

SELECT COMMITTEE INTO ELDER ABUSE

INQUIRY INTO ELDER ABUSE



**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
MONDAY, 12 MARCH 2018**

Members

**Hon Nick Goiran, MLC (Chair)
Hon Alison Xamon, MLC (Deputy Chair)
Hon Matthew Swinbourn, MLC
Hon Tjorn Sibma, MLC**

Hearing commenced at 9.52 am**Ms DIEDRE TIMMS****Chief Executive Officer, Advocare, sworn and examined:**

The CHAIRMAN: On behalf of the committee, I would like to welcome you to the meeting. Before we begin, I need to ask you either to take the oath or affirmation.

[Witness took the affirmation.]

The CHAIRMAN: You will have signed a document entitled “Information for Witnesses”. Have you read and understood that document?

Ms TIMMS: Yes.

The CHAIRMAN: These proceedings are being recorded by Hansard and broadcast on the internet. A transcript of your evidence will be provided to you. To assist the committee and Hansard, please quote the full title of any document you refer to during the course of this hearing for the record. Please be aware of the microphones and try to talk into them. Ensure that you do not cover them with papers or make noise near them. I remind you that your transcript will become a matter for the public record. If for some reason you wish to make a confidential statement during today’s proceedings, you should request that the evidence be taken in closed session. If the committee grants your request, any public and media in attendance will be excluded from the hearing. Please note that until such time as the transcript of your public evidence is finalised, it should not be made public. I advise you that publication or disclosure of the uncorrected transcript of evidence may constitute a contempt of Parliament and may mean that the material published or disclosed is not subject to parliamentary privilege. Would you like to make an opening statement to the committee this morning?

Ms TIMMS: Yes. My opening statement is about the appalling situations our older people find themselves in. I really want to thank the committee in your capacity to raise awareness of the circumstances older people find themselves in. I do not think people actually believe elder abuse happens, because it happens behind closed doors on a lot of occasions and in residential facilities where we do not have enough eyes and ears.

The CHAIRMAN: Thank you. Ms Timms, what I propose to do this morning is just to ask a series of questions—my colleagues will obviously involve themselves in that as well—and just to do that as per the terms of reference of the committee. Advocare has kindly sent a very substantial submission to the committee, which we have had the opportunity to digest. In that you have also taken the opportunity to go through each one of the terms of reference. If you are content, we will get started.

Ms TIMMS: Yes.

The CHAIRMAN: The first term of reference for the committee is to determine an appropriate definition of elder abuse. I see in your submission that Advocare supports the World Health Organization definition of elder abuse, due to its broad scope, and believes that relationships should include professionals that older people interact with, including bank employees, care providers and lawyers et cetera. Advocare is part of APEA.

Ms TIMMS: Yes.

The CHAIRMAN: The APEA definition is more narrow than the World Health Organization's. To the extent that you can, can you explain to us why it is that APEA has a more narrow definition than the one that Advocare would prefer?

Ms TIMMS: I think it is a historical context, really. We have just developed the new elder abuse guideline protocols, and in that document APEA has accepted the World Health Organization definition. I think limiting elder abuse to those very personal relationships excludes responsibility where an older person could be supported by professionals. A lot of financial abuse happens through the banking process, and if we could educate banking staff to be more aware and also give them the appropriate response mechanisms for responses—sometimes they can see it but do not know what to do.

The CHAIRMAN: Is the WHO definition now becoming more prevalent in its use?

Ms TIMMS: It will be interesting because of the work that the Australia Institute of Family Studies is doing at the moment. They are also looking at trying to find a definition to use in Australia. Our submission to that also encouraged the World Health Organization definition. As many of you know, you were at the recent conference on elder abuse, and there was discussion and a workshop on the day after the conference closed around what definition, and it is looking at a more broader definition rather than a narrow definition, which will restrict our responses.

Hon ALISON XAMON: Because I am conscious that the WHO definition also talks about a lack of appropriate action, and we are talking now about including the scope of professionals who have a role, I know from the information we have been receiving that part of the problem is the failure of various professionals who are interacting with older people to potentially identify and act on instances of elder abuse. I am concerned; does that actually leave the scope almost too broad, because, as has been previously discussed, there is a duty of care already by professionals towards their clients? I am wondering whether there is a risk that you make it too broad.

Ms TIMMS: I think we are really trying to heighten the issue, and by increasing people's responsibility, I just hope that they become more aware that older people are at risk of abuse. Sometimes we hear of situations in which family members neglect older people and sometimes people are not aware that that is what they are doing because they are not letting them go out to social events or they are not facilitating their engagement in community and that is actually a form of neglect, but we need the words to have the conversation. That is what I am hoping we will be able to do. To broaden the scope is to be able to have more people in the tent than out of the tent, I suppose.

Hon MATTHEW SWINBOURN: Thanks for coming today. The definition for the World Health Organization uses the term "older person". That inherently lacks any kind of boundary. I suppose the problem that we have is that once again there are too broad boundaries. Is there any sort of view that you have in relation to, perhaps, how do we define these elder people that we want to put into this particular area, because we talk about a single or repeated act or lack of appropriate action occurring with any relationship where there is an expectation of trust which causes harm or distress to an older person? If we take out the word "older", we could apply that to anybody, and we are trying here to focus on the elders. Do you have any comments around how we define elder? It is really hard and I appreciate that, and we attended the conference, and a lot of that was saying that they are not a homogenous group; we have to think about agency. People in their 90s are still often very able to look after themselves, but sometimes people in their 50s cannot. Do you have anything that you can offer to us there?

[10.00 am]

Ms TIMMS: Most of the funding that Advocare has in that older space is around people 65-plus or 50 if Indigenous. Because our funding is guided towards those ages, that is where we tend to put our work. A lot of people at 65 are working and very capable and competent but some people are not. I think it is more a matter of circumstance than a matter of age. You are right; people at 90 are very capable of looking after themselves at home and do not need intervention or support from people, which is fantastic.

Hon ALISON XAMON: Would you generally suggest that as a general guideline, we would be looking at 65-plus or 50-plus for Aboriginal Australians?

Ms TIMMS: Yes.

Hon TJORN SIBMA: Thank you, Ms Timms, for appearing before us today. You extol the benefit of a broader definition. In your professional judgement, does that also load in problems with data capture and prevalence because there is obviously another term of reference for this committee and a theme that was consistent on this subject and through the national conference is quantifying the problem. Do you see the WHO definition as leading to perhaps better data capture or is there something lost in doing that?

Ms TIMMS: I think anything we can do to improve data capture will be a way forward. The challenge with data capture is people actually coming forward and recognising they are in the circumstance of elder abuse but also being prepared to put their hand up and seek support or say something about it. Often it is a family member who is the perpetrator and often that is the only relationship that older person has. They want the abuse to stop but they do not want to destroy the relationship. So that is where our work is challenging. We are trying to support an older person. That is why the data is very difficult. I do not think a broader definition will impair data collection. I think it is actually encouraging people to come forward. Interestingly on that point, I am sure you would be aware there has been quite a lot of media coverage around elder abuse during January. On our helpline we normally get about 45 to 50 calls a month. In January, we had 90. I am sure that is through raising the profile of elder abuse. Lots of people have been on radio, including myself. We have done a lot of press releases and a lot of community newspapers have picked up that coverage, and also the work of this committee.

Hon ALISON XAMON: Is there a particular type of abuse, financial or physical, that was identified with that increased awareness?

Ms TIMMS: It is mostly financial.

The CHAIRMAN: That probably leads us in well to terms of reference 2 and 3, which ask the committee to identify the prevalence of elder abuse and also the forms of elder abuse, including but not limited to neglect. Does Advocare have any more recent figures on elder abuse that it might be using to compile its 2017–18 annual report?

Ms TIMMS: We have experienced the same challenges that you were just talking about. Our 2016–17 data is not complete. I have taken the really difficult decision not to release that data because it does not paint a very accurate picture. I am working with the Elder Abuse Action Australia alliance to define what that data collection will look like. Moving forward, we will know where the data is coming from and we will know where to collect it and who will be doing that work. We are working on that at the moment.

The CHAIRMAN: The 2016–17 data is not yet complete but it is anticipated to be released at some later stage?

Ms TIMMS: I do not know.

The CHAIRMAN: It may not be because you are just not happy with the integrity of the data?

Ms TIMMS: That is right. We have some states in Australia where the data is indicating that elder abuse is on the decline but when you look at the data, it is because we have not collected the data from all the places we have previously collected it. That could be because people are not providing us with the data or we have not been diligent enough to get the data. It is just something that I am not happy to put Advocare's name to at the moment.

Hon ALISON XAMON: I am very interested in who is potentially collecting data. Even when I sat down and thought where the data could potentially come from, I came up with the banks, the Public Advocate or Public Trustee, potentially GPs, the CLCs or Legal Aid, the police, and we have already got listed in your submission the ABS, as well as people who come to your attention through the helpline. Would you think there would be any other agencies or entities that potentially might be able to start collecting data around elder abuse?

Ms TIMMS: At the moment, Advocare is the state representative in the Older Persons Advocacy Network, a national body, and we collect data through all those state representatives. What we are trying to do at the moment is each state is looking more broadly for sources of data collection within the state, so we will work on this at a national level. Funding for elder abuse is variable across the states. Some state governments fund services like the Department of Communities does here in WA, our elder abuse hotline. We are also separately funded by Home and Community Care. That program transitions—I do not want to get into the aged-care maze—to the Commonwealth Home Support Programme on 1 July this year. We have a funding extension for 12 months but that program does not deal with elder abuse so there is no commonwealth elder abuse support program. Through that Older Persons Advocacy Network, we are developing our proposal to take to the commonwealth government about a program across Australia. I am hoping that with those developments, our data will become more solid and we can also talk about better ways to prevent elder abuse.

Hon ALISON XAMON: In terms of effectively the front line to collect data—I am thinking, for example, of GPs—is there a set way that that data is captured in the first place in order to relate through?

Ms TIMMS: No. We are doing some work now in that OPAN—Older Persons Advocacy Network—around what a dataset would look like. We are drawing on the work that we have done. Advocare has had an elder abuse program operating for longer than most other states. We are working closely with South Australia; they have also had a program going for quite some time. We are looking at defining what that dataset will look like that will give us the most useful information. Then we need to look at where we can get it from. GPs are fantastic but it is really difficult to get them to do something else basically. It is about how do we make that really easy for them and how could we work with probably practice managers to see if we can get information? We provide education sessions to practice managers so they can identify people who come through their doors who may be experiencing elder abuse.

Hon ALISON XAMON: Would you generally be supportive of mandatory provisions for the reporting of elder abuse?

Ms TIMMS: Yes, I think so. We just need to be mindful of placing the person at increased risk. Sometimes we have been unable to leave any written material with someone who has contacted us because when their family member comes home, they are afraid because they will see the older person has been seeking advice and support. I do not know if that mandatory reporting is going to put them into further jeopardy or what protection mechanisms we can put in place around that.

I think in residential facilities there is mandatory reporting, but they are in a facility where there are a lot of staff and a lot of eyes are there. That is my only concern.

[10.10 am]

Hon ALISON XAMON: Just confirming then—if the mandatory reporting were to be pursued, it would have to be with great caution about the potential impact on the person?

Ms TIMMS: Yes.

Hon ALISON XAMON: Okay. Thank you.

Ms TIMMS: I sometimes liken that to family violence. When is it safe for somebody to seek help and when is it not safe?

Hon ALISON XAMON: I suppose what I am trying to reconcile is, for example, the obligations of professionals potentially to raise concerns if they become aware of them with the need to protect the privacy of the individuals. It puts people in a bit of a bind potentially because they might think they are doing the right thing by not revealing the abuse but on the other hand they may themselves be accused of, effectively, facilitating the abuse by their failure to act.

Ms TIMMS: I think if there was mandatory reporting, we would have to put a lot of education for those professionals around that to make sure the safety mechanisms were put in place for the older person.

The CHAIRMAN: In terms of data collection, in your submission to the committee, at page 4 you indicate that you assisted 1 219 clients in the reporting period, 2016–17, and in that same period there were 499 calls directly to the helpline. Where do the other 700 clients come from if not from the helpline?

Ms TIMMS: The helpline is a very small part of our service. The other services we provide are through the commonwealth national aged care advocacy program. We are working to support people in residential care and people who receive package-level care. The other stream of our funding is for home and community care—people who receive those services. It could be that someone rings us up because they are having trouble with a service provider about their package, their residential facility, or home care, but in the course of our conversation you find out that that is not the real issue. The real issue is some underlying elder abuse. People are very reluctant to call us. It is often other family members who start the conversation.

The CHAIRMAN: Would it be possible that some people are just calling Advocare on a general line and that is distinct from the hotline?

Ms TIMMS: Yes.

The CHAIRMAN: The other question I had on this is that in the submission you indicate that 34 per cent were financial abuse and 33 per cent psychological abuse, and they are the two most common forms. How do you distinguish that? Financial abuse is, in my view, a subset of psychological abuse. Obviously the psychological abuse you are referring to—the 33 per cent—is presumably just non-financial abuse.

Ms TIMMS: Somebody could be experiencing many forms of abuse. We could record multiple forms of abuse for one person. You are right; it is hard to separate out financial abuse from other kinds of abuse, but financial abuse is sometimes easier to define because this person has lost this money, whereas psychological abuse is a little more challenging because it is not so concrete and the evidence is not so concrete.

The CHAIRMAN: It is the same with physical abuse then. It is a little easier because presumably the police will have been involved at some level.

Hon ALISON XAMON: You have said that the perpetrators of elder abuse are most likely to be adult children and, I am presuming, potentially, other family members as well. How often do you see elder abuse perpetrated by general members of the community? It might be, for example, someone who just identifies that an older person is vulnerable and cons them out of their money—those sorts of things. How often does that sort of thing occur?

Ms TIMMS: Sometimes we will see a neighbour or a neighbour will ring us up and say, “I am really concerned about Mrs Smith next door. This person has been visiting a lot and she does not seem to be going out anymore”, or something like that. The challenge for us is that for us to be able to act, we need that older person to contact us. We will talk to other community members about empowering someone to give us that first call, then we can support the person. We provide a lot of education sessions to general community members in the hope that they will also be the eyes and ears to support older people. I have given you the “Elder Abuse Protocol” document. Some of our statistics on page 5 talk about perpetrators, family members and some potential numbers and also the percentages of the types of abuse. You are right: it is sometimes others; it is sometimes support staff who will ring us. We had a case recently where a staff member who normally works in the kitchen of a residential facility phoned us up in a terrible state really concerned about a resident. We were trying to support that person emotionally and also give them strategies around what to do. I actually phoned the provider of that facility and said, “Look, this is not acceptable.” The Aged Care Complaints Commissioner had also been advised and they were taking action on that part. Staff will often phone us and say, “What do we do now?”

Hon TJORN SIBMA: My question is on a slightly different tack, but it is related to forms of abuse. I just want to concentrate on the financial abuse that we have touched on. A theme that seemed to jump out at me at the national conference—you have identified it here in your submission—is that there are limited recourses available to victims to actually recover their financial losses. Would you be able to elaborate on the scale of that problem, and if there is a means to find remediation or recourse, what that might be?

Ms TIMMS: Often the asset is already gone because somebody has already spent all the money. It is very difficult to be able to try to recuperate that if somebody does not have some assets that you could then take. Often it is cash—people who have had access to somebody else’s bank account and just helped themselves. Sometimes it could be something really simple like I have taken mum shopping and there is \$20 left over and they have kept the \$20 not realising that that is actually financial abuse—if your mother says you can have the \$20, that is very different—to people losing their whole life savings. I have supplied some more recent and ongoing cases this morning in the documents that I have provided to you. There is one example there of some people in their 90s who have been supported by a member of the local church. The church has taken almost \$1 million off this couple. Fortunately, we have been able to support them to be able to get some of that money back, but it is very difficult when it is already gone.

Hon TJORN SIBMA: I presume that the misuse or misappropriation is mainly in the form of liquid cash assets—that is, effectively, the greatest vulnerability. There is a variety of potential forms of financial abuse, but it is, effectively, the siphoning off or misuse of cash that is the most significant?

Ms TIMMS: And convincing the older person to sell the home.

Hon TJORN SIBMA: And property transactions.

Ms TIMMS: We will build you a granny flat and you can live out the back and then something else happens. The granny flat never transpires or there is a family relationship breakdown so that facility is no longer available. Often these arrangements are not well documented so the old person has got nothing in the end.

[10.20 am]

Hon TJORN SIBMA: Is it possible to reflect on the success rate of people who have sought to recover all or some or even a very slim portion of losses and their success in doing so?

Ms TIMMS: A lot of the work that we do is around empowering people to try to support themselves. We will not ring somebody up to see how they are going, unless they have specifically requested us to do that, because of the difficult family dynamics sometimes. We cannot make people act, but we can try to support them to act. We do not collect that data at the moment, but it would be useful data I understand.

Hon MATTHEW SWINBOURN: Ms Timms, just to clarify that, is your proposition that there is a lack of effective legal remedies or perhaps more an issue of ensuring that somebody takes action with respect to the wrong that has happened against them in a timely manner to be able to stop that? The committee obviously will be making recommendations if the law is deficient—so, people are missing out because the rules of evidence are too difficult or there is not a proper course of conduct. Or is it more likely to be they just do not take action soon enough and therefore the asset has been liquidated or the money has been spent and the person taking it does not have any of their own money, so they are effectively left with no remedy because the property has gone?

Ms TIMMS: Yes, it is more likely the latter. The Australian Law Reform Commission, I think, has something like, off the top of my head, 40-something recommendations around legislative change, but the challenge is actually getting the older person to act. It could be their son who is actually taking their money or removing their assets, but that could be the only family member they have any relationship with. There is an enormous feeling of shame because it is their son and they are still feeling responsible for their son's behaviour, and their son is an adult, which puts them in a really difficult position—if we could somehow support the older person more to be able to take that course of action. Some of our work around the elder abuse protocols is actually providing education to professionals so that they will, in their own organisations, have policies and procedures where they can support people who they believe might be experiencing elder abuse.

Hon MATTHEW SWINBOURN: Can I put something to you as well? We talk about elderly people, but part of the problem here is also the abuser and about stepping in before they become an abuser. I think some of the issues we have here are cultural issues: "Mum and dad's property does belong to me and I should be getting it now or later." That is actually, unfortunately, a dark part of our culture in our society in many areas where this seems to happen. Do you have a view about education programs that might extend to stopping the abuse before it happens? It is not just a case of "When you suffer the abuse, this is what you can do about it." Let us get back to the heart of the issue, which is the society issue, which is the need for people to feel they need to abuse their parents in the first place or others in those circumstances. There is obviously an element of deviant behaviour that is not so much at the extreme but at the edges that is always difficult for society to deal with. It seems to me that the prevalence of elder abuse goes for otherwise ordinary upstanding members of the community who get sucked into this sort of world and they think it is okay. Some of the stuff that happened in the conference is that people are shocked to think that they are an abuser and that sort of thing. They think they are quite rightly doing what they are entitled to do. Has Advocare given any thought to perhaps programs that can be developed or looked at to get to

the heart of the abuser, because if we can stop it before it happens, a lot of this stuff becomes almost superfluous.

Ms TIMMS: I think it is closely tied to the ageist society that we live in. Older people are not valued in our communities. I think an education program around valuing older people and the contribution that they have made to our society and also around this concept of early inheritance as we call it—it is not okay. Some people have often said to me that elder abuse is 10 years behind family and domestic violence and 20 years behind child protection. I think those statements are quite accurate. We do not see elder abuse in the same way as we see those other forms of violence against people, and, as a society, I think we need to. Yes, a massive education program would be fantastic.

Hon ALISON XAMON: I am just reflecting on the comments you made about assisting people to take the action but if they choose not to take the action, there is little that can be done. I suppose what I am concerned about is I am thinking of people with dementia who have previously perhaps early on, upon diagnosis, transferred power of attorney over to loved ones. It strikes me that those people are incredibly vulnerable that potentially they could just be cleaned out and nothing can be done because they are not able to make a complaint, a guardianship order is not in effect and the person they have entrusted has taken everything. Have you got any comment about that?

Ms TIMMS: You are absolutely right. As part of the national network, we are doing some work around supported decision-making and what would that look like to assist those people, usually with an early diagnosis of dementia, so that they can try to get their affairs in order and be really clear about what they want moving forward. I think there is also quite a bit of abuse around powers of attorney. People do not really understand that they are actually meant to be complying with the wishes of the older person. Once you have power of attorney, it does not give you the right to do whatever you think is right. We have a lot of those conversations where people have got power of attorney and they have just taken over control and done whatever they want rather than what the older person wants. You are absolutely right. As the number and the percentage of older people experiencing dementia increases, it is really quite frightening the prospects and their vulnerability. I do not have the answers, I am afraid. But people do need more support.

The CHAIRMAN: Members, I might move on to the fourth term of reference, which is for the committee to identify the risk factors. Advocare, at pages 7 and 8 of the submission, helpfully sets out a number of those risk factors as identified in the WA “Elder Abuse Protocol” on dependency, family dynamics and living arrangements, social isolation, health and cognitive impairment, addictions, carer stress, and language and cultural barriers. Ms Timms, one of the questions I have is: at the end of your submission, you mention that there are a number of risk assessment and screening tools that are used in different countries and jurisdictions. At the end, you mention that the references to some of these tools are provided in appendix 3, but I could not readily identify them in appendix 3. Maybe you can just take the opportunity to assist me there.

Ms TIMMS: The risk tools are variable across different countries. I do not know that the work has been done yet to define what a really good risk tool is. My approach to that and an approach that I have used in other places of trying to identify wellbeing and so forth is you actually start using something and then move forward. Ireland has done a lot of work in this space and so has Canada. So we have been looking at their tools, which I think are identified in this research under Ireland and Canada. I am not overly familiar with the tools and we do not use one. What we are doing with trying to educate with the protocols is identify those dependencies, I guess. I cannot underestimate social isolation as being a real risk for older people.

[10.30 am]

The CHAIRMAN: If I could just get you to turn to appendix 3 in the submission.

Ms TIMMS: The prevalence research—the tools were in those documents.

The CHAIRMAN: My appendix 3 talks about Curtin University of Technology regarding the research, “The human rights of older people and agency responses to elder abuse”.

Ms TIMMS: That is very interesting. I have a different appendix 3. In appendix 3, I have “Prevalence Research in Other Countries”, “State-of-art in prevalence research on elder abuse in Europe”; some cases in Ireland and some in Canada.

The CHAIRMAN: Maybe if we take it on notice. Yes, I see—there is more than one appendix 3. For the benefit of members, the appendix 3 we want to note is on page 27.

Ms TIMMS: My apologies; I am sorry.

Hon MATTHEW SWINBOURN: I think I know what the issue is. The other appendices might be from the attached report, which is the —

The CHAIRMAN: “The human rights of older people”.

Hon MATTHEW SWINBOURN: Yes, the Curtin report.

The CHAIRMAN: Very good. The mystery is solved, I think. That is good. The committee can take on notice that information that you have provided to us from Ireland and Canada. Is there anything further members want to ask about risks?

Hon TJORN SIBMA: I would not mind. Presumably this jumps around a bit: on page 7, when you have identified a number of factors, I have assumed that they have been listed in order of significance or priority, or is that not the right assumption to draw?

Ms TIMMS: No, I do not think so. If I was creating a list in order of severity, I suppose, for risk factors, I would really have social isolation up there very high. Social isolation has a terrible impact on people. It is the equivalent of smoking 15 cigarettes a day on their health and also they have absolutely no contact with community, so there is nobody to provide support.

Hon TJORN SIBMA: I do not know how you begin to do this: in the course of your outreach, could Advocare even speculate on the number of people aged over 65 in our community that might be suffering some form of social isolation, as you have described it here? Obviously there is a number of people that we need to be concerned about, but there are others that we need to possibly be even more particularly mindful of. I suppose it is an open-ended question.

Ms TIMMS: I am certainly happy to provide you with some more information around social isolation. In a previous role, I actually developed a program to reduce social isolation for clients of a large organisation by using volunteers. That was around trying to find out what that older person used to do or used to be interested in doing, or something they wanted to try and had never tried before. But it was a short-term intervention that just reconnected people back with something they did before. Sometimes through a health incident, people have stopped going, they have lost confidence, all of those sorts of things. In putting forward that business case in that organisation, I did some work around the prevalence of social isolation. I am more than happy to provide that.

Hon TJORN SIBMA: That would certainly be appreciated.

The CHAIRMAN: We will take that on notice.

Hon TJORN SIBMA: Likewise, I suppose it is a similar question to what I led off on: if not for social isolation, which of the other factors there would be of greater concern to you professionally? I would assume it is dependency because that almost definitionally places someone in a position of vulnerability. Is that the case; is my assumption correct?

Ms TIMMS: I think you are correct, but I suppose we need to remember that there are a lot of people doing really good things to help older people. Dependency—you are right, it makes someone very vulnerable. But if they have got the right supports around—there are a lot of really good staff who work in the sector who provide that frontline support, and their care and concern for clients is quite extraordinary really. But once somebody is vulnerable through that dependency, they are not able to do the shopping or not able to prepare the meal and so somebody does not do it; someone forgets to do it or whatever.

Hon ALISON XAMON: Can I pick up on the issue of carer stress. I previously worked quite closely with organisations like Carers WA, for example. I also note that in one of the examples that you gave, you talked about how the abusive relationship that was unfolding was effectively remedied by providing additional support for the carer. Could you tell me how much of a factor that is, the issue of carer stress? I imagine, picking up on my colleague's comment before, that may be one of the areas where the risk grows over time as people stress, and distress grows. I was wondering if you could comment on that.

Ms TIMMS: The situation where the person being looked after is becoming increasingly dependent, the carer often is a frail older person themselves. I had the privilege of sitting on the Carers Advisory Council when they first started. The number of stories where the person who was the carer was actually in residential care before the person they cared for because of the stress of caring. I just think it is too much for people as they get older and they are also trying to care for this person who has been their lifelong partner and they are also becoming frail themselves and some people snap under those circumstances. It can start with a bit of neglect, "I can't stand it; I can't do it anymore today" or a bit of a push or a shove or something like that and you find that the situation escalates. Carers need all the support in the world really to do the job they do. If we do not support them, we will have even more of an issue of lack of support and facilities for those people who really need that support.

Hon ALISON XAMON: Because we also hear about the sandwich generation; those people who find themselves needing to look after elderly parents at the same time as they still have children themselves that they are needing to look after. Is that increasingly a problem that you are observing?

Ms TIMMS: Yes. The burden of care placed on usually women in that situation is very difficult and they are also trying to hold down a full-time job usually because of financial stress—trying to buy a house, everybody knows what that is like. There are some really tough situations that families are in. Older people are sometimes forgotten because it is easier to forget them and older people often do not ask for help. I think about my own mother, she hates asking me to help her, but I do it and I too am trying to fit that in with a full-time job. It becomes very difficult.

Hon ALISON XAMON: What sort of practical assistance, off the top of the head, do you think could be done to assist carers more generally to mitigate the risk of this occurring?

Ms TIMMS: The parliamentary inquiry into the aged-care services, I actually put forward a concept where carers would have access to services in their own right. Carers do not have access to very much under the aged-care services; they have access to respite and support and counselling, but they do not have access to domestic assistance if they need it. Sometimes they need someone to go and do the shopping for them or to do the cleaning for them. Often, the care recipient has access to those services and they will say, "No, I don't need the domestic assistance, my wife does that." And so it goes unnoticed, whereas if we could say to the carer, "It's your service, it's here to help you in that caring role", that did not get legs, but I am still working on that. I think carers need to be able to access the services themselves. We also have younger carers who are missing out on school

and university and higher education because they are placed in those caring roles. They just see that as something you have always done for mum, which denies them all those opportunities moving forward.

[10.40 am]

The CHAIRMAN: Members, if you are happy, I will move to the next term of reference, which requires the committee to “assess and review the legislative and policy frameworks”. Advocare have helpfully set out, at pages 8 and 9 of their submission, some of those areas. My question relates to point 4 there on the submission about “Improving access to justice systems and processes”. It says there in the submission, I quote —

Advocare recommends that this enquiry is referred to the WA Law Society for further comment.

My question is how was that fourth area determined? Was that part of a conversation with the Law Society?

Ms TIMMS: We are not a legal centre. Some organisations that provide elder abuse support and advocacy support are community legal centres. We work closely with Northern Suburbs, who have the older persons’ rights service. So, we will refer to each other. We have taken the opinion of we are not the experts in that area.

The CHAIRMAN: I respect that. Nevertheless, Advocare did decide to make point four, which was noting the need to improve access to justice systems and processes. I am trying to understand: what was the background that led to Advocare making that as a specific point in its submission?

Ms TIMMS: I suppose we see people being reluctant to access the legal system. It is very complicated and sometimes when an older person comes to us, it is just too much. They do not know where to start or where to begin and it is very difficult to make—we can partner with a community legal centre or something, but it is very difficult to make it look simple. If we could somehow have a very easy process for older people to be able to access those services, maybe that would work. People are reluctant to go down that route because they do not want to take their son or daughter to court.

Hon ALISON XAMON: But you are talking about responding to any abuse that has occurred and one of the things that has come through the submissions really clearly is the need to get good legal advice before anything becomes a problem. So, particularly access to advance health directives and EPAs and understanding the full implications of that. Do you feel, at the moment, that there is sufficient opportunity for people to get that sort of preliminary advice?

Ms TIMMS: No. I mean, we have a staff of six advocates for the whole state. We teleconference with people in Kununurra and we got a request from Southern Cross—“Will we go down there and do something?”—plus we are trying to support the metropolitan area. There just is an incredible lack of resources to provide support to older people in that preventive phase, really. The community education we do is usually really well received, and it is mostly to older people before they access services and it is often to family members as well.

Hon ALISON XAMON: If you had to quantify a percentage that are missing out, what would you think is the likely number of people?

Ms TIMMS: I think on page 5 in our “Elder Abuse Protocol” document we talk about 75 000 Western Australians being at risk of elder abuse. Now, we support a couple of thousand in a year.

Hon ALISON XAMON: So you are suggesting that the other 70-odd through potential at risk because they have not had access to that early legal advice.

Ms TIMMS: Well, to any advice, really, and to information where they actually know their rights. An interesting comment that was made in the recent conference was, “Human rights do not disappear as you get older”. I thought that was a great line and as a society and a community we need to remember that. I do not know if you have ever been to a medical appointment or into a shop with an older person, but usually the older person is not spoken to. I take my mother somewhere, they start talking to me. She is more than capable of answering the questions, but it is the same sort of disrespect that is shown to minority groups in our communities. I have done work with Aboriginal communities and I would go into a shop with an Aboriginal person and they would talk to me as though these people do not have the ability to actually carry on a conversation themselves.

Hon ALISON XAMON: If money was not an object, what would you think would be the best mechanism by which to get information out to the 70 000-odd people?

Ms TIMMS: A massive education program. Look, just the difference —

Hon ALISON XAMON: Can you explain to me what that looks like?

Ms TIMMS: Yes. That would be using radio. I mean, I did a radio interview during the conference and we had a spike in calls. Every time we do something, we get a spike in calls, but we just do not have the resources to do enough. If we had some massive program—I know that the Benevolent Society in New South Wales are looking at a program to address ageism and I am very keen to work with them. We have had just one conversation, but I am very keen to work with them around what that program might look like, about profiling older people in our community and how valuable they are to community and society and the sorts of contributions they make so that we just stop forgetting about older people and remember they make an amazing contribution—and many still do. If we look at our volunteering statistics, a lot of those people are older people.

The CHAIRMAN: Further to that, in terms of an education program of that sort, would there be scope for it to be a broader education program? For example, if we are talking about people needing to be respectful, does the education program need to be telling people to be respectful of older persons or would it be sufficient to say, “Just be respectful of other human beings”?

Ms TIMMS: That would be a nice place to start. I think it was Michael Kirby, a man I have enormous respect for, said at the conference, “What on earth ever happened to kindness?” That is what we need, is a bit of kindness, really. It is a basic human concept, but how we do that in the society we are in, I am not really sure. I do think that increasing awareness of elder abuse and increasing the conversation so that it is actually not okay to take \$20 out of your mother’s wallet. It is not okay to sell the house before she wants to, even if you are in financial stress yourself—all of those sorts of concepts.

Hon ALISON XAMON: If I can move on to the issue of the Restraining Orders Act, which you made reference to, of course, the assumption is that we are talking about violent restraining orders. I am interested in talking about misconduct restraining orders, because I am aware that misconduct restraining orders can be exercised where you are looking at financial abuse, for example. Perhaps you have a relative who is persistently demanding and receiving money, for example, may not even as a power of attorney but may just be haranguing the old person—or maybe not just a relative; it could be the neighbour or someone else who is come into scope. Could you make some comment around the role of misconduct restraining orders and the challenges of gaining misconduct restraining orders?

Ms TIMMS: That is not really an area that I have the expertise in. Our role would be as an advocate working with the older person to seek that legal advice or to work through a community legal centre

or something like that. Sometimes our role is actually walking alongside the person to get them to the point where they will act. But I could not really comment.

Hon ALISON XAMON: I can hold those questions over until we speak to lawyers.

The CHAIRMAN: You would recommend Northern Suburbs Community Legal Centre and the Law Society.

Ms TIMMS: It is many community legal centres, really, talking with Tenancy WA about people staying in their homes. How do older people actually maintain tenancy when, you know, they are losing ability to keep their houses clean and so forth? It is all of it. It is really complex, and I would think all the community legal centres would have a contribution to make.

Hon TJORN SIBMA: Ms Timms, just on this topic, just returning to financial abuse again, I think it was somewhere towards your earlier statement or in response to another question, you talked about education and training of financial services institutions, particularly banks. Could I get a sense, first, of what Advocare's engagement has been with financial

[10.50 am]

Ms TIMMS: Extremely limited, because they are very difficult to access. It would be a broadscale education program, and most of the large banks are international organisations. It is not something I would say we could not do, but it is just about priorities.

Hon TJORN SIBMA: If I am hearing you correctly, is it the case that Advocare has made overtures or attempted to engage but you just have not had a reciprocal response? Is that a fair way to categorise it?

Ms TIMMS: Sometimes our engagement will be around one case, so we might talk to bank representatives about that case, but we have not then gone back to the bank and said, "Actually, let's have an education program for all of your staff." We just do not have the resources.

Hon TJORN SIBMA: So it is that sort of episodic engagement by virtue of the case or the person who you are attempting to advocate for. Nevertheless, have you determined some consistency—I will just focus on banks—in bank responses to your advocacy on behalf of clients? Is it an issue of, "Oh, we thought something was going on; we didn't know what to do", or "We just didn't see this as a problem"?

Ms TIMMS: I think banks often do not know what to do and they are also concerned around privacy legislation and when do they act, how do they act, and are they protected if they do act? That has been most of the conversations that we have had.

Hon TJORN SIBMA: When you have engaged with a bank in respect of a particular client, how have you actually found the response after the issue has been thrashed out and it effectively has been established that something untoward has been happening? Have you found the banks helpful after that point of contact, or is their response also variable?

Ms TIMMS: It is variable and we have minimal contact with banks. Sometimes, someone has power of attorney so they are acting under that authority and it really leaves the bank in a very difficult position because they could have the power of attorney documents and say, "Well, you've given this person power of attorney and now this person's doing this." Sometimes we will assist people to revoke those powers of attorney and switch them to somebody else who is more mindful of the older person and will protect their rights. Sometimes they have the wrong people having power of attorney.

The CHAIRMAN: Further to that is it common, do you know, maybe in terms of the complaints that you receive, that people continue to act under an old power of attorney?

Ms TIMMS: I am not so sure about that; I would not have the data on that, but the thing is, people have a power of attorney and I do not actually think they have had the long conversation that they should be having about what they are meant to be doing with this power. They just assume they have authority to do what they think is right, rather than to act in the best interests of the person. They have not actually documented what those best interests are, so what we try to do is to work with the older person and say, "What would be right for you and who would be right in your family or circle of friends to be doing this for you?" Sometimes the older person has chosen a family member who really does not have the time or capacity to do it properly, so we have gone back and said, "You don't have to have a family member; you can have a friend or relative or someone", so we have actually helped them to change that.

The CHAIRMAN: Sure. That sounds to me more a case of a person maybe lacking skill and experience, but I am more interested in the circumstance of overt abuse, where a person has been given power of attorney and is clearly no longer appropriate because they are misusing that power. The older person has then revoked that power of attorney and given it to someone else, but the person just continues to operate with the old document, and a local bank would probably know no different as to whether there is a new or old power of attorney.

Ms TIMMS: One of the calls from the conference was around having a register of powers so that banks or professionals could refer to that register, which I think would be useful. We do not have that. Also, the powers vary; the documents vary across states, which sometimes is a bit challenging for people as well.

The CHAIRMAN: So that idea of a register would have the support of Advocare?

Ms TIMMS: Yes.

The CHAIRMAN: I think Advocare also chairs APEA?

Ms TIMMS: Yes.

The CHAIRMAN: Has that conversation come up in the APEA group?

Ms TIMMS: I honestly do not know. I have been in the role for six months so I have not had that conversation, but it is certainly something I can take to that table.

The CHAIRMAN: Yes, okay.

Hon TJORN SIBMA: Just rounding out my curiosity around financial abuse, your second dot point incorporates, in addition to the banks, a variety of other financial service providers including accountants, financial advisers, superannuation advisers and the like. If you cannot answer this question, that is fine, but I am interested in whether or not there are any particular signs of early trends in how financial abuse might be perpetuated against older people. I raise this by virtue of a briefing I took from a self-managed superannuation funds association that actually just looks at the value of funds under administration at the moment. Obviously, over the next 10 or 15 years we are going to encounter a block of people who will be moving into the drawdown phase of their super, and that is obviously an area of concern because I think the total value at the moment is something like \$700 billion, which is okay, but I am more concerned about the individual. All I am interested to know is: we seem to be at the moment ill-prepared, structurally, for conversations with financial service providers to deal with transactions that occur with liquid assets and property. Are we any more advanced in anticipating problems with the misuse of other financial instruments and assets?

Ms TIMMS: No.

Hon TJORN SIBMA: No. I thought that would be the case.

Hon MATTHEW SWINBOURN: I just have one question, following on from Hon Tjorn Sibma's contribution. Just in relation to banking, is Advocare supportive of mandatory reporting requirements to be imposed on banks and their employees, where elder abuse is suspected?

Ms TIMMS: Yes, with the riders that I spoke about earlier about making sure that the people who were doing the reporting were actually well educated in making sure the person was safe.

Hon MATTHEW SWINBOURN: I think from that, I would say that there is potentially a benefit in terms of making it mandatory because it would force banks to actually specifically train their staff with respect to elder abuse signs, particularly in relation to financial issues, which I think they are aware of. Do you have any reflection on the fact that most banking is now going towards non-human-to-human contact? It is electronic. We talk about the imposition of obligations on banks, but the electronics sphere really does throw up a whole new range of issues that I am not sure we are quite ready to get at. Is Advocare seeing more funds being drained just by virtue of a bank transfer or things of that kind?

Ms TIMMS: One of the examples I gave in the supplementary material I brought this morning is around someone who had given their card to the person who was doing the shopping for them and, over a period of time, they lost \$45 000. They only became aware when they saw a statement, so it is very difficult; how does the older person get to the bank? What they do is they give their card to somebody else and give them the number so that they can either get some cash out or do the shopping for them, and that is very difficult.

The CHAIRMAN: Members, I draw your attention that we are halfway through our terms of reference and well and truly past halfway through our hearing time, so we are going to have to make some progress in the second half. I move to term of reference 6, which is to assess and review service delivery and agency responses. On page 10 of the submission Advocare mentions that there was an independent evaluation of elder abuse programs in South Australia and Western Australia. The committee would be keen to know if that final report has been completed; and, if so, what were the major findings?

[11.00 am]

Ms TIMMS: Yes, the final report has been completed and we are using that report as a basis to develop a national model which we are hoping to put to the commonwealth government for funding and also to feed into the national plan that the Attorney General spoke about at the recent conference. I am happy to supply that report. It was almost like a baseline work to see what is happening now and what we do to move forward. The Older Persons Advocacy Network has a specific project around elder abuse and that is where we are trying to define the dataset and also what systems and processes we will use, picking them up from South Australia and ourselves rather than reinventing the wheel. I can supply that report.

The CHAIRMAN: Supplying the report on notice would be fantastic, yes.

Moving ahead from that on the same topic, regarding the elder abuse hotline, which is mentioned on page 12 of the submission, has there been some form of evaluation done about the hotline to look at the strengths, weaknesses and otherwise of the hotline?

Ms TIMMS: Not to my knowledge, no. The department were talking about putting that out to tender at the end of this year. We are funded until the end of December this year.

Hon MATTHEW SWINBOURN: Do you know what your unmet need is in relation to the helpline? Are there calls you are missing? Do you keep those sorts of records at all?

Ms TIMMS: We do not at the moment but we have a system where if those calls are not taken, then it falls through to another advocate or we take a message. Unfortunately, sometimes when we take a message the person will say, “No, I will ring back”, and I am not sure if people do. It is too hard to get someone to do it in the first place, so what we need to be able to do is take that call right away, but I do not always have the advocates who can do that because they are also the ones that provide the education sessions and they will be out and they will visit clients in the metropolitan area.

Hon MATTHEW SWINBOURN: For want of a better word, do you actually have a call centre? You were saying your other advocates have got other duties, so obviously you would plan to keep the telephone line open for as long as you can, but it does not sound to me like you have a dedicated group of people whose job is just to answer the phone as such.

Ms TIMMS: We have a duty advocate on the helpline from 8.30 till 4.30 Monday to Friday. If that line gets a second call, it then goes through to our general phone service, but we can identify that it is a helpline call. We either try and get another advocate to take it or we will have to take a message if we do not have an advocate who can take it at that time.

Hon MATTHEW SWINBOURN: Do you know what sort of calls you are getting outside of your normal operating hours?

Ms TIMMS: There are very few. I do not know if that is because people are not ringing because people do not want to leave a message. Part of the work we are looking at doing through the Older Persons Advocacy Network, because it is an Australia-wide network, is how we could increase the hours of service in having those lines open. We can kind of move across the country a bit by using somebody a bit earlier in the eastern states and us a bit later to support those services.

Hon TJORN SIBMA: With respect to the operation of your helpline, can I just establish first of all what level of funding you receive either annually or under the current contract to operate it? Do you have that figure at hand?

Ms TIMMS: It is \$125 000; that is for the helpline and also to provide community education and support, and to provide the advocacy for cases that come through the helpline.

Hon ALISON XAMON: Is that from the Department of Communities?

Ms TIMMS: Yes.

Hon TJORN SIBMA: Is that on an annual basis?

Ms TIMMS: Yes.

Hon TJORN SIBMA: Following up from my colleague Hon Matthew Swinbourn’s questions around the actual pragmatics of operating a helpline, in your submission we helpfully received the volume of calls and cases, but can I ask: at any one time how many helpline calls or inquiries actually turn into cases, which are then under active management?

Ms TIMMS: In January, when we had 88 inquiries on that line, 21 of them turned into advocacy cases. Sometimes they will start as information and then, as people progress and become more confident, they then tell you more about the story and it will turn into an advocacy case.

Hon TJORN SIBMA: Would that be a fair metric to apply—it winnows down to 25 per cent of people that might have a problem that requires action of some kind? Is it possible to say—maybe “resolution” is a bit loose, but how long you would manage a case for on average? How is a case managed? Is it just ascribed to the person who took the call or is there means to bounce off the professional advice and experience of other colleagues too? My question is: how is a case managed? Is it managed by an individual within Advocare or is it sort of shared around?

Ms TIMMS: It will start with an individual, but they work with each other on difficult cases. We also have meetings fortnightly where challenging cases are brought for broader discussion. This work is also quite challenging for staff, so it is about me making sure that they are supported enough to be able to do the work. So they will bring challenging cases forward, but they also work very closely with each other because not everybody has all the information. They come from different backgrounds so they will have specific skills for specific people. But normally, the duty advocate is on for the morning or the afternoon. The calls they take will be the cases they will follow through, unless we are looking at—if there was an incredibly busy Monday or something, then we will look at distributing it. We try and make the relationship with one advocate if possible so that people are not telling their story multiple times. We have a client management system where this information is documented, so if somebody rings with a subsequent call, you can look the record up so you know what the story is.

Hon TJORN SIBMA: Is there an ideal number of cases per caseworker? Obviously, I imagine each individual case is quite complicated, but do you seek to have a threshold?

Ms TIMMS: They carry between 20 and 30 cases at any one time, but the level of complexity varies enormously.

The CHAIRMAN: Further to this item, on page 10 of the submission reference is made to the elder abuse protocol. Now, of course the submission itself would have been provided in November 2017. The protocol, I note, is now December 2017—the latest version.

Ms TIMMS: This is the new protocol. In fact, it was hot off the press on Friday.

The CHAIRMAN: Okay; that is what I was going to ask. How widely has it been disseminated?

Ms TIMMS: Here!

The CHAIRMAN: We really are getting the first print run.

Ms TIMMS: Absolutely. I was putting a lot of pressure on the printer and I did not think I would have it, but at four o'clock on Friday afternoon, he delivered them, which was good.

The CHAIRMAN: That is excellent. I know that there was an intention, now that the protocol is available, to roll out some training.

Ms TIMMS: Yes.

The CHAIRMAN: What does that schedule look like?

Ms TIMMS: That will be 20 sessions across the state. Part of the funding from the Department of Communities specified 20 education sessions; 10 in the metropolitan area, six regional, and four webinar sessions. We are just developing the education materials for those at the moment, so we will draw up a schedule for those.

The CHAIRMAN: When the schedule is available, would you be able to let the committee know? It may be that one or more members would like to attend one of the sessions.

Ms TIMMS: Yes.

The CHAIRMAN: That would be great.

Hon ALISON XAMON: I refer to the MOUs and the partnerships that you have with the various legal entities. In terms of the partnership with the Northern Suburbs Community Legal Centre's older people's rights service, are you finding that they are able to keep up with the demand of referrals that you are sending through for legal assistance or are waiting lists emerging?

[11.10 am]

Ms TIMMS: I think they have got waiting lists, but they also have waiting lists from their own work. We do not make a lot of referrals, because so many people are reluctant to go down that path, and I have had the same conversation with Legal Aid, saying that they just have so few people who are wanting to use their services.

Hon ALISON XAMON: In terms of the MOU with Legal Aid, is that more likely to be the criminal elements? I am wondering about the criteria by which you are determining the referral.

Ms TIMMS: It is about whether the person is prepared to go down that path. We would only make a referral if the older person said, "Yes, we'd like some legal support and advice." We would always encourage people to do that, but it is very difficult, and I think it is very difficult because it is often a family member.

Hon ALISON XAMON: Of course. I suppose I am trying to ascertain to what degree, basically, the services are not being met because of resourcing, as opposed to people's reluctance.

Ms TIMMS: I have heard that the northern suburbs do have a waitlist for their services.

Hon ALISON XAMON: We will, of course, be speaking to them, so we can ask them about that.

The CHAIRMAN: Further to this, just in terms of the annual report of 2016–17, and Advocare's elder abuse prevention program, statistics for that period indicate that 647 hours were spent on advocacy for 86 cases and 433 hours spent giving information over the phone. That was for 551 calls. I guess this perhaps has been dealt with in earlier questions and answers, but that just gives us a flavour for Advocare's current contribution to this. Are there any general comments that you might make on the adequacy of spending 647 hours on advocacy and 433 hours on telephone calls?

Ms TIMMS: Most of our work is done on the phone, because we just do not have the time or the resources to be visiting people all the time, particularly for regional centres. We will occasionally do a regional trip; and, if we are doing a regional trip, we will try to see as many organisations as possible—it will be around education—and also make the advocates available to talk to potential clients if possible, but most of our work is via the phone.

The CHAIRMAN: Advocare is involved in the Older Persons Advocacy Network. Can you just clarify for the committee exactly Advocare's involvement?

Ms TIMMS: We are the state contracted party to deliver that part of the contract, which is the commonwealth contract for the national aged care advocacy program, and there is a representative in every state and two in the Northern Territory, so it is made up of eight or nine members. It is very new; we are about six months down the track, and it was mainly to be one tendering body for the commonwealth program. There are some fantastic advantages in that because we are not competing with each other and we are working together to get the best practice across the country, so I think some really good work will come out of that and I am quite excited about the potential for that.

The CHAIRMAN: When you talked earlier about the idea of the hotline being able to be used across the jurisdictions, that would be with the other members of OPAN?

Ms TIMMS: Yes, some of them are not funded to do elder abuse in their state, but because of their advocacy work, they all do elder abuse in one form or another, but not all of them are funded for a helpline.

The CHAIRMAN: They are funded for general advocacy, but not necessarily a helpline?

Ms TIMMS: Yes.

The CHAIRMAN: Also, can you just inform the committee about Advocare's involvement in Elder Abuse Action Australia?

Ms TIMMS: That is a group that has come about as a result of a series of national conferences on elder abuse. I think the last one was the fifth one, and I think after the first one a group of concerned providers got together to try and do something about elder abuse. That group is now just at the point of incorporation, and the Attorney-General has funded that group for \$250 000 over two years to develop a national hub for information. The role of that group is more around a professional body, looking at policy development, but not service delivery, whereas OPAN is the organisation that is looking at service delivery.

The CHAIRMAN: Will Advocare have any role in Elder Abuse Action Australia?

Ms TIMMS: Yes, I sit on that group as an interim director, when the incorporation is complete, and Advocare has been instrumental in forming that group.

The CHAIRMAN: So that will be an ongoing involvement?

Ms TIMMS: Yes, definitely.

The CHAIRMAN: There are a lot of acronyms in the elder abuse space.

Ms TIMMS: Yes, you can drive yourself silly with them.

The CHAIRMAN: Can you just help us with the distinction between APEAWA, which is the Alliance for the Prevention of Elder Abuse in Western Australia, and WANPEA, which is the Western Australian Network for the Prevention of Elder Abuse?

Ms TIMMS: Yes. APEA, the Alliance for the Prevention of Elder Abuse is the policy group that is made up of mostly state government department representatives, and some organisations that are listed on the front of the protocols document. WANPEA, the WA Network for the Prevention Elder Abuse—it is like a whole new language, I know—is service providers who are interested in the area of elder abuse, so they will come together, I think, six times a year to talk about cases within their own organisations or how they support their staff, and we will provide education through those networks as well.

The CHAIRMAN: Okay, so the community legal centres might be part of WANPEA but not part of APEA?

Ms TIMMS: Yes, but the older person's rights service, which comes through the Northern Suburbs Community Legal Centre is part of APEA.

The CHAIRMAN: Anything further on this topic—service delivery—members? If not, we will move ahead to the seventh item in the terms of reference, the capacity of WA Police Force to identify and respond to allegations of elder abuse. At page 11 of the submission, in effect, Advocare has referred us to the Commissioner of Police on the statement of capacity, which is understandable. Are you in a position at all to give us a sense of the feedback that you have from people you engage with about the police's capacity to deal with their complaints?

Ms TIMMS: We have had situations where we have recommended that they ask for a welfare check, and sometimes the welfare check has gone ahead and sometimes it has not, so we have had to go back to the police and try to identify why they have not actually done a welfare check in this case but did in another. We have also provided some training to police at some times, but our aspiration would be to provide elder abuse awareness training to all new recruits as they come through.

The CHAIRMAN: That is not happening?

Ms TIMMS: It is not happening at the moment, no, but they do also sit on the APEA group—the Alliance for the Prevention of Elder Abuse—so we have been having those conversations.

The CHAIRMAN: To the extent that there was training previously, were they sort of ad hoc, to interested members of the police force who might like to sign up?

Ms TIMMS: Yes.

The CHAIRMAN: Not dedicated as part of the curriculum for new recruits?

Ms TIMMS: No. What the police have done is developed—for want of a better term—a flag on their system where they can identify somebody who has experienced elder abuse or may be at risk of elder abuse, which is a great step forward.

Hon ALISON XAMON: Picking up on that, one of the concerns that has been raised with me is that the police may respond if it is overt physical assault, usually because it is tangible and is a clear offence, but otherwise there tends to be a reluctance to intervene because it is seen as purely a civil matter. Has that been your experience as well?

Ms TIMMS: I do not know that we have got enough information really to make that comment. It seems to be variable. Sometimes police will support, listen and act and sometimes they will not. What we are doing at the moment is, with the representatives on APEA, building that relationship to say, what are the criteria when you will act, so that we know when we can call on you, or we know when we can say to somebody, “You now need call the police” and they will respond? Building on that relationship, I am hoping that, moving forward, we will be able to do some more work, but at the moment it is very sporadic.

[11.20 am]

Hon ALISON XAMON: Can I just confirm that in the Western Australia Police Force there is no specialised area around elder abuse similar to what they have in other states? That is what I thought, but I thought I would just check with you.

The CHAIRMAN: If members have nothing further on WA police capacity, I will move on to the eighth term of reference, which is to identify initiatives to empower older persons to better protect themselves from risks of elder abuse as they age. The first question is: is Advocare currently undertaking any projects and programs to educate older people in the community about elder abuse and the risks, and who do you target with these programs?

Ms TIMMS: We are contracted through the commonwealth to work with staff of residential facilities, and clients and families, and staff of people in receipt of packaged care, so commonwealth-funded parts of the aged-care system. Although we are not specifically targeted to work in the area of elder abuse, we always put that in as part of our general education program around rights for recipients of commonwealth aged-care services. For the home and community care program, we work with that client group, but also family members. We also work with people who are trying to enter the aged-care system, because it is such a complex thing. We are often providing a lot of education around how to navigate the system, but we will take every opportunity to talk about elder abuse and elder abuse awareness. We have standard education packages that we deliver, and this one is structured up for professionals, this one is structured up for community members, and this one is structured up for clients, those sorts of things.

The CHAIRMAN: What work is Advocare doing to engage Aboriginal older people?

Ms TIMMS: We have in the past had an advocate who was dedicated to this area of service, but for whatever reason it was not very successful. So we are in a transition phase at the moment, and my approach will be to partner with Aboriginal organisations and see how we can work with their staff.

It also increases our impact. At the moment we are working with two groups, one in Port Hedland and one in Kununurra, about how we can support their staff to be more aware of elder abuse and what to actually do. We are looking at doing a trip later this year to support those groups. Fortunately, those groups are able to pay for flights and accommodation, otherwise we would not be able to afford to send somebody up there.

The CHAIRMAN: In terms of your data collection on, for instance, the hotline, does it identify whether a caller is from an Indigenous background?

Ms TIMMS: Yes.

The CHAIRMAN: Is the proportion of those calls proportionate to the population?

Ms TIMMS: No; it is very low.

The CHAIRMAN: Page 11 of your submission says —

Advocare believes that the use of an advocate to support older people provides empowerment for their protection.

It would assist the committee if you could just elaborate on why and how an advocate can support an older person at risk of elder abuse?

Ms TIMMS: I think the essential criterion around advocacy is the ability to walk alongside somebody. Our main aim is to get the person where they are able to support themselves. It is a bit like teaching someone to fish, is it not? Once somebody knows their rights and how they can act, or a family member knows how they can act—a recent example in a case study I saw this morning is around a daughter who phoned us because she just did not know what to do or where to go, and given the information, she was more than capable of then supporting her elder parents. Advocacy is more about walking alongside. We will act for a person if need be, but our preferred option is always to get them to be able to act. Sometimes it means we will sit alongside but will not say anything, or sometimes it means we will be the ones having the conversation.

The CHAIRMAN: Sure. What kind of education program or material would you say is the most successful in teaching the community about the risks of elder abuse?

Ms TIMMS: It is interesting that you would bring that up. I am just reviewing the material we have now. I have been at Advocare for six months. I actually think it should be about talking more about cases and getting groups to be more active by saying, “Okay, here is a scenario; here are the guidelines; what would you do?”, so that they practice using the guidelines. I think in the past we have used a bit of an approach where we say, “Here’s the information”, and walk away, whereas I am trying to engage people a bit more in that process, and we have got advocates who are really keen to do that.

The CHAIRMAN: Page 13 of your submission refers to a collaboration with Curtin University to produce the “Assets for Care” publication, which was due for completion in February 2018.

Ms TIMMS: The work has been completed, and there was a funding application, but we have not received funding to progress that. I will go back and see if we can do some more work around that with the resources we have got or they have got. We have had some great partnerships with Curtin University.

The CHAIRMAN: If we could take that on notice for the latest update on that, that would be great.

The ninth term of reference is to consider new proposals or initiatives which may engage existing strategies for safeguarding older persons who may be vulnerable to abuse. The first question is: what is the financial abuse prevention smartphone app, and who uses it?

Ms TIMMS: I believe that was an app that Advocare developed, but like a lot of projects, you get the funding to develop the app or develop the project and then there is no funding to evaluate or follow up. So I could not tell you how many people use that.

The CHAIRMAN: That information would be otherwise available?

Ms TIMMS: I do not know how we would know how many people use it.

The CHAIRMAN: In Advocare's experience, what policies or programs have the best chance of reducing elder abuse and what would be suggested as new initiatives?

Ms TIMMS: I would really like to be able to train up a whole lot of volunteers to be advocates so that they were well versed in the skills and information to do advocacy but could link back to Advocare. I have developed a partnership with the Rural, Regional, Remote Women's Network. We have just started by developing the partnership and putting some information in their newsletters. It has been surprising the number of calls we have had from people in regional organisations who want more information. We have had calls from Southern Cross, and we had one from Wyalkatchem the other day, just trying to get those networks and trying to find out who are the significant community members that we can work with to give some basic information around recognising elder abuse in their communities, at least so that they can come back to us. I am not aware of any funding at the moment, but I have had that conversation with the Department of Communities and I will take that up with the minister as well.

The CHAIRMAN: Do members have anything further on new initiatives?

Hon TJORN SIBMA: On page 15 you identify or you recommend implementation of various multidisciplinary approaches. Have you trialled anything in relation to alternate dispute resolution services or broader sort of family-based mediation?

[11.30 am]

Ms TIMMS: No, because we are not mediators. Whether we should be or not, I do not know. We actually work as advocates rather than mediators. Mediator is a slightly different skill set. There is a little bit of concern about the power imbalance in a situation like this and how mediation is effective if there is such a power imbalance, so we need to be mindful of that.

The CHAIRMAN: Especially if there is no advocate for the otherwise weaker party.

Ms TIMMS: Yes.

The CHAIRMAN: Members, we will move to the tenth item, which is to consider any other relevant matter, and Hon Alison Xamon has some questions.

Hon ALISON XAMON: Yes, I do. We have spoken a little bit about the difficulty of engaging the Aboriginal community. I was wondering whether you could make some comments about how Advocare is going in terms of engaging with members of the CALD community and some of those specific challenges and also, as part of that, what sort of resourcing could be made available to overcome any of those challenges.

Ms TIMMS: Most of our work is through existing service providers in the aged and community care space who work specifically with CALD communities, so we will partner with them. Sometimes there are behaviours which are attributed to cultural practices which, in fact, are not cultural practices. It is about trying to take a more human rights approach. That behaviour is actually not part of that culture.

Hon ALISON XAMON: Can you give an example?

Ms TIMMS: Working with Aboriginal communities and clients—the group from the Kimberley has been talking to us about the abuse of some of their clients and how younger people think that the older person’s responsibility is to support them always and never say no, which may well be a cultural concept, but that does not mean that they can be abused. It is about that difference, really, and the work we would be doing with that group is talking about the difference. Yes, supporting a family member is one thing, but that does not mean to say you support them to your own detriment. That is what is happening a lot of the time. If it is pension day or whatever, the older person is taken to the ATM and their funds are withdrawn and they do not have anything. They do not have any food that week, and those sorts of situations. To my knowledge, that is not a cultural practice; it is an excuse for poor behaviour. Have I answered that question?

Hon ALISON XAMON: We live in a multicultural community so there is a broad number of people who have additional needs and supports, and I was wondering if you could elaborate a little bit on that.

Ms TIMMS: One of the groups we work with—in fact, we provide education sessions every year—is the Chung Wah Association. They always request that we come and talk to their clients and we have been really proactive in that area. There is usually an interpreter there that they provide. They have been really proactive about making sure we are engaged with their community. We work with Umbrella around supporting their clients. A lot of these clients are home and community care funded so we will develop those natural partnerships around supporting those organisations.

Hon ALISON XAMON: How do you find access to interpreters? Is it relatively easy?

Ms TIMMS: Usually, those organisations provide them rather than us providing them. Our materials are in different languages and we have some posters that have been done up in different languages as well that we use to display around the place.

Hon ALISON XAMON: I am also interested in whether there is any data available looking at the intersection between elder abuse and mental health issues or subsequent suicidality. Do you know of any data that might be available around looking at the two or do you have any anecdotal evidence you would be interested in sharing?

Ms TIMMS: Unfortunately, I do not have the data. One of the items, moving forward, that we think will be important in a data set around elder abuse is around mental health. The challenge is: How do you define that? Is that a diagnosed mental health issue or is that someone experiencing mental health issues who has not had a diagnosis and how do we classify that? We are having those discussions at the moment. I do not have the data now but I know working in the aged-care space for a long time, increasingly, people seeking aged-care services also have mental health issues that need to be supported and there are not adequately trained service providers to work in that space.

Hon ALISON XAMON: Do you have any information about a potential link between elder abuse and suicidality, which is easier to quantify because that is about people expressing a desire to die?

Ms TIMMS: I do not have that information.

The CHAIRMAN: Further to that, has there been any interaction between Advocare and the coroner’s office?

Ms TIMMS: Only if we are asked to provide notes on cases, and that is fairly rare.

The CHAIRMAN: Sure; okay. That might be something the committee follows up.

Hon TJORN SIBMA: One final question from me relates to the very last paragraph of your submission. An area of concern relevant to these issues is increasing rates of homelessness among

older women. Would you be able to just quantify the level of growth or go into detail about that as an emerging area of Advocare's concern?

Ms TIMMS: I would have to refer to Shelter WA's website. I think they have current information around the incidence of homelessness for older women. But what is actually happening is that we have a cohort of women who cannot afford to retire because they do not have superannuation and they do not own a property and they will not be able to afford commercial rents, so they are just becoming increasingly vulnerable. I even have some staff in that situation, really. It is something that we need some more data around. It is also quite invisible because a lot of older women are embarrassed because they are homeless and they are sleeping in cars or they are couch surfing because they do not have a home of their own.

Hon ALISON XAMON: I am interested to know, because one of the things that has been clear from the submissions is that people are concerned more broadly around issues of contracts in residential facilities, about treatment within nursing homes, around their lack of rights relating to park homes. Do you get much that comes through your help lines or other sources around similar issues, which may not strictly be elder abuse but, clearly, we are talking about concerns around some fairly unconscionable conduct?

Ms TIMMS: We do get calls around residential facilities and people entering facilities and people in facilities but not aware of their rights.

Hon ALISON XAMON: Are you talking about retirement villages?

Ms TIMMS: No; I am talking about residential aged-care facilities. We do not have a mandate for retirement villages, unfortunately. Some other organisations in other states are supported. Our OPAN colleagues are supported to provide assistance to those facilities. Retirement villages can be really open for abuse because sometimes they are seen as a short-term solution to a problem and people have not gone into the fine print about what is actually involved and people end up losing a lot of money and they cannot get out of them; the exit is too expensive. I believe the Consumer Protection Division is doing some work in that space.

Hon ALISON XAMON: Can you quickly elaborate on what you understand they are doing?

Ms TIMMS: They were looking at retirement villages, mandating for them to have an information sheet, which was in layman's terms and something like a one-pager, about what their contracts are about, because the contracts are really complicated and most people just would not be able to find their way through them or maybe would not even have the time.

The CHAIRMAN: Are there any concluding remarks that you want to make at this point?

Ms TIMMS: I just want to congratulate you on doing this work. I think it is absolutely fantastic, and I am really looking forward to seeing what your recommendations will be. It is just great to have somebody else holding the flag really, so thank you.

The CHAIRMAN: We are coming to a conclusion of our first public hearing here for the Select Committee into Elder Abuse. I note that next Monday, 19 March, the committee will be having a public hearing with the older people's rights service, the Northern Suburbs Community Legal Centre, and also the Women's Law Centre of Western Australia.

This concludes the public hearing with Ms Dierdre Timms, the chief executive officer of Advocare. Certainly on behalf of the committee, we would like to thank you for attending today. I am obliged to draw to your attention that a transcript of this hearing will be forwarded to you for correction. If you believe that any corrections should be made because of typographical or transcription errors, please indicate these corrections on the transcript. You did take a number of questions on notice

today, and the committee requests that you provide your answers to questions taken on notice when you return your corrected transcript of evidence. If you want to provide additional information or elaborate on particular points, you may provide supplementary evidence for the committee's consideration when you return your corrected transcript of evidence.

Thank you very much.

Hearing concluded at 11.41 am
