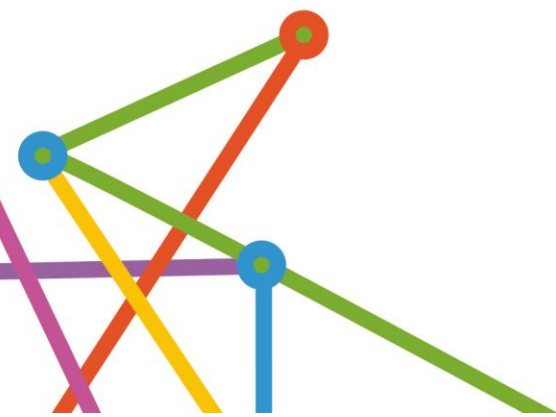


# Submission

## Draft Strategy to Respond to the Abuse of Older People (Elder Abuse)

24 July 2019



# Submission

## Draft Strategy to Respond to the Abuse of Older People (Elder Abuse)

WA Primary Health Alliance (WAPHA) has oversight for the commissioning activities of WA's three Primary Health Networks – Perth North, Perth South and Country WA. Primary Health Networks (PHNs) were established by the Australian Government in 2015 with the key objective of increasing the efficiency and effectiveness of medical services, particularly for those in our community who are at risk of poor health outcomes, and to improve the coordination of care to ensure people receive the right care in the right place at the right time.

The alignment of WA's three PHNs under one umbrella organisation (WAPHA) affords a unique opportunity to place primary care at the heart of the WA health system and create the mechanism for integrating services across agencies and sectors. The vision of WAPHA is to have improved health equity in WA and our mission is to build a robust and responsive primary health care system through innovative and meaningful partnerships at the local and state-wide level.

WAPHA is pleased to provide the following submission in relation to the WA Draft Strategy to Respond to the Abuse of Older People (The Strategy).

Although evidence about the prevalence of elder abuse in Australia is lacking, using international indications as a guide, it is likely that between two and fourteen percent of older Australians experience elder abuse in any given year<sup>i</sup>. Considering the ageing Western Australian population, with a significant increase in the projected proportion of Western Australians who are over 65 years by 2050 (one fifth), The Strategy is timely to ensure that older people and the broader community are informed of the issues regarding elder abuse and can be supported accordingly.

WAPHA is committed to promoting a positive view of ageing, supporting the building of age-friendly communities, and increasing access for older Western Australians to primary healthcare including better access to GPs, pharmacists and other allied health professionals, including people living in residential aged care facilities. WAPHA supports a strategy being developed on elder abuse.

### General comments

WAPHA welcomes a WA Strategy to respond to the abuse of older people and strongly recommends the Western Australian State Government take a lead role in protecting older Western Australians. The Strategy does not identify the level of responsibility of the Western Australian State Government or nominate a particular department to lead the implementation of The Strategy. Identifying leadership roles assists to establish priorities, and prevent, identify and provide an integrated and coordinated response to elder abuse.

The structure and priorities of The Strategy should align to the Attorney General's recently published National Plan to Respond to the Abuse of Older Australians [Elder Abuse] 2019-2023.<sup>ii</sup> Consideration should be given to align The Strategy with national implementation, priorities and reporting requirements leading to decreased reporting burden and improved outcomes for older people.

The Strategy does not highlight current guidelines or programs that have already been actioned in Western Australia and/or nationally to respond to elder abuse. For example, the Elder Abuse Protocol: Guidelines for Action (2017)<sup>iii</sup> provides some specific information regarding how to work in the current Western Australian context. WAPHA recommends the inclusion of these guidelines and other local examples into The Strategy.

The Draft Strategy does not adequately address recommendations on reporting mechanisms to be adopted. WAPHA suggests including reporting guidelines and standards, and the role of government in addressing the reporting of elder abuse.

The Strategy makes several references to mental health to describe forms of abuse and identified intervention strategies. WAPHA recommends addressing mental health as part of the integrated and coordinated response section. As poor or declining mental health is often associated with elder abuse, an effective and responsive system requires equitable access to early mental health intervention, including identification and referral pathways for individuals and clinicians.

The 2014-15 National Health Survey<sup>iv</sup> data indicated that 87 per cent of Australians aged over 65 are living with at least one chronic health condition and three in every five Australians (60 per cent) aged over 65 years, had two or more chronic conditions. WAPHA recommends including details about the role primary care plays in managing older people's physical and mental wellbeing. The complexities of managing multi-morbidities and identifying signs of abuse requires education, training and support for primary care clinicians including appropriate referral pathways and coordination support services for people identified who may be experiencing forms of abuse.

## **Introduction section**

Elder abuse needs to be described in more depth at the beginning of the document. The description of the types of elder abuse are included later in the document in the Principles section (p.9-10) but might be better placed in the introductory section so that people understand the distinct nature of elder abuse and how it differs from other types of abuse. WAPHA would recommend including a visual representation to assist in understanding this topic.

Financial abuse is not adequately highlighted as the most prevalent form of abuse in older people. Its inclusion in the types of abuse table (p.9-10) does not sufficiently address the prevalence rates of financial abuse in relation to other forms of abuse. WAPHA recommends including the following statements to further articulate and describe financial abuse:

- Research indicates that 90% of abusers are family members (WHO 2019)<sup>v</sup>
- People over 70 and women are more likely to experience this form of abuse.
- According to the WHO, it is often hidden for a myriad of reasons including fear of retaliation, embarrassment/shame, worry about getting the abuser into trouble, mental incapacity and limited systems in place to address elder abuse.

There is no specific reference in The Strategy to the vulnerability of people in residential care facilities, respite and other care settings. UK National Institute for Health and Care Excellence (NICE) data suggest that care/institutional settings are the second most likely setting for elder abuse after home based settings.<sup>vi</sup>

## **Priority Areas section**

As mentioned previously, The Strategy priorities should align to The Attorney General's National Plan to Respond to the Abuse of Older Australians [Elder Abuse] 2019-2023.<sup>vii</sup>

The Strategy provides limited information on the practical steps that are required to implement the Strategy and what action can be taken to support individuals and provide an 'integrated and coordinated response'.

Specifically, there is not any reference to General practice or the key role of GPs in identifying and responding to elder abuse. The RACGP White Book<sup>viii</sup> includes a specific section on elder abuse and The Australian Medical Association (AMA) stipulates in its position statement on the care of older people that GPs have a 'pivotal role in the recognition, assessment, understanding and management of elder abuse and neglect'.

GPs are often the first independent professional to see an elderly victim of abuse. This is particularly relevant given the high level of family instigated abuse. The RACGP White Book states that the reasons that GPs have not been more involved to date are lack of awareness, insufficient knowledge regarding identification or follow up in a particular case, ethical issues, time constraints and the older persons reluctance to report. WAPHA would support the inclusion of the following points as

addressed by the RACGP

- Elder abuse needs to be considered by any health practitioner seeing elderly patients, as they have a pivotal role in the recognition, assessment, understanding and management of elder abuse and neglect.
- If confronted with elder abuse, establish the patient's capacity to make decisions. Help may need to be sought from the person legally responsible for giving consent for their healthcare. If this person is the abuser, then seek help from the appropriate advocacy source in your state or territory.

WAPHA appreciates consideration of our submission. If you wish to discuss our recommendations in more detail, contact Chris Kane General Manager Strategy and Health Planning-  
chris.kane@wapha.org.au or 08 6278 7908.

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<sup>i</sup> <https://aifs.gov.au/publications/elder-abuse/export>

<sup>ii</sup> <https://www.ag.gov.au/RightsAndProtections/protecting-the-rights-of-older-australians/Documents/National-plan-to-respond-to-the-abuse-of-older-australians-elder.pdf>

<sup>iii</sup> [https://www.who.int/ageing/media/infographics/EA\\_infographic\\_EN\\_Jun\\_18\\_web.pdf?ua=1](https://www.who.int/ageing/media/infographics/EA_infographic_EN_Jun_18_web.pdf?ua=1)

<sup>iv</sup> [https://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/\\$File/national%20health%20survey%20first%20results,%202014-15.pdf](https://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/$File/national%20health%20survey%20first%20results,%202014-15.pdf)

<sup>v</sup> [https://www.who.int/ageing/media/infographics/EA\\_infographic\\_EN\\_Jun\\_18\\_web.pdf?ua=1](https://www.who.int/ageing/media/infographics/EA_infographic_EN_Jun_18_web.pdf?ua=1)

<sup>vi</sup> <https://www.nice.org.uk/guidance/ph50/resources/report-5-elder-abuse-2>

<sup>vii</sup> <https://aifs.gov.au/publications/elder-abuse/export>

<sup>viii</sup> <https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/white-book/vulnerable-populations/section-10-1-elder-abuse>