



Feedback on the National Plan to End the Abuse and Mistreatment of Older People 2024 – 2034 (Public Consultation)

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Summary of Feedback on the National Plan

The National Ageing Research Institute (NARI) and La Trobe University welcome the Public Consultation Draft of the new National Plan to End the Abuse and Mistreatment of Older People 2024 – 2034 and acknowledge the significant work and improvements that have been made following evaluation of and feedback on the previous National Plan. This 10-year plan will be critical in raising the profile of this significant community issue affecting older people and taking concrete steps to prevent the abuse and mistreatment of older people in Australia.

NARI and La Trobe support the vision and principles underlying the National Plan and welcome government investment in the focus areas identified in the National Plan.

Strengths

Strengths of the current plan include the focus on priority groups, risk factors, inclusion of those with lived experience, and early intervention.

Areas for improvement

Areas for improvement include the lack of specificity, and details on commitment to funding the priority actions.

General recommendations

Definitions

The abuse and mistreatment of older people

The abuse and mistreatment of older people is multifaceted and includes a range of behaviours which range in severity from unintentional to criminal. Experiences of abuse sampled in the Australian National Elder Abuse Prevalence Study¹ and survey from the Aged Care Royal Commission² include varying levels of severity). While the proposed National Plan provides agreed upon definitions of the types of abuse (financial, physical, sexual, psychological, and neglect), our recommendation is that there should be a move towards recording the severity of different types of abuse. This will enable harmonisation of data collection, improved understanding of risk and areas of need, and how to best direct prevention and intervention efforts.

Priority groups

Women

While we acknowledge that abuse is gendered, the abuse of older people is significantly less gendered than other forms of violence, such as intimate partner violence. Men are victims of elder abuse significantly more frequently than other forms of family violence, and among people causing harm to older people, the proportion of females is much higher compared to other forms of family violence^{1, 3, 4}. A focus on women as a priority group in this context may inadvertently further stigmatise older men experiencing abuse and mistreatment and could be counter-productive to promoting help-seeking. Women should not be labelled as vulnerable to elder abuse purely based on their gender. Rather, there are other intersecting factors – such as poverty, homelessness and lower financial stability – that increase risk for some women. These factors are obfuscated by only examining gender. Additionally, these risk factors also apply to men as do other risk factors for abuse such as substance use, poor mental health, cognitive impairment, and low socioeconomic status. Providing greater specificity around this would be more beneficial than including all women as a priority group.

People with disability

Cognitive impairment should be acknowledged as a separate priority group rather than those with disability. Cognitive impairment not only places people at risk, but creates complexity in response either due to reduced decision-making capacity, or limitation of the person's rights and autonomy from family and providers.

Specific recommendations

Focus Area 1: Increase whole-of-community awareness, education and engagement.

- Descriptions of education and awareness raising activities in the proposed National Plan reference local activities but not a nationally coordinated campaign. Awareness raising initiatives should be rolled out to communities throughout Australia, to ensure that some communities are not unfairly disadvantaged by a lack of education and awareness raising.

Focus Area 2: Enhance legal frameworks and adult safeguarding responses

- The implementation of a national register for enduring power of attorney (EPOA) was not mentioned in descriptions of EPOA reform. As recently asserted by the Australian Human Rights Commission (2024)⁵, the establishment of a national register is a major recommendation, alongside the need for more nationally consistent EPOA laws. The proposed National Plan should outline which recommendations from the Attorney General's consultation on a mandatory national registration scheme will be implemented. This should address the possibility of a National Register and include an approximate timeframe for implementation.
- The proposed National Plan describes strengthening safeguarding frameworks, including clarifying pathways for reporting abuse. However, greater specificity is required as to the possible avenues that will be considered to achieve this aim. Stakeholders from a range of frontline and advocacy organisations consulted by NARI have emphasised the importance of more consistent approaches to adult safeguarding, primarily via the establishment of adult safeguarding agencies in each state, and with each having investigatory powers, and the establishment of a national adult safeguarding framework.
- Frontline and advocacy organisations previously consulted by NARI emphasised the need for the abuse of older people to be criminalised nationally. While elder abuse does already encompass many criminal acts (e.g., assault or theft), academics, legal experts and other stakeholders⁶⁻⁸ have contended that introducing a specific crime of elder abuse across all states may further deter would-be perpetrators and improve rates of reporting.
- Although not technically considered a form of elder abuse as it does not occur within a relationship of trust, commercial predatory practices (or scams) that target older people remain a significant point of concern for older people, advocates and service providers⁹⁻¹¹. As older people are specifically targeted, it is important to acknowledge this in the proposed National Plan as a significant source of harm and distress for older people, and to include a description of steps that could be taken to further address this problem at a national level.
- The proposed National Plan describes the role of the Plan in improving the consistency of laws such as EPOA laws, however it does not address inconsistencies in laws relating to justice for victims of elder abuse. It would be useful to include in the proposed Plan any intention to address inconsistencies in pathways for seeking justice.
- Priority Action 2.2: Continue to raise awareness about the importance of planning ahead for decision making in later years and rights and obligations in relation to enduring instruments.

This priority action requires specificity about to whom awareness raising should be targeted. Older people themselves may be the beneficiaries of awareness raising, however, family members and providers are also required to understand rights and obligations relating to decision making and enduring instruments.

Focus Area 3: Strengthen the capacity and capability of services, including through targeted education and training for professionals

- We recommend that the National Plan specifically addresses building the capacity of health providers given the critical role they can play in detecting and responding to abuse and mistreatment of older people. Routine screening for elder abuse during health service visits, by asking all older people standardised questions about abuse, is one of the most effective ways to detect and respond to abuse and mistreatment of older people¹². As trusted professionals, health providers are ideally placed to do this and connect older people to specialist services like police and legal intervention, housing support, family mediation, and counselling¹³. However, elder abuse often goes unreported and is frequently overlooked by health providers due to varying levels of understanding about it, inadequate training in recognising signs, limited access to standardised screening tools, and insufficient organisational support for reporting identified cases¹⁴⁻¹⁷.
- Subacute hospitals can be an ideal setting to facilitate disclosure of abuse as admission lengths tend to be longer and there are opportunities for health providers to establish rapport with an older person away from the person causing harm¹⁸. Such hospital settings also have multidisciplinary teams that can coordinate responses and make appropriate referrals. However, training must be provided to all health providers rather than a specialised few, as an older person may disclose abuse to a health provider with whom they have more frequent contact, e.g., a nurse, who may not have the skills and confidence to respond. Similarly, standardised screening tools should be implemented in health services so that all older people are screened for abuse, even those without obvious signs, and health providers have a tool to facilitate sensitive conversations¹⁹⁻²¹.
- Paramedics commonly encounter vulnerable older people who are experiencing or at risk of experiencing abuse, particularly neglect. However, paramedics often lack training in elder abuse and may see an elder abuse response as outside their scope and role^{22, 23}. Therefore, paramedic training, including on clear response pathways and handover protocols, is essential for facilitating further investigation and more comprehensive and specialist responses²³.
- The proposed National Plan discusses improving service provision for older people, however it would be useful to state if the National Plan intends to ensure that older people will have the same level of access as they would if they were eligible for the NDIS. Currently, as highlighted by the Royal Commission into Aged Care²⁴, the level of support offered under My Aged Care is often inferior to what older people would receive if they had access to the NDIS. This is highly relevant to elder abuse, as carer stress may contribute to the abuse and mistreatment of vulnerable older people, and therefore improving access to services for older people is likely to reduce carer stress.
- The proposed National Plan describes supporting individual decision making by increasing education for professionals around supported decision making. It would be useful to see

included in the proposed National Plan an aim to develop a nationally supported decision-making framework. Currently, there are number of documents that could inform this effort, such as the National Decision-Making Principles recommended by the Australian Law Reform Commission²⁵, and the 2023 research report on a framework for supported decision making, authored by The Living with Disability Research Centre (La Trobe University)²⁶. Frontline and advocacy organisations previously consulted by NARI highlighted the need for a national framework to achieve consistency and commitment to the principle of supported decision-making across jurisdictions.

- The proposed National Plan should address community concerns over the lack of accreditation of some elder mediators. Specifically, the National Plan should include an aim to mandate appropriate certification requirements for mediators that wish to serve older clients. For example, as per the certification requirements of the Elder Mediation International Network (EMIN)²⁷ or the Australian Mediator and Dispute Resolution Accreditation System (AMDRAS)²⁸. This will improve the knowledge and capabilities of mediators working with older people, including their ability to detect and respond to elder abuse.
- We welcome the inclusion of homeless people as a priority group in the National Plan, and call for greater detail on how homelessness will be addressed given the increasing problem of homelessness among older people, particularly older women²⁹. Older people sleeping rough may be particularly vulnerable to abuse. Advocates and service providers consulted by NARI highlighted the need for more long term supports, for older women experiencing elder abuse including appropriate accommodation. Homeless services must be supported to identify older people at risk of elder abuse and/or experiencing elder abuse and must be adequately resourced to meet the need of these vulnerable older Australians.
- We recommend that the Australian Government provide adequate and equitable resourcing for state and territory frontline services and extend funding cycles for elder abuse programs and services so that so that services can gain traction and retain valuable staff.

Focus Area 4: Address gaps in the evidence base and increase collaboration

- There is very little research on elder abuse nationally and even less about elder abuse interventions. Most research is exploratory or descriptive. While this is important to understand the problem, how to end the abuse and mistreatment of elder abuse is unclear. We welcome the Australian Government's commitment to research through the Attorney General's Department and the Medical Research Future Fund's Dementia, Ageing and Aged Care Mission. However, we note that our project No more shame: Changing health providers recognition and response to elder abuse to reduce Associated stigma (MRF2015995 led by Prof. Brijnath) is the only project funded by the MRFF which addresses the abuse and mistreatment of older people. There must be greater investment into research which establishes a strong intervention evidence-base. Research into multidisciplinary, multicomponent interventions that show effective elder abuse prevention and response strategies is urgently needed. We call on the Australian Government to use Targeted Calls for Research on the abuse and mistreatment of older people so that this area of need is met by nationally competitive high-quality research.
- Priority Action 4.2: Develop a Monitoring and Evaluation Framework for this National Plan, including a staged approach to identifying data gaps and improving data collection and reporting.

We recommend that this priority action addresses harmonisation of the way data is collected, including consideration of the severity of instances of abuse. As noted in our Victorian Parliamentary Inquiry Submission (Submission to the Inquiry into the mechanisms for capturing data on the profile and volume of perpetrators of family violence in Victoria and barriers to achieving a full understanding of this cohort)³⁰, we recommend:

1. Upskill service providers to ask questions about elder abuse.
2. Consistently collect data on elder abuse.
3. Centralise data repositories.
4. Make data available in real time.
5. Harness the potential of artificial intelligence and machine learning.
6. Digitise, deidentify, and make data publicly available.
7. Collect data on risk factors for elder abuse.
8. Collect data on perpetrator social and clinical characteristics.
9. Collect data on immediate, mid-term and long-term outcomes of elder abuse.

Conclusion

NARI and La Trobe University reiterates its support for the new National Plan to End the Abuse and Mistreatment of Older People 2024 – 2034, while emphasising that further improvements could be made with respect to greater specificity around various aspects of the plan, a national register for EPOA holders, and commitment to funding its implementation.

NARI and La Trobe are committed to the vision of the National Plan where all older people feel safe, valued and heard; have their rights protected and promoted; and live free from abuse and mistreatment and are willing to be consulted or collaborate on any efforts to implement this vision.

About

NARI

The National Ageing Research Institute (NARI) is Australia's leading independent, non-profit medical research institute dedicated to ageing and aged care research. We specialise in translational research, accelerating change in policy and practice.

For nearly 50 years, NARI has led nationally and globally significant research, making a measurable difference to health outcomes and quality of life for older people and those who care for them. Our accomplished team includes public health experts, physiotherapists, psychologists, nurses, sociologists, anthropologists, and social workers. We work with geriatricians, psychiatrists, health economists, statisticians, and other specialists.

Our work is informed by meaningful engagement with older people, policy makers, and health and aged care providers. We provide a bridge between academia, policy, and practice, translating research into accessible evidence and knowledge to enable informed decision-making by governments and practitioners. NARI is the national leader in elder abuse research and in the last 10 years has contributed significantly to the field. Notable examples include:

- Qualitative exploration of the experience of elder abuse from the point of view of people who have experienced abuse and from the point of view of residential care staff (2014-current);
- Development of an action plan for Victoria identifying the gaps and priorities for elder abuse research and service provision (2018)

NARI is governed by an independent skills-based board, and funding is derived from a mix of government, non-government, philanthropic and competitive grant programs.

La Trobe University

Our vision is for La Trobe to be a leader in health, science and education, driven by technology. As a university, we remain focused on achieving impact through research, education and community engagement. We will stay true to our founding mission to expand the lifechanging opportunities afforded by higher education to under-served communities. We are proud that today over 40% of our students are the first in their family to go to university. We are ranked in the top 1% of universities in the world and will stay focused on academic excellence.

Previous work

Professor Bianca Brijnath holds a joint appointment at NARI and La Trobe. She is a national leader in elder abuse research and advocacy, and produces evidence, tools and resources to improve health and aged care systems, influence government policies and inspire best practice in the health and aged care sector, with respect to elder abuse response and prevention. Alongside, Dr Cavuoto and a team of researchers, Prof Brijnath's contribution to elder abuse research includes:

- Scoping the evidence relating to the primary prevention of elder abuse and piloting an intergenerational primary prevention program (2019-2021)³¹
- Co-designing and piloting an elder abuse screening tool in public hospitals^{19, 20}. This tool is now being trialed in 10 hospitals across 4 Australian states through a project funded by the Medical Research Future Fund (2021-2025)³²
- Analysis of 7 years of elder abuse data from Seniors Rights Victoria to understand service responses (2019-2020)³³
- Co-production of short educational videos with providers, older people, and family carers to help providers know how to respond to elder abuse in the context of dementia (>2000 views) (2019-2020), <https://www.nari.net.au/elder-abuse-and-dementia>
- Reviewing elder abuse provider responses during COVID-19 in Victoria and making recommendations to the Victorian Government on how to mitigate risk in future disasters (2021-2022)³⁴
- Advice on the intersection between cultural diversity and elder abuse to the National Prevalence Study, released December 2021 (2020)¹
- Evaluation of the National Elder Abuse Plan (2022-2023)³⁵
- Submission to the Victorian Parliamentary Inquiry into the mechanisms for capturing data on the profile and volume of perpetrators of family violence in Victoria (2024)³⁰
- Strengthening the Frontline Response to Elder Abuse: Qualitative Insights From Australian Paramedics (2024)²³
- Advocacy through involvement in advisory panels, public lectures, government advice (ongoing).

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