordinated strategy for the prevention of elder abuse was highlighted at the Forum on Elder Abuse hosted by the Queensland Law Society (Inc) in February 2000 and was a major factor which led to the establishment of the Prevention of Elder Abuse Task Force (PEAT Force).

FORMATION OF PEAT FORCE

The Queensland Law Society (Inc) Forum on Elder Abuse brought together a number of stakeholders with expertise and interest in the area of elder abuse prevention. Representatives from government, legal, health, social work, the community sectors, including older people's representative organisations, attended and papers were presented by a number of participants. Four key areas relating to the issue of elder abuse formed the basis of small discussions at the forum. The purpose of these group discussions was to identify the key issues and make recommendations for action. The four key areas were:

- Financial abuse
- Mandatory reporting
- Non-spousal elder abuse
- Educational/awareness raising

The consensus amongst participants at the conclusion of the forum was that the recommendations for each key area be carried forward into action. Representatives from government and legal professions took the initiative to invite a small group of representatives from key sectors to form a task force to further the recommendations from the forum. The task force members agreed that the development of a strategic plan would provide the framework for enabling the recommendations to be progressed.

The Task Force comprised of representatives from:

- The Office of the Adult Guardian
- Geriatric Medicine and Rehabilitation, Prince Charles Hospital
- Queensland Law Society, Aged Care and Accommodation Committee
- Seniors Interests Branch, Department of Families
- Elder Abuse Prevention Unit
- School of Social Work and Social Policy, The University of Queensland
- Caxton Legal Centre
- Older Persons' Advocacy Service
- Australian Pensioners' and Superannuants' League

The first part of the process of developing the strategic plan involved identifying key areas relating to the prevention of elder abuse where strategies could be developed to produce better outcomes. A summary of the detailed recommendations from the Forum on Elder Abuse and suggestions derived from task force members' experiences and knowledge in the area of elder abuse were used as a basis for identifying key areas in which results could be achieved. Five key result areas described below emerged from this process. They represented the areas which were perceived to be crucial to better address elder abuse. They were also identified as areas where change strategies could be most effectively implemented.

The Five Key Areas are :

- raising community awareness about elder abuse
- implementing community response models and most effective practice for elder abuse prevention
- professional education and training
- competency
- legislative responses

The second part of the process of developing this strategic plan involved Task Force members meeting in sub-groups to develop specific outcomes, strategies and performance indicators.

A third aspect of the process involved sending the strategic plan to key government and community organisations to obtain their feedback and to identify ways in which organisations currently are involved, and/or would wish to be involved, in the strategies identified. The Task Force sub-groups were then reconvened for the purpose of incorporating community feedback into the strategic plan and allocating key result areas to different Task Force members, who will act as a contact point for initiating strategies and involving key groups.

The final aspect of the process has been to increase representation from key stakeholders on the Task Force, particularly from the areas of health and Indigenous and culturally diverse communities. It is envisaged that the Task Force sub-groups will take a facilitative role in continuing to consult with the broader community and in developing and implementing the key result area strategies.

In particular PEAT Force will keep informed of government and community initiatives to address family violence. In relation to these initiatives it will act as a reference group, and work collaboratively with key stakeholders towards reducing the impact of abuse in our community.

FRAMEWORK

VISION

This Strategic Plan aims to:

Contribute towards a society in which older people are valued and unconstrained by abuse, by developing community based strategies and encouraging government policies and initiatives which raise awareness of elder abuse, provide assistance to those who experience abuse and prevent the occurrence of abuse.

VALUES / PRINCIPLES

For the Strategic Plan the Task Force adopted the principles set out in the response by Department of Families to the abuse of older people. These are:

- **Decision making capacity:** All adults are assumed to be capable of making informed choices and decisions regarding their own lives, unless shown otherwise.
- **Self determination:** Individuals are to be encouraged and assisted to make their own decisions, provided with information about all relevant options and given the choice to refuse services if able to do so. Even when people can not make all of their own decisions, their views should be taken into account.
- **Interests of the older person:** The rights, safety and well being of an older person should be the first consideration in responding to abusive situations.
- **Confidentiality** should be guarded and respected at all times in accordance with legal obligations, professional ethics and cultural practices.

- **Interventions** should be aimed at preventing and stopping further abuse, while preserving the benefits of existing relationships. The older person has a right to the support of a person of their choice if intervention is seen as necessary.
- **Responses** should be achieved through forming strategic partnerships across the state to focus energy and ideas and to ensure cost effectiveness.

KEY RESULT AREAS

1. RAISING COMMUNITY AWARENESS ABOUT ELDER ABUSE

Outcome

Improved community awareness of the nature of elder abuse, preventative measures that can be taken and services and options that are available to address elder abuse.

Elder abuse is an emotive, largely invisible issue that challenges beliefs about the sanctity of family relationships. These factors may make it difficult for communities to take collective responsibility for recognising and addressing elder abuse and may constrain those directly affected by abuse from seeking assistance.

It is only relatively recently that elder abuse has received attention as a social issue by the wider community. The extent to which the issue is well understood by the community has not been systematically evaluated. It is probable that media coverage of individual incidents of elder abuse alerts community members to the existence of abuse and its impact on those who are abused. However, understanding of the different types of elder abuse, the nature of abuse, the preventative steps that can be taken and the available avenues for assistance are unlikely to be widely known. Strategies aimed at raising community awareness about key aspects of elder abuse are therefore needed. Such strategies would be based on the principles of **empowerment**, positive images of ageing and sensitivity to cultural differences in the community. The strategies would aim to raise public awareness generally and awareness among older people, family members and unpaid carers specifically.

Strategies and Performance Indicators

Strategies	Performance Indicators
<p>1. Research, develop and implement most effective practice community awareness raising initiatives for the diverse and decentralised Queensland context, based on research findings and a positive view of ageing.</p>	<p>Note 1: Performance indicators refer to the outcome for the key result area and do not necessarily link with a specific strategy</p> <p>Note 2: Facilitators refer to services acting as a contact point for initiating strategies and involving key groups</p> <p>1. Survey a sample of older people and service providers about their current awareness of elder abuse and use this data as a benchmark for the evaluation of community awareness raising strategies.</p> <p>Facilitator University of Queensland, APSL, EAPU</p> <p>Timeframe Within 12 months</p>
<p>2. Develop a co-ordinated approach to raising awareness about elder abuse with key government and community based organisations and groups involving older people.</p>	<p>2. A coordinated approach to raising awareness about elder abuse is developed and implemented.</p> <p>Facilitator Seniors Interests Branch, EAPU and (Domestic Violence Prevention Branch when amendments proclaimed)</p> <p>Timeframe Within 2 years</p>
<p>3. Disseminate information about elder abuse</p>	<p>3. Information is disseminated</p> <p>Facilitator Seniors Interests Branch, EAPU</p> <p>Timeframe ongoing</p>

<p>4. Develop awareness raising activities that are appropriate to Indigenous older peoples and people from culturally diverse backgrounds.</p>	<p>4. A plan of awareness raising activities is developed and implemented.</p> <p>Facilitator APSL, EAPU, Department of Aboriginal and Torres Strait Islander Policy</p> <p>Timeframe Within 12 months</p>
<p>5. Hold forums and activities for older people on elder abuse.</p>	<p>5. The forums and activities are held and evaluated.</p> <p>Facilitators EAPU, APSL</p> <p>Timeframe within 12 months and ongoing</p>

2. IMPLEMENTING COMMUNITY RESPONSE MODELS AND THE MOST EFFECTIVE PRACTICE FOR ELDER ABUSE PREVENTION

Outcome

Community response models to respond to elder abuse in different communities, using the most effective methods available, are developed, implemented and evaluated.

Response to elder abuse is often bound by the context (eg medical, legal) in which it is raised. There is growing evidence that elder abuse is most effectively addressed when local communities take ownership of the issue and the responsibility for prevention and intervention. This involves effective collaboration between different service sectors in the community and the development of strong, supportive networks in the community that actively link with families and individuals. A community response model is congruent with current healthy ageing initiatives which include a focus on positive images of ageing, inclusiveness and participation.

Strategies and performance indicators

Strategies	Performance Indicators
1. Identify national and international most effective community response models currently operating to prevent elder abuse.	<p>Note 1: Performance indicators refer to the outcome for the key result area and do not necessarily link with a specific strategy</p> <p>Note 2: Facilitators refer to services acting as a contact point for initiating strategies and involving key groups</p> <p>1. A paper documenting national and international community response models is written and made available to key stakeholders for comment.</p> <p>Facilitators Seniors Interest Branch, EAPU</p> <p>Timeframe within 12 months</p>
2. Identify and develop partnerships between government and community agencies necessary for implementing most effective practice community response models for elder abuse prevention in Queensland	<p>2. Partnerships and networks are established between key government and community agencies and processes are in place to facilitate communication between the agencies</p> <p>Facilitators Seniors Interest Branch, EAPU</p> <p>Timeframe Within 2 years</p>
3. Conduct a case study evaluation within one community which is using a community response model of prevention of elder abuse and compare results with	<p>3. The case study evaluation of a community response model operating in Australia is conducted and documented</p>

other approaches	Facilitator EAPU Timeframe Within 18 months
4. Research how best practice community response models can be applied to local Queensland communities, paying attention to the needs of ethnic, Indigenous, rural, remote and urban communities.	4. The results of this research are made available to key stakeholders and Implementation is sought within existing and future service provision that responds to elder abuse. Facilitators Seniors Interest Branch, Department of Aboriginal and Torres Strait Islander Policy, EAPU. Timeframe Within 2 years and ongoing

3. PROFESSIONAL EDUCATION AND TRAINING

Outcome

Professionals, service providers and informed intermediaries are aware of elder abuse, have knowledge and skills for identifying abuse and potentially abusive situations and have knowledge of referral and support systems.

A range of professionals and others who are in contact with older people are strategically situated to identify, respond to and prevent elder abuse. However, a limited consensus on what constitutes elder abuse, difficulties in intervening in complex family dynamics and limitations in appropriate resources present barriers to early intervention and prevention of elder abuse. Workers are also constrained by ethical tensions between a duty of care to protect and responsibilities to uphold an older person's right to self determination and a lack of a clearly defined authority to intervene. Educational programs need to address ethical dilemmas, issues related to authority, established protocols for identification and prevention of abuse and resource and referral networks.

Education and training programs will target professionals, informed intermediaries, consumer and carer groups and educational institutions. Professional groups include lawyers, medical practitioners, social workers, allied health professionals and community nurses, Aged Care Assessment Team (ACAT) members and Indigenous health workers.

Informed intermediaries are particularly important for groups who may experience difficulties in accessing mainstream services and information. Such groups include people from culturally diverse backgrounds, people from rural areas, and people with high levels of disability. Informed intermediaries include advocacy service staff, Aboriginal and Torres Strait Islander workers, Justices of the Peace, ethnic community workers, respite care co-ordinators, community visitors, banks, domiciliary service providers, members of the police force, retirement village managers and aged care facility managers.

Educational institutions teaching a variety of professional disciplines, the Police Academy, and professional associations providing continuing education programs are also a target for education and training. Consumer groups would include consumer organisations such as Australian Pensioners' and Superannuants' League, Council on the Ageing Queensland, and the Older Women's Network.

The education and training programs should promote positive images of older people, be tailored to suit the educational needs of each particular target group and incorporate a variety of methods. They should build on educational packages such as the recently endorsed National Domestic and Family Violence National Competency Standards, as well as existing educational and resource networks. The programs should also link with other key result areas such as the community education program and educational strategies in regard to competency tools. The emphasis should be on developing locality based responses and referral networks and relevant, accessible and easily updated materials.

Strategies and performance indicators

Strategies	Performance Indicators
1. Identify existing materials and programs and their target groups and ensure that strategies link with and do not duplicate existing resources.	<p>Note 1: Performance indicators refer to the outcome for the key result area and do not necessarily link with a specific strategy</p> <p>Note 2: Facilitators refer to services acting as a contact point for initiating strategies and involving key groups</p> <p>1. Demonstrated linkages with existing programs and materials which are compiled into a resource data base.</p> <p>Facilitator EAPU Timeframe Within 12 months</p>
2. Identify the educational focus of programs based on an understanding of the role of the various groups in identifying, intervening in and preventing elder abuse.	<p>2. Feedback on the relevance of the educational program to group needs and interests.</p> <p>Facilitator Seniors Interests Branch, EAPU Timeframe Within 6 months</p>
3. Identify target groups for educational training programs and initiate discussion with peak professional bodies as well as the Australian National Training Authority. Members of target groups will include professionals, informed intermediaries, service providers, consumer groups.	<p>3. Demonstrated targeting of diverse groups.</p> <p>Facilitator Seniors Interests Branch, EAPU Timeframe Within 6 months</p>
4. Develop a range of educational processes that are brief, accessible and easily updated. These may include fact sheets, check lists, in service training, "train the trainer" programs, information kits, professional seminars, and web based information.	<p>4. Diversity of programs and percentage of groups reporting satisfaction with the materials.</p> <p>Facilitator Seniors Interests Branch, EAPU, Department of Aboriginal and Torres Strait Islander Policy and (Domestic Violence Prevention Branch when amendments proclaimed) Timeframe Within 2 years</p>
5. Promote awareness of the Elder Abuse Prevention Unit as a central point of reference among medical, health care and legal professionals, informed intermediaries and service providers	<p>5. Increase in the range and number of groups and organisations contacting the central point of reference for information and advice</p> <p>Facilitator EAPU Timeframe Ongoing</p>

4. COMPETENCY - DECISION MAKING CAPACITY

Outcome

Three separate, but related outcomes are sought in relation to competency:

- 1. Lawyers, Justices of the Peace and Commissioners of Declaration are skilled in witnessing enduring documents.**
- 2. Health care professionals, aged care and disability service providers have a greater understanding of the issues related to capacity.**
- 3. A central point of reference for issues relating to capacity is established in Queensland**

When signing an Enduring Power of Attorney (EPA) a donor must have the mental capacity to understand the nature and effect of the power given. This capacity includes the ability to make the EPA freely and voluntarily. If a donor does not have such capacity the validity of the EPA may be questioned and the EPA may be declared void. Professional and community understanding about the degree of capacity required to make an EPA and to undertake transactions is a significant concern. Legal and medical practitioners who have a duty to ensure that their clients or patients are competent to sign an EPA may be uncertain about how to determine whether a person has the necessary capacity. They may also use widely varying tests of competence. There is a need for a range of strategies to ensure that professionals understand the complex issues surrounding assessment of competence and are skilled in assessing competence.

Strategies and performance indicators

Outcome 1 Strategies	Performance Indicators are the same for Outcomes 1, 2 and 3 Note 1: Performance indicators refer to the outcome for the key result area and do not necessarily link with a specific strategy Note 2: Facilitators refer to services acting as a contact point for initiating strategies and involving key groups
1. Develop a checklist of key points to consider when witnessing documents.	1. Percentage of Lawyers, Justices of the Peace and Commissioners of Declarations reporting use of checklist Facilitator Office of the Adult Guardian Timeframe Within 2 years
2. Produce a booklet on the elements of capacity.	2. Number of checklists and booklets distributed Facilitator Office of the Adult Guardian Timeframe Within 2 years
3. Distribute the booklet and checklist to lawyers, Justices of the Peace and Commissioners of Declarations.	3. Number of booklets and checklists distributed Facilitator Office of the Adult Guardian Timeframe Within 2 years
4. Material to be made available on the internet.	4. Number of Internet contacts Facilitator Office of the Adult Guardian Timeframe Within 2 years
5. Promote the availability of the checklist and booklet through professional networks and newsletters.	5. Number of articles published and number of times promoted Facilitator Office of the Adult Guardian Timeframe Within 2 years
6. Undertaken professional education on the witnessing of enduring documents.	6. Number of professional education activities undertaken Facilitator Office of the Adult Guardian Timeframe Within 2 years

Outcome 2 Strategies	
7. Facilitate opportunities for professional; education relating to the assessment of capacity	7. Percentage of relevant health professionals reporting their satisfaction with material produced Facilitator Office of the Adult Guardian Timeframe Within 6 months and ongoing
8. Develop and distribute material on the elements of capacity to medical, health and allied professional who may need to or be asked to assess capacity.	8. Amount of written material distributed Facilitator Office of the Adult Guardian Timeframe Within 6 months and ongoing
9. Develop and distribute material for professional, aged care and disability service providers who may need to consider issues relating to capacity.	9. Number of professional education activities addressing the assessment of capacity Facilitator Office of the Adult Guardian Timeframe Within 6 months and ongoing
Outcome 3 Strategies	
10. Opportunities for professional education relating to the assessment of capacity.	1. Number of people/agencies contacting the central point of reference for information/advice on capacity issues. Facilitator Office of the Adult Guardian Timeframe Within 12 months and ongoing
2. Develop and distribute material on the elements of capacity to medical, health and allied professionals who may need to or be asked to assess capacity.	11. Percentage of people contacting the central point of reference who are satisfied with information provided. Facilitator Office of the Adult Guardian Timeframe Within 12 months and ongoing
12. Develop and distribute material for professionals, aged care workers and disability service providers who may need to consider issues relating to capacity.	12. Amount of material distributed. Facilitator Office of the Adult Guardian Timeframe Within 12 months and ongoing

5. LEGISLATIVE RESPONSES

Outcome

1. **Government, policy makers and stakeholders are aware of, and attuned to, current laws in relation to elder abuse.**
2. **A systematic compilation of all current laws at Federal, State and Local level impacting on elder abuse is undertaken.**
3. **Recommend changes to Government for improvements to laws that impact adversely on older people in relation to elder abuse.**

Laws that have an impact on older people, and the abuse of older people, can have a significant part to play in alleviating the propensity and opportunity for abuse. Through the enactment of proposed amendments to the Domestic Violence (Family Protection) Act increased protection from elder abuse will be provided. However, given the increased vulnerability of some older people, the law can often be the last bastion of recourse and protection for them. Therefore it is vital to ensure that the law is discretely targeted at the abuse and the abuser, and is responsive to the needs of the abused.

PEAT Force has already identified areas of the law that justify closer examination in this context, including:

- the reform of the law of constructive trusts and caveatable interests in the context of 'granny flats';
- examination of the advisability of requiring formal witnessing requirements for a Will similar to that required for an Enduring Power of Attorney;
- investigation of the efficacy and potential conflict of interest in professionals such as lawyers acting as Enduring Attorneys; and
- the need for, and consequences of, a requirement for an Enduring Power of Attorney and an Advance Health Directive to be registered.

There is an overriding and immediate need however for a proper and thorough analysis of current laws and their adequacy. Combined with this, a continuing evaluation of the application of such laws and the need for further intervention by the law to prevent the abuse of older persons may also generally need to be examined.

Strategies and performance indicators

Strategies	Performance Indicators
<p>1. Research and identify key government departments and agencies that play a role in the lives of older persons through the application, interpretation, enforcement or reform of laws and regulations.</p>	<p>Note 1: Performance indicators refer to the outcome for the key result area and do not necessarily link with a specific strategy</p> <p>Note 2: Facilitators refer to services acting as a contact point for initiating strategies and involving key groups</p> <p>1. A compendium of influential and active government entities has been established and targeted.</p> <p>Facilitator Seniors Interests Branch</p> <p>Time Frame Within 12 months</p>
<p>2. Research and analyse all laws impacting specifically on elder abuse, including Federal, State and Local levels. This will commence with laws in respect to potential financial abuse.</p>	<p>2. Production of information detailing legislation in relation to Elder Abuse in plain English.</p> <p>Facilitator Caxton Legal Service, Seniors Interests Branch, and Brian Herd</p> <p>Time Frame Within 18 months</p>
<p>3. An ongoing and ad hoc working group comprising government and key stakeholder is formed to act in a review and reform capacity making recommendations to government on legislative initiatives for change or improvements in laws.</p>	<p>3. The group reviews and makes recommendations on legislative initiatives.</p> <p>Facilitator Seniors Interests Branch, EAPU</p> <p>Timeframe Ongoing</p>
<p>4. Research laws in other jurisdictions both here in Australia and overseas that may be of assistance and provide further insight into how other communities approach the issues.</p>	<p>4. A comparative analysis of Elder Abuse laws and other initiatives is compiled.</p> <p>Facilitator B Herd</p> <p>Timeframe Within 12 months</p>

CONCLUSION

This strategic plan aims to provide a coordinated, cross sectoral response to the prevention of elder abuse in Queensland. The five key result areas and accompanying strategies identified are not exhaustive. They are the areas of most concern currently to stakeholders and those where groups have identified a willingness to be involved in a range of actions. The plan takes a flexible and collaborative approach and is designed to be responsive to the changing policy and service delivery context. It should enable a range of groups, organisations and areas of government, both those who have an interest involved in elder abuse prevention and those already in the area, to work together to pursue intended outcomes. PEAT Force will continue to take a coordinating role in relation to keeping up to date with policy and research initiatives in the area of elder abuse prevention, coordination and evaluation of the action strategies.

GLOSSARY

ACAT	Aged Care Assessment Team
AHD	Advanced Health Directive
ANPEA	Australian Network for the Prevention of Elder Abuse
APSL	Australian Pensioners' and Superannuants' League
EAPU	Elder Abuse Prevention Unit
EPA	Enduring Power of Attorney
PEAT Force	Prevention of Elder Abuse Task Force

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APPENDIX Number 1

Task Force members representing key stakeholders as at July 2001

- Mr Jim Cockerill (Adult Guardian)
- Dr Chris Davis (Director of Geriatric Medicine and Rehabilitation, Prince Charles Hospital)
- Mr Brian Herd (Lawyer, Carne and Herd Solicitors)
- Ms Peta Jervois (Director, Seniors Interests Branch, Department of Families)
- Mrs Cheryl Hastie (Policy Officer, Seniors Interests Branch, Department of Families)
- Ms Chris Procopis (Co-ordinator, Elder Abuse Prevention Unit)
- Ms Helen Missen (Project Officer, Elder Abuse Prevention Unit)
- Dr Deborah Setterlund (Chair, lecturer, School of Social Work and Social Policy, The University of Queensland)
- Dr Cheryl Tilse (Lecturer, School of Social Work and Social Policy, The University of Queensland)
- Ms Roslyn Munro (Lawyer, Caxton Legal Centre)
- Mr Steven Knight (Queensland Aged and Disability Advocacy service)
- Mrs Yvonne Zardani (Secretary, Australian Pensioners' and Superannuants' League)

Please note :

Guest representatives have included Ms Mariya Ignatievsky, Commonwealth Department of Health and Aged Care and Ms Linda McBride, Department of Aboriginal and Torres Strait Islander Policy. Representation has also been sought from culturally diverse communities, health and other fields.

APPENDIX Number 2

Key Stakeholders in Response to Elder Abuse

Aged Care Queensland Inc

Council on the Ageing Queensland Inc

Ethnic Communities Council of Queensland

National Seniors Association

Older Peoples' Organisations

Older Women's and Qld Rural Women's Network

Queensland Council of Carers Inc

Queensland Council of Social Service Inc

Elder Abuse Prevention unit

Australian Justice & Reform Inc

Healthy Ageing Unit, University of Queensland

Universities, TAFE and Training Providers

Queensland Aged and Disability Advocacy Service

Solicitors and Legal Centres

Queensland Law Society

Divisions of General Practice

Senior Citizens Centres

Diversicare

Victims of Crime Association

Carer Respite Centres

Blue Care

Migrant Resource Centres

Clergy and Pastoral Care workers
Neighbourhood and Community Centres

Aged Care Assessment Teams
Hospitals
60'S & Better Programs
Australian Pensioners and Superannuants League
St Vincents Community Services
Clergy and Pastoral Care workers
Alzheimer's Association of Queensland
Womens Health Centres
Multicultural Affairs Queensland
Rural Allied Health Team
Domestic Violence Regional Services
The Domestic Violence Telephone Service
Home and Community Care program
Community Health centres
St Luke's Nursing Service

Aboriginal, Torres Strait and South Sea Islanders
Councils of Elders

Aboriginal, Torres Strait Islander Home and
Community Care, Aged and Disabled services

Department of Aboriginal and Torres Strait Islander
Policy

Centrelink

Queensland Police Service

Justice of the Peace Commission

Department of Families Regional Offices

Seniors Interests Branch, Department of Families

Domestic Violence Prevention Branch,

Department of Families

Queensland Health

Disability Services Queensland

Department of Justice and Attorney General

Office of the Adult Guardian

Office of the Public Trustee

Guardianship and Administration Tribunal

Community / Social workers, Aged Care workers,
Counsellors and other professionals who respond to
victims of elder abuse and their families and
associates.

APPENDIX Number 3

List of Respondent groups / organisations to the draft Strategic Plan

- Aged Care Assessment Service (Maryborough Hospital)
- Australian Bankers Association
- Blue Care
- Brisbane North Division of General Practice
- Cairns City Council
- Chermside and District Senior Citizens Centre Inc. "Burnie Brae"
- Childers Neighbourhood Centre
- Community Health, Smithfield community, Cairns
- Council on the Ageing
- Department of Aboriginal and Torres Strait Islander Policy
- Department of Families, Caboolture and Redcliffe Peninsular region
- Department of Families, Mackay Whitsunday region
- Department of Justice and Attorney General
- Elder Abuse Prevention Unit
- Guardian and Administration Tribunal
- Healthy Ageing Unit, University of Queensland
- Multicultural Affairs Queensland
- Queensland Aged and Disability Advocacy Service
- Queensland Council of Carers
- Queensland Public Service Retired Officers' Association Inc.

- Queensland Retired Teachers' Association