

National Elder Abuse Prevention and Advocacy Framework

November 2018



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OPAN acknowledges the Traditional Custodians of this land and pays respect to Elders past and present.

1. BACKGROUND TO THE FRAMEWORK

PURPOSE OF THE OLDER PERSONS ADVOCACY NETWORK NATIONAL ELDER ABUSE PREVENTION AND ADVOCACY FRAMEWORK

The United Nations Principles for Older Persons states ‘Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse¹. This is supported by the *Charter of Aged Care Rights* provides for the ‘right to ... live without abuse and neglect².

The Older Persons Advocacy Network (OPAN) member organisations have for some time now been addressing elder abuse issues in order to uphold these rights, through the Commonwealth Home Support Programme, through State or Territory elder abuse service provision as well as other funded advocacy and prevention work.

The work and activities have been of benefit to both users of aged care services and older people who are potential aged care service users. Contact has come through active engagement of older people and their families during information and education provision in the community. Elder abuse, and risk of elder abuse has also come to light when older people, their carers and families contact OPAN and its service delivery organisations requesting generalised and individual advocacy. This can be related to aged care, but also as the older person requests information and assistance in relation to other health, human services or community services.

To that end, OPAN’s members meet and support the older person within the community, service setting and circumstances within which they present – providing a ‘no wrong door’ approach to delivering elder abuse prevention and support.

The extent of this work was identified and documented in the [2017 independent review](#) of OPAN members’ elder abuse programs which confirmed the significant contribution of OPAN to national elder abuse prevention and advocacy activities, and the location of these activities within the broader landscape of elder abuse services. The report recommended that OPAN develop a nationally consistent approach to this work.

THE OPAN NATIONAL ELDER ABUSE PREVENTION AND ADVOCACY FRAMEWORK HAS TWO GOALS:

Goal 1: To develop and deliver a national elder abuse prevention and advocacy program, with consistent service delivery and standards across all Australian jurisdictions.

Goal 2: To inform, develop and deliver a best evidence, best practice national model of elder abuse prevention and advocacy response.

THE FRAMEWORK IS DRIVEN BY FIVE ELEMENTS WHICH SUPPORT NATIONAL CONSISTENCY:

- I. **Definitions and principles** – providing a consistent definition philosophy and principles to contextualise work and guide OPAN’s elder abuse prevention and advocacy activities.
- II. **Preventing elder abuse** – including through information and education.
- III. **Responding to elder abuse** - Supporting the individual older person who presents to OPAN, as well as collaborating with other organisations as a strategic response.
- IV. **Quantifying elder abuse** – through supporting research and the implementation of an OPAN National Elder Abuse Data Set.
- V. **Building capacity** – as a component of developing internal resources and expertise to enhance advocates knowledge and skills, and contributing to national knowledge through EAAA and the Elder Abuse Knowledge Hub.

OPAN’s work in elder abuse prevention and support can only be achieved in partnership. Strong referral networks and linkages to legal, counselling, helplines and referral networks are the key supports for OPAN’s elder abuse prevention and advocacy activities.

1. United Nations Principles for Older Persons. Adopted by General Assembly resolution 46/91 of 16 December 1991.<https://www.ohchr.org/en/professionalinterest/pages/olderpersons.aspx>
2. At the time of publication there are four Charters relating to the rights of aged care recipients; residential care, home care and short-term restorative care however Health is consulting on the development of a single charter of aged care rights.

THE OLDER PERSONS ADVOCACY NETWORK & THE NATIONAL AGED CARE ADVOCACY PROGRAM

The Older Persons Advocacy Network (OPAN) is a national network of nine state and territory organisations that have been successfully delivering advocacy, information and education services to older people in metropolitan, regional, rural and remote Australia for over 25 years.

- ★ ACT Disability, Aged and Carer Advocacy Service (ADACAS) – Australian Capital Territory
- ★ Advocacy Tasmania – Tasmania
- ★ Advocare – Western Australia
- ★ Aged and Disability Advocacy Australia (ADAA) – Queensland
- ★ Aged Rights Advocacy Service (ARAS) – South Australia
- ★ CatholicCare, Aged Care Advocacy Service – Central Australia - Northern Territory
- ★ Elder Rights Advocacy (ERA) – Victoria
- ★ Seniors and Disability Rights Service (SDRS), Darwin Community Legal Service – Northern Territory
- ★ Seniors Rights Service – New South Wales.

OPAN is funded by the Australian Government to deliver the National Aged Care Advocacy Program (NACAP) under the *Aged Care Act 1997*. NACAP provides free, independent and confidential advocacy support, education and information to older people (and their representatives) receiving, or seeking to receive, Australian Government funded aged care services.

OPAN's delivery of NACAP is guided by the:

- ★ National Aged Care Advocacy Framework (2018)
- ★ National Aged Care Advocacy Program Guidelines
- ★ NACAP Funding Agreement and approved activity workplans
- ★ Commonwealth Aged Care Act 1997, including the Grant Principles 2014 and User Rights Principles
- ★ The Charter of Aged Care Rights.¹

In addition, OPAN aims to provide a national voice for aged care advocacy and promote excellence and national consistency in the delivery of advocacy services under the Program.

Individuals eligible to receive NACAP services include:

- ★ people receiving Australian Government funded aged care services
- ★ people seeking to receive Australian Government funded aged care services (this may include prior to receiving an aged care assessment)
- ★ families or representatives of the above.

The Program delivers rights-based advocacy services to ensure that **current and prospective aged care consumers** understand and can exercise their rights as well as participate in decisions made regarding their care. Services support older people, their families, carers and representatives to articulate and address issues associated with accessing and using Commonwealth funded aged care services. NACAP also funds the provision of free information, and education sessions to consumers and potential consumers of Commonwealth funded aged care services, and their families, carers or representatives.

As a national program, NACAP provides services to a range of people from individually and geographically diverse backgrounds, including vulnerable populations. OPAN is required under NACAP to provide advocacy services to consumers and providers in a nationally consistent manner that also offers the flexibility required to accommodate the individual demographic, cultural, religious, physical and linguistic needs of individual consumers.

In delivering NACAP, OPAN has a focus on older people who identify as being from special needs groups (see box below), along with people who are living with dementia, a mental health condition, a disability or cognitive decline.

OPAN also delivers education on consumer rights and responsibilities to providers of Australian Government funded aged care services as part of NACAP.

THE NATIONAL AGED CARE ADVOCACY FRAMEWORK - SPECIAL NEEDS GROUPS

Under the *Aged Care Act 1997*, people with special needs include people who identify with or belong to one or more of the following groups:

- ★ people from Aboriginal and Torres Strait Islander communities;
- ★ people from culturally and linguistically diverse backgrounds;
- ★ people who live in rural or remote areas;
- ★ people who are financially or socially disadvantaged;
- ★ people who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran
- ★ people who are homeless, or at risk of becoming homeless;
- ★ people who are care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations)
- ★ parents separated from their children by forced adoption or removal; and
- ★ people from lesbian, gay, bisexual, trans/ transgender and intersex (LGBTI) communities.

OPAN'S ROLE IN PREVENTING AND RESPONDING TO ELDER ABUSE

Until recently, OPAN's role in addressing elder abuse had not been specifically resourced by the Australian Government Department of Health. In recognition of the elder abuse work OPAN service delivery organisations have been undertaking, the Minister for Senior Australians and Aged Care, the Hon Ken Wyatt AM MP provided OPAN with \$1 million in 2017-18 to support the development of elder abuse prevention activities and resources. The first project funded with this grant was the 2017 *independent review* of OPAN's elder abuse advocacy and prevention programs, and many of its recommendations have guided the work supported by the initial grant.

In addition, the grant funded research into elder abuse prevention and response models in rural and remote settings and the research and development of tools to incorporate Supported Decision Making approaches within elder abuse prevention and support services.

The grant also supported the development of the national **OPAN National Elder Abuse Prevention and Advocacy Framework**, research service models for elder abuse advocacy and prevention activities, while supporting new and existing OPAN elder abuse projects and trialling direct service delivery. In the 2018-19 Budget OPAN received a further commitment of \$1 million for each of the 2018-19 and 2019-20 financial years to continue this work.

OPAN service delivery organisations provide an immediate response to consumers experiencing elder abuse in community and residential aged care services, and more broadly to prospective users of aged care services. Elder abuse prevention and support occurs through all three of OPAN's core activities – **advocacy, information and education**. This aligns with the program activities as defined in the National Aged Care Advocacy Framework.

NATIONAL AGED CARE ADVOCACY
FRAMEWORK - NACAP ACTIVITIES

The **National Aged Care Advocacy Framework** specifies that the Objectives of the NACAP will be met through the delivery of the following program activities:

- ★ independent and individually focussed **advocacy** support delivered directly to older people (including their families or representatives);
- ★ the provision of independent **information** to support older people (including their families or representatives);
- ★ the delivery of **education** sessions promoting aged care consumer rights to older people (including their families or representatives); and
- ★ the delivery of **education** to aged care providers promoting consumer rights and aged care provider responsibilities, including through online and digital systems.

In providing this range of services, OPAN addresses elder abuse across a continuum of service - spanning prevention, early intervention and ongoing response. Within this continuum, elder abuse services are also designed to be responsive to individual and changing consumer needs.

Specifically related to elder abuse, OPAN members provide the following activities, in addition to OPAN's NACAP activities. These form the basis of our agreed, ongoing, key performance indicators for OPAN's members direct service provision in relation to elder abuse. These KPIs are monitored and reported in addition to OPAN's NACAP activities:

- ★ the provision of independent and individually focussed advocacy support delivered to older people at risk of or who are experiencing elder abuse
- ★ the provision of independent information to support older people at risk of or who are experiencing elder abuse
- ★ the delivery of education sessions on elder abuse prevention or strategies to protect themselves from elder abuse to older people, the community and service providers
- ★ at least 20% of the above activities being provided to people identifying as being from special needs groups

2. A CHANGING LANDSCAPE: OVERVIEW OF KEY NATIONAL
INITIATIVES TARGETING ELDER ABUSE

OPAN and other services targeting elder abuse operate in a changing landscape that has seen elder abuse gain increasing policy attention, community awareness and dedicated resourcing. Significant movement on a number of major initiatives has occurred in the last two years.

However, many in the community, academia and legal arenas have been advocating for action on elder abuse for decades. The nation-wide effort has been supported and enhanced by the numerous formal inquiries into elder abuse at State and Territory level in the past decade, with several developing rights-based legislation designed to protect and empower older people. Most State/Territory governments have established Elder Abuse Helplines and some have funded elder abuse prevention and advocacy services for varying lengths of time. In 2018 Victoria became the first State to implement an Elder Abuse Action Plan.³

Importantly, addressing elder abuse now has bipartisan agreement at both Federal and State government levels. As Australia's Age Discrimination Commissioner noted recently, this harmony of thinking and commitment to positive change represents a rare opportunity for progress.

"The current Federal and State bipartisan commitment to elder abuse is a once in a lifetime opportunity for change" (The Hon Dr Kay Patterson AO, Keynote Address, WEEAD Conference, Adelaide, June 15th 2018).

The recent key national influencers of reform are outlined in the figure below and selected breakthrough influences outlined within the following section.

FIGURE 1: RECENT NATIONAL REFORM TO ADDRESS ELDER ABUSE



3. Dow B, Gaffy E & Hwang K (2018) Elder Abuse Community Action Plan for Victoria, National Ageing Research Institute and Seniors Rights Victoria, Melbourne.

NATIONAL AND CROSS-SECTOR NETWORKS SUPPORTING COORDINATED ELDER ABUSE RESPONSES

A number of national and cross-sector networks support a coordinated and holistic response to elder abuse.

Three structures have been prominent in supporting a national focus on elder abuse – the **Older Persons Advocacy Network** (OPAN); the **Older Persons' Legal Service network** (OPLS); and the **Australian Network for the Prevention of Elder Abuse** (ANPEA).⁴ ANPEA commenced its collaborative efforts in 1997 and was reconvened in 2006. Both ANPEA and OPLS (via its national umbrella organisation NACLC – National Association of Community Legal Centres) have important formal linkages with influential international bodies INPEA (the International Network for the Prevention of Elder Abuse) and NACLC with the United Nations. The work of these international bodies and of the World Health Organization has been an important influence on reform in Australia.

In early 2016, the loosely structured national Elder Abuse Network resolved to commission an Options Paper to explore and recommend the most appropriate options for the structure and governance of a national entity which could give a clearly identified 'voice' to the issue, driving collaborative and coordinated strategies to pursue shared goals and 'reduce and prevent elder abuse'. The Options Paper was to inform the decision-making of the Network regarding the type of entity which would - "...harness shared efforts across Australia to make elder abuse more visible and a higher priority for action by government, the non-government sector, business and the community."⁵ Ultimately Elder Abuse Action Australia (EAAA) was established in 2018.

Importantly, the three national network structures and EAAA all have members in common which facilitates collaboration and information sharing as well as coordinated communication campaigns, including those designed to raise awareness of elder abuse and of unmet need in prevention and advocacy services.

NATIONAL ELDER ABUSE CONFERENCES AND ASSOCIATED WORKSHOPS, 2012-2018

The series of national Elder Abuse Conferences⁶ and their post-Conference workshops have provided a critical national focus on elder abuse. These conferences have predominantly been the work of grass roots community legal and aged care advocacy organisations, including organisations who are OPAN members.

The Annual Reports on Elder Abuse (initiated at the 2013 Conference), collected jurisdictional level data on prevalence and type of elder abuse and have continued to raise the profile of elder abuse nationally. These reports consolidated the data on known elder abuse and highlighted the issue of elder abuse to Members of Parliament and the media.

The post-Conference workshop of the fifth national Elder Abuse Conference (Sydney, February 2018) generated an important [report](#) that identified a set of priorities that need to be pursued by policy-makers and governments to effectively reduce the risk of elder abuse in Australia while also supporting those affected.⁷ OPAN was a key sponsor of this event and report along with OPAN member Seniors Rights Service.

AUSTRALIAN LAW REFORM COMMISSION INQUIRY AND REPORT INTO ELDER ABUSE, 2016 - 2017

The Attorney-General, Senator the Hon George Brandis QC announced an Inquiry for the Australian Law Reform Commission (ALRC) on 'Protecting the Rights of Older Australians from Abuse' on 24 February 2016. The ALRC inquiry report, [Elder Abuse—A National Legal Response \(ALRC Report 131\)](#), was tabled on 14 June 2017.

Although the ALRC Inquiry has been a powerful reforming influence, it is important to recognise that it was informed by submissions from organisations with a solid track record as leaders in delivering elder abuse services and whose expertise guided many of the Inquiry's recommendations. The inquiry was also shaped by a growing body of research and practice evidence at all jurisdictional levels and across sectors.

The Inquiry provided a national focus for all of these separate efforts and its power came from the combination of that collective knowledge and experience and the credibility of the ALRC itself. The ALRC Inquiry was also timely as organisations around Australia had been calling for a national approach to elder abuse for some time. This was particularly apparent in the outputs of a series of national elder abuse conferences, the findings of a number of major research studies and the work of critical national and cross-sector networks.

The ALRC report included 43 Recommendations designed to safeguard older people from abuse and support them to make choices about decisions affecting their lives, including those related to their care. Its focus was on *balancing safety and autonomy* and acknowledged that abuse occurs regardless of where older people live, including in residential aged care.

KEY NATIONAL RESEARCH STUDIES

There have been numerous and valuable research studies undertaken at the State and Territory level. Nationally the work of the Australian Institute of Family Studies (AIFS) and the National Ageing Research Institute (NARI) has had significant impact and continues to do so. Prior to being commissioned in 2016 to undertake the first national prevalence study (itself the recommendation of multiple researchers and service providers) the AIFS had produced key research in relation to elder abuse.

Kaspiew, Carson and Rhodes 2016 work provided a broad analysis of the issues raised by elder abuse in the Australian context (Kaspiew Carson & Rhoades, 2016).⁸ Their seminal work *Elder Abuse: Understanding issues, frameworks and responses* was commissioned and funded by the Australian Government Attorney-General's Department. The report provided a broad analysis of the issues raised by elder abuse in the Australian context.

The NARI worked with Seniors Rights Victoria in 2016 to produce research on the outcomes of elder abuse service interventions (Vrantsidis, Dow, Joosten, Walmsley & Blakey, 2016)⁹ and most recently to inform Victoria's first Elder Abuse Plan (Dow, Gaffy & Hwang, 2018³). In 2017, NARI collaborated with the University of Melbourne on a study designed to increase understanding of elder abuse (Joosten, Vrantsidis & Dow, 2017).¹⁰

4. <https://www.eapu.com.au> Key players include Elder Abuse Prevention Unit (Queensland), Seniors Rights Victoria, Seniors Rights Service (NSW), Aged Rights Advocacy Service (SA) and Advocare (WA)

5. Barnett K (2016) Developing a National Voice for Elder Abuse: Options Paper, prepared for the Elder Abuse Network, Australia. Stand Out Report in collaboration with Meeting Success (unpublished)

6. The first Conference was held in 2012 (Brisbane), the second in 2013 (Adelaide), the third in 2014 (Perth), the fourth in February 2016 (Melbourne) and the fifth in Sydney in February 2018. Participation has been increasing over time. At each Conference the need for a national, coordinated approach to elder abuse was identified.

7. Seniors Rights Service (2018) *Elder abuse: community led strategies for change. Discussion Paper*. Prepared as background to the Strategy Day immediately following the 2018 National Elder Abuse Conference, Seniors Rights Service, New South Wales.

8. Kaspiew R, Carson R & Rhoades H (2016) *Elder Abuse: Understanding Issues, Frameworks and Responses*, Australian Institute of Family Studies, Melbourne.

Kaspiew R, Carsen R & Rhoades H (2016) *Elder Abuse in Australia*, Family Matters # 98, AIFS, Melbourne.

9. Vrantsidis F, Dow B, Joosten M, Walmsley M & Blakey J (2016) *The Older Person's Experience: Outcomes of Interventions into Elder Abuse*, Seniors Rights Victoria and the National Ageing Research Institute.

10. Joosten M, Vrantsidis F & Dow B (2017) *Understanding Elder Abuse: A Scoping Study*, University of Melbourne and the National Ageing Research Institute.

COMMONWEALTH GOVERNMENT COMMITMENTS AND ACTIONS TO ADDRESS ELDER ABUSE

In 2016 the Coalition Government committed \$15 million to support a national agenda to address elder abuse in Australia. This support has resulted in:

- ★ a **National Prevalence Study** designed to better understand the ‘nature, scale and scope’ of elder abuse (providing \$590,000 to the Australian Institute of Family Studies to lead this research);
- ★ increased training and education for professionals and the wider community; and
- ★ a new elder abuse national peak body, **Elder Abuse Action Australia** (EAAA), to support the ‘national coordination and advocacy of issues related to prevention of elder abuse’ (with initial funding of \$250,000 per annum for two years).

Established in 2018, EAAA was also given the related roles of fostering collaboration, information sharing, learning and innovation, as well as additional funding to conduct a scoping study for an Elder Abuse Knowledge Hub.

The 2018 ‘More Choices for a Longer Life – Protecting Older Australians’ initiative includes the Federal Government’s response to specific recommendations made in the [Australian Law Reform Commission’s 2017 Elder Abuse Report](#). The \$22 million funding provided to the Attorney-General’s Department in the 2018-19 Commonwealth budget supports a number of components including:

- ★ Australia’s first **National Elder Abuse Plan**, to be developed by the end of 2018.
- ★ Core funding to support the newly established Elder Abuse Action Australia peak body to engage with the National Plan and scope the **Elder Abuse Knowledge Hub** – a mechanism to share expertise and profile best practice.
- ★ Expansion and evaluation of a number of **Support Service Trials**, for example –
 - **Family Counselling and Mediation Services** through a pilot across 50 sites to determine whether mediation with legal assistance is an effective model in responding to elder abuse.
 - Specialist **Elder Abuse Units** in legal services.
 - **Health-Justice Partnerships**.

- ★ Establishment of a **National Register of Enduring Powers of Attorney** – ensuring nationally consistent enduring documentation, enhanced by the provision for national consistency in court and tribunal appointments of guardians and financial administrators (dependent on agreement by all jurisdictions).
- ★ Development of **national, Best Practice Guidelines for Legal Practitioners** in relation to the preparation and execution of wills in order to address elder abuse issues.

3. THE OPAN NATIONAL ELDER ABUSE PREVENTION AND ADVOCACY FRAMEWORK

I. ELDER ABUSE DEFINITIONS AND GUIDING PRINCIPLES

OPAN is guided by the World Health Organization (WHO) [definition of elder abuse](#) which identifies elder abuse as occurring within a relationship of trust and having multiple manifestations, including intentional or unintentional neglect.

Elder abuse can be defined as ‘a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person’. Elder abuse can take various forms such as physical, psychological or emotional, sexual and financial abuse. It can also be the result of intentional or unintentional neglect (WHO, 2002).¹¹

This definition is currently the most widely used by elder abuse specialists and advocates.

GUIDING PHILOSOPHY

OPAN pursues a human rights approach in all of its work, a guiding philosophy that is in harmony with key elder abuse policies and programs, internationally and across Australia. OPAN’s work is underpinned by principles of the National Aged Care Advocacy Framework. These require advocacy services to be free, independent, confidential, placing consumers at the centre of decision-making and supporting them to do so, and provided with attention to quality, access and equity.

The National Aged Care Advocacy Framework (Section 5) stipulates that NACAP advocacy is guided by relevant rights-based principles and legislation, including but not limited to:

- ★ The United Nations Charter of Human Rights and the United Nations Principles for Older Persons (1991)
- ★ The Charters of Care Recipients’ Rights and Responsibilities¹²
- ★ Australian Consumer Law.

In delivering NACAP, OPAN places a strong emphasis on proactive / preventative advocacy by educating and strengthening the capacity of consumers, their representatives and the general community. OPAN supports are independent of service delivery organisations. OPAN works to ensure its services are free from any real or perceived conflict of interest.

11. http://www.who.int/ageing/projects/elder_abuse/en/

12. At the time of writing there are four Charters relating to the rights of aged care recipients; residential care, home care and short-term restorative care however Health is consulting on the development of a single charter of aged care rights.

OPAN ELDER ABUSE PREVENTION AND ADVOCACY - GUIDING PRINCIPLES

In line with the overarching philosophy, a set of principles guide OPAN service delivery organisations in addressing elder abuse. The ways in which these are translated into service delivery will be shaped by local and jurisdictional level legislation, policy, service systems and resources but take the human rights philosophy and associated principles as their foundation.

- 1) The rights of the older person are upheld in all actions and interactions, and this includes their right to autonomy and self-determination.
- 2) Older people are placed at the centre of all advocacy processes and advocates act at their direction.
- 3) In preventing and responding to elder abuse, advocates aim to empower older people and to enable them to exercise informed choice.
- 4) The older person's capacity to make decisions is assumed.
- 5) It is recognised that older people enjoy legal capacity on an equal basis with other citizens and have a right to be supported to exercise that capacity.¹³
- 6) In seeking to balance the right to autonomy with the right to be safe, information relating to risks and safety is always provided to support the older person.¹⁴
- 7) Privacy and confidentiality are respected, unless the disclosure or use of personal information is required or authorised by law.
- 8) Consumers are linked with other service providers when their expertise enhances the support being provided and the consumer agrees to this. The OPAN advocate continues to work with the consumer at their direction, supporting them until the matter is resolved, or when all options have been exhausted.
- 9) In recognising the diversity of older people, services are accessible and inclusive, and tailored wherever possible to individual need.

- 10) The importance of preserving family relationships is recognised wherever possible. OPAN recognises and appreciates the complexity of family relationships.
- 11) Governance and management systems are designed to ensure safe, effective and efficient services.

Principle 5 also reflects the National Decision-Making Principles articulated in the Australian Law Reform Commission's 2014 *Equity, Capacity and Disability in Commonwealth Laws Discussion Paper*:

- ★ **Principle 1: The equal right to make decisions**
All adults have an equal right to make decisions that affect their lives and to have those decisions respected.
- ★ **Principle 2: Support**
Persons who require support in decision-making must be provided with access to the support necessary for them to make, communicate and participate in decisions that affect their lives.
- ★ **Principle 3: Will, preferences and rights**
The will, preferences and rights of persons who may require decision-making support must direct decisions that affect their lives.
- ★ **Principle 4: Safeguards**
Laws and legal frameworks must contain appropriate and effective safeguards in relation to interventions for persons who may require decision-making support, including to prevent abuse and undue influence.

II. PREVENTING ELDER ABUSE

OPAN service delivery organisations structure their services to address elder abuse across a continuum from prevention, to early intervention and responsive advocacy. A range of preventive strategies are possible and usually reflect existing knowledge of risk and trigger factors. For example, the *World Health Organization* has identified as important preventive strategies: public and professional awareness campaigns, screening (of potential victims and abusers), school-based intergenerational programs, caregiver support interventions (including stress management and respite care), caregiver training and residential aged care policies that define and improve standards of care.

OPAN elder abuse prevention occurs at multiple levels and includes:

- ★ Awareness-raising activities, such as, national and jurisdiction-based conferences on elder abuse, specific community awareness raising campaigns and a range of media-directed communication strategies. These can be undertaken independently or in collaboration with other organisations.
- ★ At a systemic level, OPAN service delivery organisations are involved in a range of strategic collaborations that involve preventing and addressing elder abuse, for example, through policy initiatives, program design and contribution to major inquiries into elder abuse.
- ★ At the service provision level, OPAN members are funded to deliver two types of services designed to prevent elder abuse, one involving information provision and the other involving education. These are described below and are offered to older people, family caregivers, service providers and the wider community.

INFORMATION SERVICES

OPAN provides information about aged care service provision and the rights and responsibilities of consumers of Commonwealth funded aged care services, family members, carers, service providers and members of the public. Specific information related to elder abuse is also provided and this can be part of advocacy and support services, or a component of education services. This information is always:

- ★ independent from aged care service provision,
- ★ free and accessible to people with diverse needs,
- ★ available in a range of formats including over the phone, electronic, in print, and face to face where required and practical,
- ★ respectful of people wishing to remain anonymous,
- ★ supportive of informed decision making and self-advocacy and
- ★ able to connect people seeking further information or support to an advocate.

EDUCATION SERVICES

OPAN service delivery organisations also offer free education and information sessions to consumers and potential consumers of Commonwealth funded aged care services, as well as their families, carers and supporters. Education sessions focus on:

- ★ the role of advocacy in supporting consumers to access and interact with the aged care system;
- ★ the role of advocacy in supporting people who are unhappy with their aged care services; and
- ★ consumer rights and responsibilities when receiving Commonwealth funded aged care services.

Working from this core program, consumer education sessions are tailored to the individual needs of each group.

Elder abuse-specific education programs are provided in metropolitan, regional and rural locations, sometimes in collaboration with community legal services, in community settings and residential aged care settings.

OPAN information and education programs align with the National Aged Care Advocacy Framework which identifies the consumer as central to ensuring older people are informed about their aged care rights and education with this constituting a form of preventive advocacy.

13. This Principle reflects those of the Australian Law Reform Commission's 'National Decision-Making Principles' - ALRC (2014) *Equality, Capacity and Disability in Commonwealth Laws*, Discussion Paper 81, Australian Law Reform Commission, Section 3 'National Decision-Making Principles' pp 53-74.
14. OPAN acknowledges *Australian Privacy Principles* (APP 6.2b) and the duty of care and mandatory reporting requirements or other legal duties applying in each jurisdiction.

III. RESPONDING TO ELDER ABUSE

SUPPORTING THE INDIVIDUAL OLDER PERSON

Support to individual older people experiencing or at risk of elder abuse is provided within OPAN’s NACAP remit to potential and current users of Commonwealth Aged-care services. This provides a broad scope to where and how the individual may engage with OPAN’s elder abuse advocacy and social support services.

The Commonwealth Department of Health funds OPAN to provide a range of individual advocacy services and these include individual advocacy which may relate to elder abuse. The older person may be a recipient of community aged care, residential aged care or other Commonwealth funded aged care services.

OPAN’s philosophy is to support the older person in the community, service setting and circumstances within which they present – providing a ‘no wrong door’ approach to delivering elder abuse prevention and individual advocacy support.

In addition, individual organisations in the OPAN group receive funding from other sources for elder abuse advocacy and prevention services, most of this coming from State and Territory governments. Elder Abuse Helplines, sometimes in combination with advisory units, are funded in all States and Territories, and four of these are provided by OPAN service delivery organisations (in the Northern Territory, South Australia, Tasmania and Western Australia). Specific elder abuse advocacy services have been funded by the Western Australian (*Advocare*), and South Australian (*Aged Rights Advocacy Service*)¹⁵ governments, and most recently by the Northern Territory government, for a twelve month period.¹⁶

All OPAN service delivery organisations have strong links with community legal services, either through collaboration that may be formalised with a Memorandum of Understanding, or through a structure that involves a partnership between a community legal service and an OPAN member. The *Seniors and Disability Rights Service* (SDRS) is part of Darwin Community Legal Service which provides general legal services prioritised to disadvantaged and marginalised people and communities, and through the SDRS, the Elder Abuse Information Line. The NSW *Seniors Rights Service* combines the Older Persons’ Legal Service which provides free legal assistance to

15. However, the SA government ceased this funding on 30/9/17.
16. In October 2017, the Office of Senior Territorians provided funding to the Seniors and Disability Rights Service (SDRS) for a one year Northern Territory Elder Abuse Prevention Program.

disadvantaged and vulnerable older NSW people, with its OPAN advocacy service.

Together the various sources of funding support a core of expert advocacy services that has evolved over time to provide a significant set of skills, experience and networks focused on elder abuse. OPAN providers are differentiated from other elder abuse advocates by their extensive knowledge of older people, aged care services and their working relationships in this sector.

COLLABORATION AS A STRATEGIC RESPONSE TO ELDER ABUSE

Elder abuse is a highly complex issue. Services designed to reduce or address elder abuse require a range of professional and sectoral inputs in order to:

- (i) provide the most holistic and consumer-centred response possible; and
- (ii) overcome inter-sector boundaries that prevent seamless support.

OPAN considers that its elder abuse-related work should avoid duplication of the efforts of other agencies.

For these reasons, OPAN service delivery organisations place a high value on collaboration with other service providers, and the building of positive working relationships with a range of stakeholders including peak bodies and government agencies. Coordination of effort and a maximisation of limited resources is considered to be paramount, and this also reflects the National Aged Care Advocacy Framework provisions.

NACAP Guidelines stipulate that OPAN service delivery organisations are required to have effective and active networks and linkages with a number of identified agencies and services in order to support access and referrals to services that address advocacy needs for aged care consumers.

OPAN also undertakes systemic advocacy by regularly engaging with key decision makers including the Minister for Senior Australians and Aged Care and the Department of Health, contributing to government consultation discussions and participating in relevant stakeholder networks and forums, such as the National Aged Care Alliance (NACA).

OPAN service delivery organisations work with a range of specialist agencies to enable them to better provide inclusive elder abuse advocacy and prevention services. The National Aged Care Advocacy Framework encourages the development of innovative approaches for ensuring equity of access for all consumers including those from individually and geographically diverse groups.

Mapping of existing partnerships, links and pathways between OPAN agencies and organisations with an elder abuse prevention or response role (see Chart in *Appendix A*) shows that:

- ★ all OPAN service delivery organisations are part of interagency networks as these bring multiple service providers together and form an effective and efficient way to ensure that OPAN services are known and recognisable, and that working relationships can be developed on behalf of consumers.
- ★ Systemic advocacy is enhanced through collaboration with State and Territory governments, particularly ageing and aged care policy units, and authorities with responsibility for protecting vulnerable people, as well as important peak bodies like Elder Abuse Action Australia (EAAA) and the Council on the Ageing (COTA).
- ★ Collaboration with services specialising in working with special needs groups is also a key part of OPAN service linkage and development.

The map also identifies where collaboration has been formalised with a **Memorandum of Understanding** (MOU). At the time of writing, this involves three MOUs – one between Advocacy Tasmania and the Legal Services Commission of Tasmania, one between Advocare and the Legal Services Commission of Western Australia, and one between Advocare and the Western Australian Public Advocate.

The content and design of those MOUs has informed the development of two template MOUs for OPAN organisations – one for a simple agreement and the other for a more detailed agreement. These are provided in *Appendix B*.

Appendix C identifies the key agencies with whom OPAN service delivery organisations typically collaborate when responding to elder abuse. The first identifies those agencies based on the type(s) of abuse involved while the second identifies agencies based on special needs groups.

17. ARAS (2011) *Protocol for Responding to Abuse of Older People Living at Home in the Community*, Aged Rights Advocacy Service, South Australia.

PATHWAYS AND PROTOCOLS FOR COLLABORATIVE SERVICE PROVISION

Based on the agencies identified for referral and collaborative service provision, OPAN has developed a set of Protocols to guide that process. The two protocols are based on key decision-making steps required in deciding if a collaborative pathway should be implemented:

- 1) The first Protocol guides decisions based on whether or not the elder abuse involved requires an emergency response (in which case referral to emergency services is required) and based on whether or not the older person is considered to have decision-making capacity and/or has specific needs that may require specialist support. If capacity is deemed to exist, the OPAN service delivery organisation proceeds to the next stage which is reflected in the second Protocol.
- 2) The second Protocol has two main components – the first providing guidance based on the type(s) of elder abuse involved and the second based on whether special needs are involved, and therefore, requiring an additional layer of expert involvement.

The Protocols are underpinned by a human rights approach and are driven by the older person and therefore, based on their consent.

The flowcharts in *Appendix D* are designed to provide a high level, national reflection of OPAN principles and processes, with the expectation that they will be customised at jurisdictional level to identify specific services, programs and so on.

Examples of existing Protocols followed by two OPAN agencies can be found in the Advocare (WA) service and the Aged Rights Advocacy Service (SA).¹⁷

IV. QUANTIFYING ELDER ABUSE

The Australian Government, the Australian Law Reform Commission (in its Inquiry into Elder Abuse), organisations providing elder abuse advocacy support, and numerous researchers (in Australia and overseas) have all recognised the need for national prevalence data on elder abuse, underpinned by a consistent definition (e.g. Joosten et al 2016: 10; Kaspiew et al 2016: 5; Lacey et al 2017: 14).¹⁸ There is clear agreement that the lack of a consistent definition and the absence of national prevalence data constitute a significant gap in the evidence base.

The development of a National Plan for Elder Abuse has been supported by Commonwealth, State and Territory Governments. This will be informed by a national study to examine the prevalence of elder abuse in Australia by the Australian Institute for Family Studies to better understand the ‘nature, scale and scope’ of elder abuse. This project includes developing a consistent research-focused definition of elder abuse.

The importance of accurate and nationally consistent data collection is also acknowledged in the National Aged Care Advocacy Framework. This requires the reporting of NACAP funded activities, with data being used to monitor and evaluate outcomes and outputs while also assisting to identify “... *unmet demand, consumer trends and experiences, and to inform policy development and systemic reform within the broader aged care sector.*”

THE OPAN ELDER ABUSE DATASET

The OPAN Elder Abuse Dataset is an evidence-creating mechanism designed to better scope and understand the extent and complex mix of elder abuse issues raised by older people with OPAN services. It has core elements that represent agreement about a common set of information to be collected, and additional elements that OPAN agencies can choose to collect if they wish to capture jurisdictional and local level needs and patterns.

The Dataset has been informed by the 2017 review of OPAN elder abuse services (which included findings and recommendations on data collection); analysis of OPAN organisations’ individual datasets; and a review of other datasets being developed by elder abuse researchers –

including work being undertaken by the Australian Institute of Family Studies, the data collected by the Queensland Elder Abuse Protection Unit, the NSW Elder Abuse Helpline and Resource Unit and the review of elder abuse data collected by Seniors Rights Victoria.²⁰ The Dataset has been designed to align with standard data collection parameters set by the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW). It includes data collected about the Special Needs Groups identified in the Aged Care Act 1997.

The Dataset is designed to collect information about the following:

- ★ Type/s of abuse.
- ★ Referral source (including self-referral).
- ★ Client profile – based on demographic features.
- ★ Client profile – based on special needs.
- ★ Client relationship to alleged abuser/s.
- ★ Alleged abuser profile – demographic, special needs, relationship to client, any known history of abuse.
- ★ Risk factors present (reflecting existing knowledge about risk factors).
- ★ Advocacy response and outcomes.

During 2018-2020 the Dataset will operate as a pilot so that OPAN can monitor and adjust content in response to feedback from OPAN service delivery organisations as it is implemented. Following the pilot, for the first time, OPAN will be able to produce a report that is based on nationally consistent data collection, and can provide important information about need (eg expressed in type/s of abuse identified) and service responses as well as profiling data. This will provide a benchmark from which it will be possible to capture comparative data and trends over time. A copy of the dataset is presented in *Appendix E*.

V. BUILDING CAPACITY

As with OPAN's aged care advocacy services, elder abuse prevention and advocacy are based on a commitment to quality of service provision and continuous improvement, which in turn requires ongoing building of capacity through specific staff training and development. This element of the Framework has two components.

- a) **Component 1** involves ensuring that OPAN advocates who have not specialised in addressing elder abuse receive the training and information required to recognise signs and risk factors and to understand the service system designed specifically to address elder abuse. Specialist advocates will require ongoing training and development and continued linkage with others providing elder abuse services across Australia.
- b) **Component 2** involves drawing on the elder abuse expertise that exists within the OPAN group, building the capacity of the aged care sector to address elder abuse, and contributing to national elder abuse information, training and development.

Supporting ‘Component 2’ includes contributing to the development by EAAA of the national Elder Abuse Knowledge Hub, for which important work has already been undertaken by several OPAN organisations through the NEAPHUB (National Elder Abuse Prevention Hub).²¹ There are a significant number of elder abuse resources that have been developed across Australia, including by OPAN members, that will be centralised in the Knowledge Hub and it is critical that these are not duplicated, and that best practice evidence can be accumulated through collaboration.

Key to continuous improvement and capacity building is innovation, as new models of service are piloted and reviewed – by OPAN service delivery organisations themselves and in partnership with elder abuse specialist agencies and researchers. Innovation includes applying new technologies that can enhance service delivery (particularly in reaching rural and remote locations), staff training and development, and the sharing of knowledge and information. This reflects directions set in the National Aged Care Advocacy Framework which encourages innovative use of digital technologies to ensure accessible and appropriate service design.

18. Joosten M, Vrantisidis F & Dow B (2017) *Understanding Elder Abuse: A Scoping Study*, University of Melbourne and the National Ageing Research Institute.
Kaspiew R, Carson R & Rhoades H (2016) *Elder Abuse: Understanding Issues, Frameworks and Responses*, Australian Institute of Family Studies, Melbourne.
Lacey W, Middleton H, Bryant L & Garnham B (2017) *Prevalence of Elder Abuse in South Australia*, University of South Australia and Department of Health and Ageing (SA).
20. NARI & SRS (2015) *Profile of elder abuse in Victoria: analysis of data about people seeking help from Seniors Rights Victoria: Summary Report*, National Ageing Research Institute and Seniors Rights Victoria, Melbourne

21. The NEAPHUB was established to create a national focal point for elder abuse prevention resources but never reached completion.

APPENDIX A: MAPPING OPAN COLLABORATION AND PARTNERSHIPS

Collaboration or Partnership	JURISDICTION							
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
COLLABORATION TO SUPPORT SERVICE PROVISION AND LINKAGE								
Interagency networks								
Legal services ++						MOU		MOU
Counselling, mediation services e.g. Relationships Australia								
Emergency housing								
Family violence services								
Other advocacy services e.g. Public Advocate								MOU
COLLABORATION TO SUPPORT SYSTEMIC ADVOCACY AND SERVICE COORDINATION								
Peak bodies e.g. COTA, COSS								
State/Terr government ageing policy units; Aged Care Complaints Commissioner; Ministerial Advisory Council								
State/Terr government protection authorities **								
COLLABORATION TO SUPPORT TAILORED SERVICES FOR SPECIAL NEEDS GROUPS								
Aboriginal and Torres Strait Islander								
CALD background								
LGBTI								
Living in rural or remote locations								
Living with lifelong disabilities								
Veterans								
LEARNING AND CAPACITY BUILDING ALLIANCES								
Universities for joint research studies								
Universities/VET to educate students about elder abuse								

ACT = ADACAS; NTa = Seniors Disability & Rights Service, Darwin; NTb = Catholic Care NT, Alice Springs; NSW = Seniors Rights Service; SA = ARAS; Tas = Advocacy Tasmania; Vic = ERA; WA = Advocare
++ Community Legal Centres, Seniors Legal services/Legal Services for Older People; Legal Aid
** Public Guardian, Public Advocate, Public Trustee Administrative Tribunals

APPENDIX B: TEMPLATE FOR OPAN MEMORANDA OF UNDERSTANDING

SIMPLE MOU

This design reflects MOUs between two OPAN organisations (Advocacy Tasmania and Advocare, WA) and two legal aid commissions (Legal Aid Commission of Tasmania and Legal Aid Commission of WA). Both documents are four pages in length.

1. The roles and objectives of each partnering organisation

2. Background: overview of elder abuse

For example, this can be at State/Territory level. It can provide a definition of elder abuse, a description of the main types, any data.

3. Purpose of the MOU

This section has an overarching statement about the goal of the agreement, for example, to support seamless, responsive service provision. It then has specific objectives such as:

- Collaboration to improve service provision to people affected by elder abuse.
- Sharing of knowledge, skills and networks.
- Provision of 'joined up' services and assistance.
- Promotion of the rights of older people.

4. Objectives of the MOU

A set of agreed objectives that reflect shared values, goals for consumers as well as for the partnering organisations, and agreement to collaborate in order to provide enhanced and seamless services.

5. The Agreement

This sets out how the collaboration will operate in practice, including for example:

- Provision of contacts and pathways for 'warm referrals'.
- Provision of referral and service protocols and processes that complement the service delivery criteria of partner organisations.
- Agreement to share professional knowledge, resources, data and expertise regarding elder abuse.
- Development of a framework for effective communication across the partnering organisations.

- Agreement to maintain 'open dialogue' about the needs of older people experiencing elder abuse through regular meetings and other processes that support effective communication.
- Identification of key contact points in each partnering organisation.
- Agreement to promote the services of each partnering organisation and the role of each in the wider community.
- Agreement to provide support for research and submission making in relation to elder abuse.

6. Provision for Review and Termination

This sets a timeframe for review of the agreement, for example, annually, and states that either partner may end the MOU and its associated obligations by providing 21 days written notice to the other partner.

7. Starting Date for agreement and Signatures

DETAILED MOU

This design reflects the MOU between Advocare and the WA Office of the Public Advocate. It is a seven page document with a one page attachment outlining relevant legislation.

1) Description of role(s) and objectives of each partnering organisation

2) Procedures for referrals

This section specifies:

- which individual (denoted by their title and position) from the partner making the referral will contact the agreed individual (denoted by their title and position) in the organisation receiving that referral;
- the procedure for an urgent referral (e.g. via telephone);
- the procedure for a non-urgent formal referral (e.g. via letter);
- the name and address of the person to whom a formal letter of referral should be sent;
- details of what needs to be included in a letter of referral;
- details of how a referral is to be acknowledged (e.g. via letter), the timeframe within which that should occur (e.g. 2 weeks) and whether or not this includes an outline of the proposed response of the partner accepting the formal referral; and
- details of how the broad outcome/s of the response will be provided (e.g. as written advice).

3) Dispute resolution procedures

A statement is made that partners reserve the right to raise issues of concern or to lodge a formal complaint if they are dissatisfied with the services of the other agency.

An outline is given of the process/es to be followed and the individual in each partnering organisation to whom an issue or complaint should be directed. This can identify levels of complaint (e.g. from Advocate to CEO level).

4) Amendment/termination and review of MOU

A statement is provided to the effect that the MOU may be amended or terminated by the mutual written agreement of both parties.

It specifies a timeframe for the review.

5) General Provisions

This section can include:

- An **Honour Clause** (stating that the MOU is an expression of purpose and intent that is binding in honour only, rather than giving effect to a legal relationship).
- A **Privacy and Confidentiality** statement that provides an undertaking to protect the confidentiality and integrity of information shared and agreed methods for disposing of information that is no longer required (e.g. in accordance with State Records Office requirements).
- A statement about **Costs** specifying that partners will provide all the resources required to support the MOU and the provision of collaborative services.
- A statement outlining how any identified **Conflicts of Interest** involving the partners will be managed.

6) Information sharing

A description of how information is to be shared between the partner organisations (e.g. consistent with a specified section of a relevant Act.

7) Signatures by partners

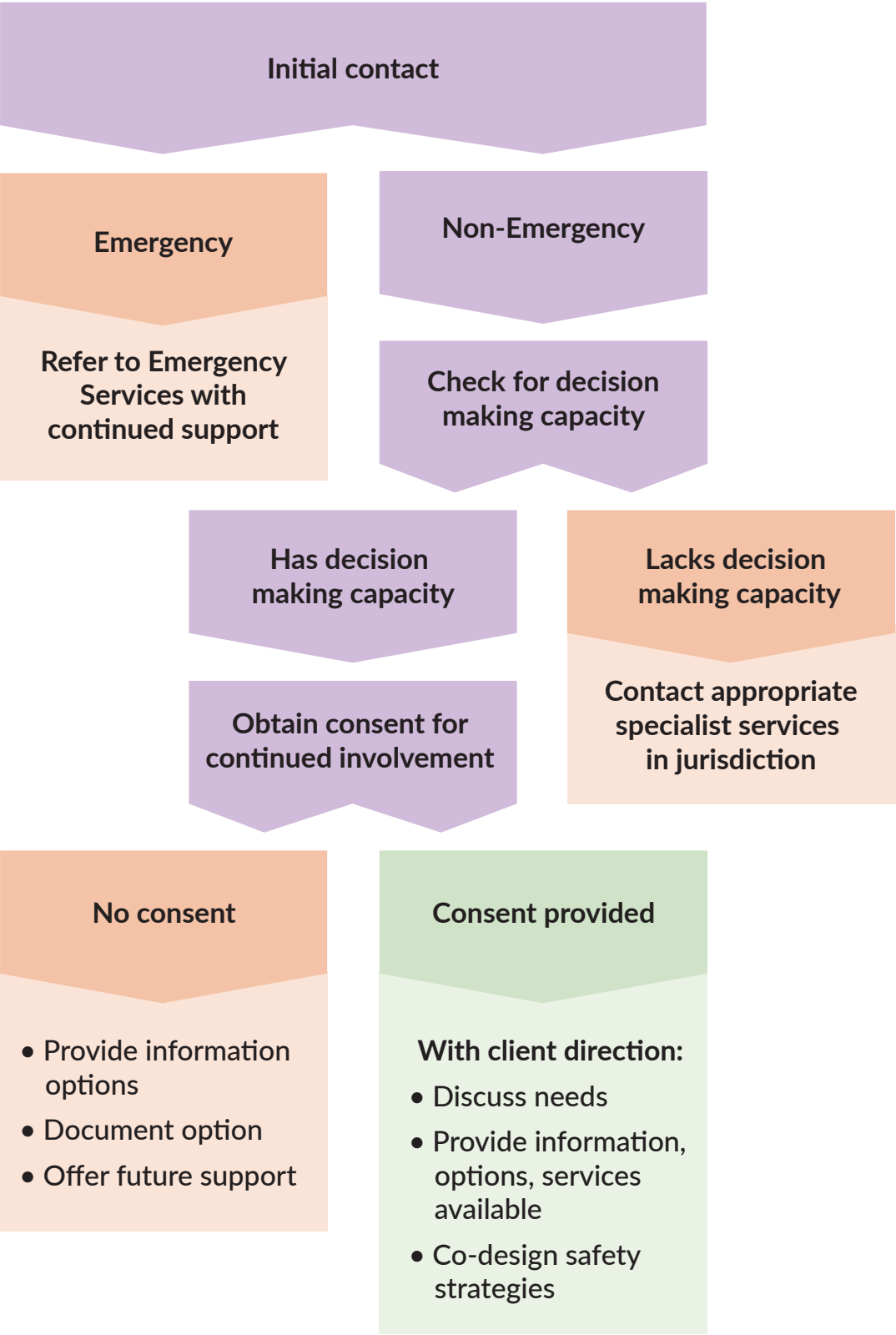
APPENDIX C: OPAN WORKING RELATIONSHIPS BASED ON TYPE OF ABUSE AND SPECIAL NEEDS GROUPS

TYPE OF ABUSE OR ISSUE	EXTERNAL AGENCIES THAT CAN BE INVOLVED BASED ON TYPE OF ABUSE
FINANCIAL	Community legal services
	Public Advocate (applications for capacity; misuse of EPoA)
	Public Trustee (Public Trustees Australia; Jurisdictional agencies)
	Jurisdiction-based Administrative Tribunal
	Jurisdiction-based Guardianship agency
	Financial counselling & related community services
	Banking Ombudsman (banking related financial abuse); Financial institution involved
	Jurisdiction-based Real Estate Institute body (real estate related issues)
PHYSICAL	Jurisdiction-based Lands Title Registration authority
	Jurisdiction-based Consumer Protection agencies
	Police, usually via agreed liaison officer and/or victim support service
	Victim Support service
	Health services – GP, acute care
	Drug and alcohol abuse services
	Emergency accommodation service
	Family violence service
EMOTIONAL/ PSYCHOLOGICAL	Aged care respite service
	Counselling, mediation services (e.g. Relationships Australia)
	Mental health services (hospital, community)
SEXUAL	Mental Health Commissioner
	Family violence services; Rape Crisis services; Sexual abuse services
	Women’s specialist support services
	Police via specialist unit if available
	Health services – acute, primary
SOCIAL	Emergency accommodation services
	Community Network Groups, including CALD networks, LGBTI networks, CLAN (Care Leavers), Aboriginal networks, Veterans’ groups, Church groups, and any others who can reconnect social isolated older people
	Local councils’ community services
NEGLECT	Agencies specialising in reconnecting people (e.g. Relationships Australia)
	Aged Care Complaints Commissioner (for neglect by aged care providers)
	Health and Community Services Complaints Commissioner (if neglect by a health service provider)
	Aged care services, including assessment services
	Police, if appropriate
	Public Advocate (for self or family neglect as there may an issue of capacity)

SPECIAL NEEDS GROUP	EXTERNAL AGENCIES THAT CAN BE INVOLVED BASED ON SPECIAL NEEDS GROUPS AS DEFINED BY THE AGED CARE ACT 1997
DEMENTIA OR COGNITIVE IMPAIRMENT	Dementia Australia and Jurisdiction-based agencies
	Dementia Support Australia – DBMAS & Severe Behaviour Response Team
	Jurisdictional Health specialist services for severe BPSD (Tier 5 +)
	Parkinson's Australia and Jurisdiction-based agencies
	MND Australia and Jurisdiction based Motor Neurone Disease agencies
	MS Australia and Jurisdiction based Multiple Sclerosis agencies
	Public Advocate (applications for capacity; misuse of EPoA)
	Public Trustee (Public Trustees Australia; Jurisdictional agencies)
	Jurisdiction-based Administrative Tribunal
	Jurisdiction-based Guardianship agency
CALD BACKGROUND	Telephone or face to face interpreter service (if language requires)
	PICAC (Partners in Culturally Appropriate Aged Care) services
	FECCA and Jurisdiction-based Ethnic Communities' Councils
	Local ethnic-specific community services
ABORIGINAL AND TORRES STRAIT ISLANDER (ABORIGINAL AND TORRES STRAIT ISLANDER)	Aboriginal community and aged care specialised, flexible care services
	Aboriginal legal services. Aboriginal health services
	Aboriginal and Torres Strait Islander Peak bodies e.g. NACCHO (health organisations), the Healing Foundation (addressing intergenerational trauma)
	Jurisdiction-based Aboriginal Elders' Council
LGBTI	LGBTI community and aged care specialist services
	LGBTI peak bodies e.g. National LGBTI Health Alliance (health organisations), RAD Australia
CARERS UNDER STRESS	Carers Australia and Jurisdiction-based agencies
	Respite services - Commonwealth Respite & Carelink Service
	Family counselling and support services e.g. Relationships Australia
	Carer Gateway – respite, information, transport, social support, home support services
PEOPLE WITH DISABILITY	Jurisdiction-based Disability Services Commissioner
	Disability peak bodies e.g. National Disability Services and disability-specific peak bodies, and Jurisdictional equivalents
	Disability community-based services
	Disability advocacy services
	NDIS providers
PEOPLE WHO ARE HOMELESS/ AT RISK OF HOMELESSNESS	Accommodation support/homelessness services
	Tenancy services
	Emergency relief service provider
	ACAT, where appropriate
VETERANS	Jurisdiction-based Administrative Tribunal
	Department of Veterans' Affairs (DVA)
	Veterans' specialised aged care services
	Repatriation hospitals and other health services in jurisdiction
CARE LEAVERS	Veterans' advocacy and support services e.g. Legacy, RSL
	CLAN (Care Leavers Australian Network)
	Relationships Australia and Jurisdiction-based agencies
	Carers' Australia and Jurisdiction-based carer support services

APPENDIX D: OPAN NATIONAL PROTOCOL FLOWCHARTS

FIGURE 2: STAGE 1 - DECISIONS PRECEDING SERVICE PROVISION BY AN OPAN AGENCY



APPENDIX D: OPAN NATIONAL PROTOCOL FLOWCHARTS

FIGURE 3: STAGE 2 – ADDITIONAL CLIENT-DIRECTED SUPPORT AND SERVICE PROVISION AVAILABLE THROUGH WARM REFERRAL FROM OPAN AGENCY

TYPE(S OF ABUSE INVOLVED?)	SELECT AGENCY/IES
FINANCIAL	Community legal services
	Public Advocate (applications for capacity; misuse of EPoA)
	Public Trustee (Public Trustees Australia; Jurisdictional agencies)
	Administrative Tribunal
	Guardianship agency
	Financial counselling & related community services
	Banking Ombudsman (banking related financial abuse); Financial institution involved
	Real Estate Institute body (real estate related issues)
	Lands Title Registration authority
	Consumer Protection agencies
PHYSICAL	Police, via agreed liaison officer and/or victim support service
	Victim Support service
	Health services – GP, acute care
	Drug and alcohol abuse services
	Emergency accommodation service
	Family violence service
EMOTIONAL	Aged care respite service
	Relationships Australia (counselling, mediation)
	Mental health services (hospital, community)
SEXUAL	Mental Health Commissioner
	Family violence services; Rape Crisis services; Specialist sexual abuse services
	Women's specialist support services
	Police via specialist unit if available
	Health services – acute, primary
SOCIAL	Emergency accommodation services
	Community Network Groups, including CALD networks, LGBTI networks, CLAN (Care Leavers), Aboriginal networks, Veterans' groups, Church groups, and any others who can reconnect social isolated older people
	Local councils' community services
	Relationships Australia – for reconnecting people
NEGLECT	Aged Care Complaints Commissioner (neglect by aged care providers)
	Health and Community Services Complaints Commissioner (neglect by health service provider)
	Aged care services, including assessment services
	Police, if appropriate
	Public Advocate (self or family neglect as there may an issue of capacity)

ADDITIONAL SPECIAL NEEDS?	SELECT AGENCY/IES
COGNITIVE IMPAIRMENT/ DEMENTIA	Dementia Australia/Alzheimer's Australia;
	Dementia Support Australia – DBMAS & Severe Behaviour Response Team
	Health specialist services for severe BPSD (Tier 5 +)
	Parkinson's Australia; MND Australia/Motor Neurone Disease agencies; MS Australia/ Multiple Sclerosis agencies
	Public Advocate / Public Trustee /Administrative Tribunal /Guardianship agency
CALD BACKGROUND	Telephone or face to face interpreter service (if language requires)
	PICAC (Partners in Culturally Appropriate Aged Care) services
	FECCA / Ethnic Communities' Councils
	Local ethnic-specific community services
ATSI	Aboriginal community and aged care specialised, flexible care services
	Aboriginal legal services
	Aboriginal health services
	ATSI Peak bodies e.g. NACCHO; the Healing Foundation
	Aboriginal Elders' Council
LGBTI	LGBTI community and aged care specialist services
	LGBTI peak bodies e.g. National LGBTI Health Alliance, RAD Australia
CARERS UNDER STRESS	Carers Australia and other carer support services
	Respite services - Commonwealth Respite & Carelink Service
	Family counselling and support services e.g. Relationships Australia
CARE LEAVERS	Carer Gateway – respite, information, transport, social support, home support services
	CLAN (Care Leavers Australian Network)
	Carers Australia and other carer support services
HOMELESS / AT RISK OF HOMELESSNESS	Relationships Australia
	Accommodation support/homelessness services
	Tenancy services
	Emergency relief service provider
VETERANS	ACAT, if appropriate
	Administrative Tribunal
	Department of Veterans' Affairs (DVA)
	Veterans specialised aged care services
	Repatriation hospitals and other health services in jurisdiction
PEOPLE WITH DISABILITY	Veterans' advocacy and support services e.g. Legacy, RSL
	Disability Services Commissioner
	Disability peak bodies e.g. National Disability Services and disability-specific peak bodies
	Disability community-based services
	Disability advocacy services
	NDIS providers

APPENDIX E: OPAN ELDER ABUSE DATASET

1. ABUSE CASE DETAILS

- ☐ Consent given to record information
- ☐ Abuse previously notified *(Specify who was notified)*
-

2. TYPE OF ABUSE

- ☐ Psychological/emotional
- ☐ Financial

☐ Misuse of Power of Attorney
- ☐ Physical
- ☐ Social
- ☐ Sexual
- ☐ Neglect
- ☐ Other *(Specify)*

3. REFERRAL SOURCE

- ☐ Self-referral – **derived from** *(indicate as many as apply)*

☐ Aged care information source

☐ Word of mouth

☐ Advertising, community promotion

☐ OPAN information/education session
- ☐ Other *(Specify)*
- ☐ Service provider: aged care
- ☐ Service provider: health
- ☐ Service provider: protection role *(e.g. Public Advocate office)*
- ☐ Service provider: other *(Specify)*
-
- ☐ Family
- ☐ Friend, neighbour etc
- ☐ Police
- ☐ Elder Abuse Phone Line
- ☐ Other *(Specify)*

4. CLIENT PROFILE

- Gender**
- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer not to say
- Optional additional information: Gender/sex**
- ☐ Transgender
- ☐ Intersex
- ☐ Other *(Specify)*
- Age**
- ☐ 50-54
- ☐ 55-59
- ☐ 60-64
- ☐ 65-69
- ☐ 70-74
- ☐ 75-79
- ☐ 80-84
- ☐ 85-89
- ☐ 90-94
- ☐ 95 or older

5. CLIENT PROFILE: SPECIAL NEEDS GROUPS

- ☐ Financially disadvantaged
- ☐ Socially disadvantaged
- Optional additional information: Main source of income**
- ☐ Age pension
- ☐ Disability pension
- ☐ Veteran pension
- ☐ Overseas pension
- ☐ Superannuation
- ☐ Self-funded
- ☐ Paid employment
- ☐ Other
- Geographical location**
- ☐ Metropolitan
- ☐ Regional
- ☐ Rural
- ☐ Remote
- ☐ Homeless or at risk of homelessness

Accommodation

- ☐ Own home
- ☐ Rented home
- ☐ Retirement Village
- ☐ Boarding House/SRF
- ☐ Residential aged care: long term
- ☐ Residential aged care: short term/respite
- ☐ Other *(Specify)*

Living arrangements

- ☐ Lives alone
- ☐ Lives with family member
- ☐ Lives in home of alleged abuser
- ☐ Other *(Specify)*

Indigenous

- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Veteran
- ☐ Veteran spouse, widow or widower
- ☐ Care leaver *(includes Forgotten Australians, Former Child Migrants and Stolen Generations)*

CALD background²²

- ☐ Born overseas in NES country *(drop down list of ABS country classifications)*
- ☐ Main language *(other than English)* spoken at home *(drop down list as per ABS categories)*

Able to speak English without interpreter or supporter

☐ YES

☐ NO

If YES

Preferred Gender of interpreter *(Specify)*

Preferred Language spoken by interpreter *(Specify)*

- Optional additional information:**
- Language-specific cultural profile**
- Proficiency in spoken English *(self-assessed)*
- 1 = Very well
- 2 = Well
- 3 = Not well
- 4 = Not at all
- Optional additional information:**
- Religion-specific cultural profile**
- Religious affiliation**
- ☐ No specific denomination
- ☐ Specific spiritual/religious belief *(drop down list using ABS classification)*
- Optional additional information:**
- Separation or forced removal**
- ☐ Separation or forced adoption/removal
- (Provide brief details)*
-

LGBTI

- Optional additional information: Sexual Orientation**
- ☐ Gay/Lesbian/Homosexual
- ☐ Straight/Heterosexual
- ☐ Undecided/ Not sure/ Questioning
- ☐ Other *(Specify)*

6. CLIENT PROFILE: OTHER SPECIAL NEED

- ☐ Living with dementia
- Level of support needed to make decisions**
- ☐ Able to make decisions independently
- ☐ Needs support in making decisions
- ☐ Needs high level of support to make decisions
- ☐ Has a substituted decision maker for
- (Name the area/s of life)*
- Alternative decision maker appointed**
- ☐ Guardianship Order
- ☐ Other *(Specify)*
- ☐ Power of Attorney

22. Guidance taken from -AIHW (2014) *Cultural and linguistic diversity measures in aged care*, Australian Institute of Health and Welfare and ABS (2014) [http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4529.0.00.003-2014-Main%20Features-Cultural%20and%20Linguistic%20Diversity%20\(CALD\)%20Characteristics-13](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4529.0.00.003-2014-Main%20Features-Cultural%20and%20Linguistic%20Diversity%20(CALD)%20Characteristics-13)

Responsibility for person’s care

- ☐ Self
- ☐ Paid carer
- ☐ Family carer
- ☐ Other (Specify)_____

Optional additional information: *Disability profile*

Presence of disability (drop down list based on National Disability Services categorisation)²³

- ☐ physical
- ☐ intellectual
- ☐ acquired brain injury
- ☐ neurological
- ☐ vision
- ☐ hearing
- ☐ speech
- ☐ psychiatric
- ☐ NDIS participant

7. CLIENT RELATIONSHIP TO ALLEGED ABUSER

- ☐ Father
- ☐ Mother
- ☐ Father-in-law
- ☐ Mother-in-law
- ☐ Grandfather
- ☐ Grandmother
- ☐ Brother
- ☐ Sister
- ☐ Cousin
- ☐ Uncle
- ☐ Aunt
- ☐ Spouse/partner
- ☐ Friend or neighbour
- ☐ Client of formal aged care provider
- ☐ Client of other service provider (*Specify service type*) _____
- ☐ Other (*Specify*) _____

8. PROFILE OF ALLEGED ABUSER(S)

Number of alleged abusers

- ☐ One
- ☐ More than one (Specify) _____
- ☐ Not given

Gender

- ☐ Female
- ☐ Male

- ☐ Non-binary
- ☐ Prefer not to say

Optional additional information: *Gender*

- ☐ Transgender
- ☐ Intersex
- ☐ Other (Specify) _____

Age

- ☐ 24 or younger
- ☐ 25-29
- ☐ 30-34
- ☐ 35-39
- ☐ 40-44
- ☐ 45-49
- ☐ 50-54
- ☐ 55-59
- ☐ 60-64
- ☐ 65-69
- ☐ 70-74
- ☐ 75-79
- ☐ 80-84
- ☐ 85-89
- ☐ 90-94
- ☐ 95 or older

Geographical location

- ☐ Metropolitan
- ☐ Regional
- ☐ Rural
- ☐ Remote
- ☐ Homeless or at risk of homelessness

Optional Additional Information: *Accommodation*

- ☐ Own home
- ☐ Rented home
- ☐ Retirement Village
- ☐ Boarding House/SRF
- ☐ Other (Specify) _____

Optional Additional Information: *Living arrangements*

- ☐ Lives alone
- ☐ Lives with family member
- ☐ Lives in home of person being abused
- ☐ Other (Specify) _____
- ☐ Financially disadvantaged
- ☐ Socially disadvantaged

Optional additional information: *Main source of income*

- ☐ Age pension
- ☐ Disability pension
- ☐ Veteran pension
- ☐ Overseas pension
- ☐ Superannuation
- ☐ Self-funded
- ☐ Paid employment
- ☐ Other

Optional additional information: *Disability profile*

Presence of disability (drop down list based on National Disability Services categorisation)

- ☐ physical
- ☐ intellectual
- ☐ acquired brain injury
- ☐ neurological
- ☐ vision
- ☐ hearing
- ☐ speech
- ☐ psychiatric
- ☐ NDIS participant

Indigenous

- ☐ Aboriginal
- ☐ Torres Strait Islander

CALD background

- ☐ Born overseas in NES country (drop down list of ABS country classifications)
- ☐ Main language (other than English) spoken at home (drop down list as per ABS categories)

Able to speak English without interpreter or supporter

- ☐ YES
- ☐ NO

If YES

Preferred Gender of interpreter (*Specify*) _____

Preferred Language spoken by interpreter (*Specify*) _____

Optional additional information: *Language-specific cultural profile*

Proficiency in spoken English (self-assessed)

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all

Optional additional information: *Religion-specific cultural profile*

Religious affiliation

- ☐ No specific denomination
- ☐ Specific spiritual/religious belief (drop down list using ABS classification)

LGBTI

Optional additional information: *Sexual Orientation*

- ☐ Gay/Lesbian/Homosexual
- ☐ Straight/Heterosexual
- ☐ Undecided/ Not sure/ Questioning
- ☐ Other (*Specify*) _____

Additional special needs groups

- ☐ Veteran
- ☐ Veteran spouse, widow or widower
- ☐ Care leaver (includes Forgotten Australians, Former Child Migrants and Stolen Generations)

Optional additional information: *Separation or forced removal*

- ☐ Separation or forced adoption/removal (*Provide brief details*) _____

9. PROFILE OF ALLEGED ABUSER(S): *OTHER SPECIAL NEED*

- ☐ Living with dementia

Alternative decision maker appointed

- ☐ YES
- ☐ NO

23. <https://www.nds.org.au/disability-types-and-descriptions>. There is also the more detailed [WHO International Classification of Functioning, Disability and Health 2001](#) to which the ABS aligns its Survey of Disability Ageing & Carers.

10. RELATIONSHIP TO PERSON BEING ABUSED

- ☐ Son
- ☐ Daughter
- ☐ Son-in-law
- ☐ Daughter-in-law
- ☐ Grandson
- ☐ Granddaughter
- ☐ Brother
- ☐ Sister
- ☐ Cousin
- ☐ Nephew
- ☐ Niece
- ☐ Spouse/ partner
- ☐ Friend or neighbour
- ☐ Formal care provider
- ☐ Other (Specify) _____

11. HISTORY OF ABUSE

- ☐ YES
- Specify type of abuse and source/s of that information
- _____
- _____
- _____
- _____
- ☐ NO

12. RELATIONSHIP TO PERSON BEING ABUSED

Risk Factor	Present for older person	Optional: Present for alleged abuser
Family conflict		
Living with abuser/person being abused		
Caregiver stress		
Care leaver		
Early removal or separation from family		
Psychological dependence		
Mental health issue		
Cognitive impairment		
Self-neglect		
Physical dependence		
Physical illness		
Financial stress e.g. bankruptcy, debt		
Homeless or risk of homelessness		
Social isolation		
Socially disadvantaged		
Lack of appropriate services		
Lack of information		
Language barriers		
Cultural barriers		
Substance or alcohol abuse		
Gambling problem		
Criminal record (e.g. theft)		

13. ADVOCACY RESPONSE/OUTCOMES

- ☐ Preferred Gender of Advocate assigned (based on client gender, culture and religion)
- ☐ Male
- ☐ Female
- ☐ Other preferences (Specify) _____
- ☐ Informal response
- ☐ Formal response
- ☐ Information, advice
- ☐ Referral made (Specify via drop down list)
- ☐ Other services being provided to person (Specify via drop down list)
- ☐ Interventions made with alleged abuser (e.g. removed from home if co-habiting; referred to substance abuse clinic) (Specify via drop down list)
- ☐ Protective response
- ☐ Information, advice
- ☐ Referral made (Specify) _____
- ☐ Personal Protection order made
- ☐ Domestic Violence order made
- ☐ Other (Specify) _____
- ☐ Case closed (Date _____)
- ☐ Resolved to client's satisfaction
- ☐ Client withdrew from the process
- ☐ Placed on hold by client
- ☐ Closed by the organisation (Give reason)
- ☐ Not resolved/No outcome possible
- ☐ Unable to contact



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Seniors Rights Service



Australian Government
Department of Health