



Australian Government
Australian Institute of
Family Studies



Evaluation of the National Plan to Respond to the Abuse of Older Australians

Final Report

Australian Institute of Family Studies (AIFS)

Jade McEwen, Rachel Carson, Rae Kaspiew, John De Maio and Briony Horsfall

National Ageing Research Institute (NARI)

Bianca Brijnath, Peter Feldman and Rachel Muoio

Research Report | July 2024





The Australian Institute of Family Studies acknowledges the traditional Country throughout Australia on which we gather, live, work and stand.

We acknowledge all traditional custodians, their Elders past, present and future, and we pay our respects to their continuing connection to their culture, community, land, sea and rivers.

© Commonwealth of Australia 2024

With the exception of AIFS branding, the Commonwealth Coat of Arms, content provided by third parties, and any material protected by a trademark, all textual material presented in this publication is provided under a Creative Commons Attribution 4.0 International licence (CC BY 4.0) creativecommons.org/licenses/by/4.0/ You may copy, distribute and build upon this work for commercial and non-commercial purposes; however, you must attribute the Commonwealth of Australia as the copyright holder of the work. Content that is copyrighted by a third party is subject to the licensing arrangements of the original owner.



The Australian Institute of Family Studies is committed to the creation and dissemination of research-based information on family functioning and wellbeing. Views expressed in its publications are those of individual authors and may not reflect those of the Australian Institute of Family Studies or the Australian Government.

Australian Institute of Family Studies
Level 4, 40 City Road, Southbank VIC 3006 Australia
Phone: (03) 9214 7888 Internet: aifs.gov.au

Cover artwork is titled 'Red Today' © Michael Minniti.

Michael Minniti is a skilled artist in drawing, painting, ceramics and sculptural forms. Michael uses lines and shapes to create geometric designs. These shapes feature in much of his work. Michael calls the shapes 'ladders' and they reference personal memories of working with his father in their shed.

Michael is supported by St John of God Accord. St John of God Accord supports people with a disability and runs a renowned ceramics and arts program at Greensborough Community Campus.

ISBN (online): 978-1-76016-283-2
ISBN (PDF): 978-1-76016-284-9

Edited by Katharine Day
Typeset by Lisa Carroll

2306_Eval national plan abuse older australians

Contents

Acknowledgements	v
Acronyms	vi
Executive summary	1
Background	1
1. Introduction	5
Background	5
Evaluation aims and research questions	6
Evaluation methodology	7
Structure of this report	10
2. Confirmation of Evaluation Framework	11
Process for review	11
Results of the review process	11
Summary	14
3. Findings drawn from the desktop review, request for Information and consultations	15
Commonwealth	15
Australian Capital Territory	22
New South Wales	25
Northern Territory	30
Queensland	34
South Australia	39
Tasmania	46
Victoria	50
Western Australia	55
Additional insights in relation to the development and operation of the National Plan	62
Summary	65
4. Synthesis of evaluations	66
Evaluations in scope	66
Outline of the in-scope evaluations – Commonwealth	67
Outline of state/territory evaluations	70
Common themes and emerging core principles based on the evaluations	80
Findings relevant to the development or adjustment of additional services, programs and initiatives	81
Summary	82
5. Insights from the Survey of Community Members	84
Sample	84
Findings	86
Awareness of information and material about elder abuse	93
Knowledge of information, resources and services for those experiencing elder abuse and how to access them	97
Gaps in knowledge and information	109
Priorities for next National Plan	111
Summary	113
6. Findings from the focus groups	116
The development of the National Plan	116
Priority Area 1: Enhancing our understanding	118
Priority Area 2: Improving community awareness and access to information	121
Priority Area 3: Strengthening service responses	122
Priority Area 4: Planning for future decision-making	125
Priority Area 5: Strengthening safeguards for vulnerable older adults	128
Summary	131

7. Insights from the Delphi study	133
Round 1 survey	133
Participants	133
Findings	134
8. Insights from the case studies	142
Case study 1: NSW, Aged Crime Prevention Officers	142
Case study 2: Queensland: Some Things Never Grow Old campaign	144
Case study 3: South Australia: CCTV cameras in aged care	145
Case study 5: Tasmania: Elder abuse – It’s Ok to Ask the Question	147
Case study 4: Victoria: Melbourne Health Integrated Model of Care Trial	148
Summary	150
9. Conclusion and recommendations	152
Appropriateness	152
Efficiency	154
Effectiveness	155
Conclusion	157
Recommendations	157
References	160
Appendix A: Legislation	167
Appendix B	168

Acknowledgements

This report was commissioned and funded by the Commonwealth Attorney-General's Department (AGD). The authors would like to acknowledge the support and assistance provided by the AGD, in particular, colleagues from the Family Safety Branch.

Special thanks also go to our research partners at the National Ageing Research Institute (NARI), in particular Bianca Brijnath, Peter Fieldman and Rachel Muoio.

We would also like to thank all representatives from Commonwealth, state and territory jurisdictions who participated in or contributed to this evaluation in some way.

We also acknowledge and thank Dr Sharman Stone, AIFS Director; Liz Neville (Acting Director); Dr Rae Kaspiew, AIFS Research Director, Systems and Services for their valuable contributions to this report. Further, we would like to thank Lisa Carroll, Cindy Hetherington, and Katharine Day for their communications and editing support. We also thank members of the AIFS Human Research and Ethics Committee.

Views expressed in this publication are those of individual authors and may not reflect those of the Australian Commonwealth, State or Territory Governments, or the Australian Institute of Family Studies.

Acronyms

Term	Description
AGD	Australian Attorney-General's Department
AIFS	Australian Institute of Family Studies
ALRC	Australian Law Reform Commission
CAG	Council of Attorneys-General
CALD	Culturally and Linguistically Diverse
CLC	Community Legal Centre
NARI	National Ageing Research Institute
NEAPS	National Elder Abuse Prevalence Study
RFI	Request for Information
SCM	Survey of the Community Members
SGC	Survey of the General Community in NEAPS
SOP	Survey of Older People in NEAPS

Executive summary

Background

This report sets out the Australian Institute of Family Studies (AIFS) findings of an evaluation of Australia's first National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019–2023 (the National Plan). The National Plan is supported by the Commonwealth, state and territory governments and was developed to address concern about the abuse of older Australians particularly in the context of an ageing population. The evaluation was commissioned and funded by the Commonwealth Attorney-General's Department (AGD).

The evaluation methodology examines progress in several areas of focus under the National Plan and includes consideration of the implications of the findings and lessons learnt to inform the development of future policy approaches. The focus areas are:

- Whether or not the National Plan focused efforts in response to the abuse of older Australians.
- How, and to what extent the National Plan has been effective in increasing the focus of preventing and responding to the abuse of older Australians and creating a foundation for further action.
- Whether the priority areas in the National Plan and their subsequent initiatives have been achieved, are ongoing (to continue) or should no longer be priorities for governments.
- Whether the term of the National Plan was sufficient to achieve the state initiatives and propose a suitable term for future iterations.

Key evaluation questions (KEQs) guided data collection and analysis under three broad categories: 'appropriateness', 'efficiency' and 'effectiveness'.

Eight methods were employed during the evaluation including:

- a desktop review of core program and policy documents that detail jurisdictional responses to elder abuse
- a synthesis of insights from previous evaluations of initiatives performed under the National Plan
- targeted consultations and requests for information from Commonwealth, state and territory representatives with lead jurisdictional responsibility for the National Plan
- a survey of community members aged 18 years and over
- interviews and focus groups with professionals concerned with or working within organisations/agencies responding to elder abuse
- a Delphi study with professionals concerned with or working within organisations/agencies responding to elder abuse
- case studies of initiatives performed under the National Plan.

The Australian Institute of Family Studies Human Research Ethics Committee provided ethical clearance for this research.

Findings

The following section details the findings from the Evaluation of the National Plan, which are summarised under the key evaluation questions three broad categories: 'appropriateness', 'efficiency' and 'effectiveness'.

Appropriateness of the National Plan

The evaluation explored the ‘appropriateness’ of the National Plan, including to what extent the development of a National Plan provided a means to focus on elder abuse responses within jurisdictions. Findings from the desktop analysis of policy and program documents and the Request for Information from Commonwealth, state and territory jurisdictions demonstrate the significant contributions made by jurisdictions towards achieving the National Plan’s objectives. For example, the Aged Care Quality and Safety Commission was established by the Commonwealth Government in 2019, to ensure that older people receive good quality, safe services. Further, the Australian Human Rights Commission’s work between 2020 and 2022, resulted in several campaigns designed to raise awareness about elder abuse amongst the general public throughout Australia.

Also evident in this evaluation was a clear commitment on the part of Commonwealth, state and territory governments to prevent and respond to the abuse of older Australians, both before and after the National Plan commenced. For example, the survey of community members revealed that more than two-thirds of people who participated in the community members survey reported that they had seen information or material raising awareness about elder abuse, primarily through advocacy groups, in the news and general media, advertising or awareness campaigns, social media and the internet. Education and workplaces were another source of information, particularly for people in the 18–64 years of age. It should be noted that while themes from the request for information and consultation elements of this project represent the ‘majority’ view of participating Commonwealth, state and territory jurisdictions, they do not necessarily represent the views of all jurisdictions, as some states did not participate in these elements or did so to varying degree.

Findings from five case studies analysed (Queensland – Some Things Never Grow Old campaign, NSW – Aged Crime Prevention Officers, Tasmania – Elder Abuse – It’s Ok to Ask the Question, Victoria – Melbourne Health Integrated Model of Care trial, South Australia Pilot of CCTV cameras in aged care) also illustrate the contribution made by a range of initiatives focused on preventing and responding to elder abuse. Each initiative was complemented or shaped by strategies, policies and services in their jurisdiction that were dedicated to preventing and responding to elder abuse – often developed in partnership with organisations or peak bodies focused on elder abuse or the rights of older Australians.

Findings from consultations with Commonwealth, state and territory jurisdictions revealed a strong commitment to the National Plan’s goals and priority areas, with many commenting that the National Plan brought jurisdictions together, for the first time, to work on the common goal of preventing and responding to elder abuse. However, while exploring the opportunities that remain for a more nationally consistent policy and service response to address the abuse of older Australians, most state and territory representatives indicated that consistency could best be achieved if future National Plans were developed in closer consultation with all jurisdictions. Further, most state and territory representatives indicated that future iterations of the National Plan would benefit from clearer communication strategies, with some indicating that a longer term would be beneficial, providing there was more ongoing collaborative engagement directed towards monitoring progress against agreed objectives. Participants suggested that ongoing engagement be face to face where possible, with attention directed towards shared learnings about policies and initiatives that have worked and why, barriers to implementing objectives and opportunities for improvement. Finally, most state and territory jurisdictions welcomed the opportunity to participate in the next iteration of the National Plan but suggested that additional funding may be required, if they are to achieve additional outcomes, above and beyond ‘business as usual’.

Efficiency of the National Plan

The evaluation explored the efficiency of the National Plan, including the advantage of having a National Plan, versus individual agency or jurisdictional level plans. Findings from the Request for Information and Desktop review show that prior to the National Plan, information pertaining to how elder abuse was responded to largely remained held within state and territory jurisdictions. Participants felt that this limited opportunity between jurisdictions to share learnings about positive outcomes and strategies that yielded positive results, as well as those that raised risk.

The evaluation also explored the extent to which the actions of the National Plan have been implemented by jurisdictions and agencies. Findings from the desktop analysis of policy and program documents and the Request for Information from Commonwealth, state and territory jurisdictions showed strong alignment between the actions implemented by jurisdictions and the National Plan’s priority areas. Further, findings from the synthesis of evaluations of initiatives undertaken under the National Plan, revealed strong innovation in measures

to address elder abuse across various jurisdictions. Findings also revealed themes in what was central to the success of services, programs and initiatives, as well as considerations for overcoming barriers to responding to people affected by elder abuse, including:

- the need to respect and support the autonomy and decision-making capacity of older people in the delivery of services and programs
- the value of co-designing services and initiatives and developing relationships across the service ecosystem, including with First Nations and CALD organisations, communities and peoples to address barriers to service access
- the need for targeted, timely and holistic service responses rather than a one size fits all approach, including those that are appropriate for and accessible to older people from diverse communities; for example, CALD people, First Nations peoples, LGBTIQ+ older people and people with disability, as well as older people experiencing cognitive decline and socially or geographically isolated older people
- the positive impact of multidisciplinary, combined and integrated service models for older people, professionals delivering services and the general community, with professionals and sector agencies sharing knowledge and reducing service silos
- the importance of communication materials for people experiencing elder abuse, professionals working with older people and the broader community, that provide clear and consistent messaging and avoid 'government' type language and jargon
- the importance of education and training for professionals who engage with older people to better identify and respond to elder abuse and awareness raising activities for the broader community.

Further insights about how the barriers to responding to elder abuse can be overcome were identified via the community members survey, with participants indicating that information about elder abuse needs to be more targeted, including specific information about less visible forms of elder abuse. Participants felt that information, resources and services should target the needs of specific cohorts, including young people, people with disability and people from CALD backgrounds. Improvements were suggested in relation to the format of information, such as plainer language and materials in a wider variety of languages, as well as more culturally inclusive materials for First Nations communities and the inclusion of older people's voices.

Participants described a need for education and training opportunities for professionals interacting with and supporting older people and the wider community, to better understand and identify elder abuse, from a young age. Changes to legislation and policy were suggested to ensure appropriate action in response to abuse as well as preventative action to address its underlying causes (e.g. ageism). Participants also called for changes that prioritise a reduction in the conditions that exacerbate elder abuse in the context of aged care services, and for the next National Plan to direct attention toward implementing services that take practical and prompt steps in response to elder abuse. Some participants suggested the National Plan direct attention toward government and service providers improving their connection with communities, particularly people with lived experience of elder abuse.

Effectiveness of the National Plan

The evaluation explored the effectiveness of the National Plan, particularly as a mechanism for sharing information about learnings and outcomes. Further, the evaluation explored how responses to elder abuse could be enhanced, particularly in relation to the National Plan's five priority areas. Findings from focus groups conducted revealed that under the National Plan's Priority Area 1 (enhancing our understanding), understandings of elder abuse have improved, particularly due to the National Elder Abuse Prevalence Study (NEAPS). However, suggestions were made that further research is needed to build on the NEAPS findings and explore new questions, especially in relation to diverse communities, including people with disability, First Nations peoples, CALD communities and LGBTIQ+ people. Focus group participants expressed concern that some key professionals (e.g. GPs, emergency services and state trustees) that are well placed to identify and respond to elder abuse have insufficient training to do so. In relation to Priority Area 2 (improving community awareness and access to information), participants communicated that despite recent advances in building knowledge, community awareness remains concerningly low. Participants raised concern about CALD community members experiencing digital exclusion and stressed the importance of this being a point of focus to be overcome in future National Plans. In relation to Priority Area 3 (strengthening service responses), focus group participants communicated that greater investment in frontline services is needed to support the significant number of people affected by elder abuse, particularly in regional locations and with diverse communities. Participants suggested that perpetrator programs that specifically address elder abuse are needed. Regarding Priority Area 4

(Planning for future decision making), participants believed that there had been improvement in the way in which people plan for future decision making, but much more is needed particularly in relation to people with impaired capacity. In relation to Priority Area 5 (Strengthening safeguards for vulnerable older adults), participants called for the establishment of adult safeguarding units in all states and the involvement of financial institutions in safeguarding networks. It was also suggested that elder abuse be criminalised to help people affected by it and to deter people from committing abuse. Participants suggested more social supports are needed to prevent and respond to the needs of isolated older people.

Qualitative data from the community members survey suggested that information about elder abuse should be more targeted, including specific information about less visible forms of elder abuse. Participants also felt that information, resources and services should target the needs of specific cohorts, including young people, people with disability and people from CALD backgrounds. Improvements were suggested in relation to the format of information, such as plainer language and materials in a wider variety of languages, as well as more culturally inclusive materials for First Nations communities and the inclusion of older people's voices. Participants described a need for education and training opportunities for professionals interacting with and supporting older people and the wider community, to better understand and identify elder abuse, from a young age. Changes to legislation and policy were also suggested to ensure appropriate action in response to abuse as well as preventative action to address its underlying causes (e.g. ageism). Participants also called for changes that prioritise a reduction in the conditions that exacerbate elder abuse in the context of aged care services, and for the next National Plan to direct attention toward implementing services that take practical and prompt steps in response to elder abuse. Some participants suggested the National Plan direct attention toward government and service providers improving their connection with communities, particularly people with lived experience of elder abuse.

Findings from the Delphi survey revealed programs and initiatives that participants suggested should be included in the next National Plan were primarily focused on intervention and prevention, including legal and other protections for people affected by elder abuse and resources such as 'safe' housing. Education and awareness raising remained a key theme for participants for the next iteration of the National Plan, including that which focused on the community broadly, the professionals who interact with older people such as the police and medical professionals, and older people themselves. Delphi survey participants also called for better oversight and monitoring mechanisms for the reporting of abuse across a variety of sectors, but particularly in aged care, was also considered an important priority for survey participants, as was increased investigatory powers across jurisdictions for matters which 'fall short of criminal acts'.

Conclusion

This evaluation identified the National Plan to be a valuable mechanism for uniting governments, agencies and organisations towards the common goal of responding to the abuse of older people in Australia. The National Plan, and initiatives under it, have furthered understandings about the nature and prevalence of elder abuse and highlighted the value in jurisdictions working collectively to build the evidence base around better understanding elder abuse and how the needs of people affected by it can be better met. However, this evaluation has shown that further work is needed to continue the important efforts of Commonwealth, state and territory governments, organisations and individuals, including by focusing on the needs of diverse communities and older people with disability, and by orientating further action towards prevention. Further, this evaluation has highlighted the importance of older people's voices being at the centre of future priorities to respond to elder abuse, particularly those with lived experience of abuse.

Several recommendations have been made in the concluding chapter of this report, based on the views of participants and the overall evaluation findings. These recommendations offer valuable insight into possible ways in which elder abuse could be responded to in future, and prevented.

1 Introduction

Elder abuse is a significant issue in Australia. AIFS' recent national prevalence study found a 12-month prevalence rate of approximately 15% among community-dwelling Australians aged 65 and over (based on psychological, physical, financial and sexual abuse, and neglect as core subtypes [Qu et al. {AIFS}, 2021]). Prevalence data in relation to people living in residential aged care is limited, but the Royal Commission into Aged Care Quality and Safety (2020) estimated prevalence of emotional abuse, physical abuse and neglect at 39% in such settings.

As with family violence and child abuse, responsibility for responding to elder abuse falls across state, territory and Commonwealth jurisdictions. The development of a National Plan to respond to elder abuse was a 'capstone' recommendation of the Australian Law Reform Commission's (ALRC) 2017 report on elder abuse, based on the rationale that such a plan would 'provide the opportunity for future planning and policy development in an integrated way' (Rec 3-1, p. 59). Following this recommendation, the Council of Attorneys-General (CAG) endorsed the National Plan to Respond to the Abuse of Older Australians 2019-2023 (the National Plan) in 2019 (CAG, 2019b). The National Plan sits alongside state and territory policy frameworks, dealing variously with elder abuse specifically, ageing and family violence (AGD, 2019).

The AGD has commissioned the Australian Institute of Family Studies (AIFS) and the National Ageing Institute (NARI) to conduct an evaluation of the National Plan. This report includes findings from the evaluation. The overall evaluation is comprised of the following elements and the findings presented in this report are drawn from 2-8 below:

1. a review of the Evaluation Framework
2. a desktop review of core policy and program documents
3. a synthesis of available program and service evaluations
4. targeted consultation and request for information (RFI) to officials within relevant areas of the AGD and state and territory governments, including information about services, programs, funding and policies
5. a survey of Community Members aged 18 years and older to assess recognition and awareness of elder abuse and community views about priority actions
6. focus groups with services and organisations interacting with older people
7. a Delphi study to identify the programs most significant to achieving the objectives of the National Plan and priorities for the next National Plan, and
8. case studies of initiatives that contribute to the implementation of the National Plan's objectives.

The original evaluation questions guiding this evaluation are outlined on pages 9-10 and the finalised evaluation questions are presented in Chapter 2.

Background

The National Plan was developed by Commonwealth, state and territory governments to address concern, on behalf of governments across Australia, about the abuse of older people, particularly in the context of an ageing population.¹ It sets out a framework for ongoing cooperation, action and monitoring against five key priority areas (the Five Priority Areas):

1. Enhancing our understanding of abuse of older people, including a national prevalence study (see Qu et al. [AIFS], 2021), national research priorities and evaluating the effectiveness of the National Plan.
2. Improving community awareness and access to information to increase understanding of abuse of older people, as well as a National Knowledge Hub (Compass) to consolidate information and resources.

¹ AGD, 2020, p. 1.

3. Strengthening service responses by establishing and evaluating frontline support services across states and territories.
4. Planning for future decision making in relation to powers of attorney and decision-making arrangements, including improving national consistency of state and territory laws and strategies to better inform people of rights and obligations under these arrangements.
5. Strengthening safeguards for vulnerable older adults by reviewing state and territory legislation to identify gaps in safeguarding provisions and continuing to reform the Commonwealth's regulatory framework for aged care.

Activities in these priority areas broadly aim to provide:

- access to better information about elder abuse, to enable governments to target effective responses
- better co-ordination across jurisdictions, as many families live across multiple states or territories and may struggle to navigate systems and rules operating in different locations
- an improvement in people's access to information about elder abuse, including driving greater service responses, such as the Australian Government's recent investment in frontline support services
- greater attention on the benefits of planning ahead and making it easier and safer for older people to utilise future-planning tools such as powers of attorney.

The National Plan is intended to complement Commonwealth and state and territory policies about ageing, elder abuse and family and domestic violence.

In implementing the National Plan, there has been a significant investment of Commonwealth funds into elder abuse related activities. Following an allocation of \$22 million over five years in the 2017-18 budget (More Choices Package) (Ramesh, 2018), the Commonwealth committed a further \$44 million in additional multi-year funding in 2021 (AGD, 2021). Examples of key initiatives supported by the Commonwealth Government include:

- elder abuse service trials (specialist elder abuse units, health justice partnerships, and counselling and mediation services)
- A national elder abuse prevalence study
- Support for a national peak body on elder abuse: Elder Abuse Action Australia (EAAA)
- a knowledge hub (Compass.info)
- a national helpline (1800 ELDERHelp).

Evaluation aims and research questions

In 2020, the Commonwealth AGD commissioned ARTD Consultants to develop an Evaluation Framework (the Framework), designed to review the impact of the National Plan. The Framework specified how evaluation findings across jurisdictions were to be shared, to help governments understand what was working, when, where, how and for whom (AGD, 2020). The Framework included mechanisms to measure progress of actions against the National Plan over time, including through annual implementation monitoring reports, as required under the National Plan. The annual reporting process involved representatives from various departments across the state and territories providing 'status' descriptions of each action relevant to their jurisdiction.

Having regard to this Evaluation Framework, the key aim of this evaluation is to determine the impact of the National Plan in driving responses to reduce and prevent the abuse of older Australians. The aim is to generate evidence to assess the value of the current National Plan and to inform the future planning of similar activities beyond 2023.

More specifically, the evaluation will provide deeper insight into four areas of focus:

- the value of the National Plan as a mechanism for focusing efforts in response to the abuse of older Australians (Focus Area 1)
- the extent to which the National Plan has been effective in increasing the focus of preventing and responding to the abuse of older Australians and creating a foundation for further action (Focus Area 2)
- identifying whether priority areas and their subsequent initiatives have been achieved, are ongoing (to continue) or should no longer be priorities for governments (Focus Area 3)
- whether the term of the National Plan was sufficient to achieve the stated initiatives, and to propose a suitable term for future iterations (Focus Area 4).

The following Key Evaluation Questions were the original questions developed to guide data collection and analysis in response to the four focus areas, noting that revisions to these Key Evaluation Questions are presented in section 2 of this report:

Appropriateness:

1. To what extent did development of a National Plan provide a means to focus on elder abuse responses within jurisdictions?
2. What opportunities still remain for more nationally consistent policy and service responses to address the abuse of older Australians?

Efficiency:

1. What was the advantage of having a National Plan versus individual agency or jurisdiction level plans?
2. To what extent have actions in the National Plan been implemented by responsible jurisdictions/agencies?
3. What barriers were faced in implementing actions in the National Plan?
4. What lessons can be learnt for implementing similar actions in the future?

Effectiveness:

1. To what extent have jurisdictions/agencies shared learnings about the outcomes of their actions?
2. Specifically, what new evidence is there to better inform responses to the abuse of older Australians in terms of:
 - enhancing understanding of abuse of older people and how it manifests
 - improving community awareness and access to information
 - strengthening service responses
 - planning for future decision making
 - strengthening safeguards for vulnerable older adults.

Evaluation methodology

This evaluation is comprised of the following eight elements:

Element 1: Confirmation of the Evaluation Framework

This element involved the clarification and confirmation of the original Evaluation Framework Commonwealth AGD commissioned ARTD Consultants to develop in 2020. In consultation with AGD personnel and the Implementation Executive Group (IEG), the Evaluation Framework, including the program logic and theory of change, was reviewed to ensure that the framework and evaluation questions address the four focus areas.

Element 2: Desktop review – core policy and program documents

This element involved a desktop review and analysis of core Commonwealth and state and territory policy and program documents to assess the ways in which the National Plan has influenced state and territory responses to elder abuse, and how coordinated those responses have been. Specifically, the desktop review aimed to:

- analyse similarities and differences between policy and program documents for each jurisdiction
- assess how policy and program documents align with the National Plan
- reflect services/programs/initiatives that predate or were expanded or created to align with the National Plan
- assess the extent to which policy and program documents are grounded in and influenced by the specific legislative and service landscape features of jurisdictions
- assess how policy and program documents align with or are contained within other jurisdiction-specific frameworks; for example, family violence, ageing
- assess how policy and program documents address the needs of intersectional groups.

The documents for the desktop review were collated following a review of grey literature accessible through Google, Google Scholar and AIFS library resources through Catalogue Plus. A total of 83 policy, program and evaluation documents were analysed.

Element 3: Synthesis of insights from previous evaluations

This element involved a scoping review to identify any programs, services or initiatives under the National Plan that were underway or had been completed, and an examination of available evaluations for any of these activities. The overall approach to analysing previous evaluations under the National Plan involved:

- assessing the methodological rigour of evaluations
- analysing the nature of the services/programs/initiatives that the evaluations applied to
- assessing whether there were:
 - common themes across evaluations of diverse services/programs/initiatives
 - common themes across evaluations of like services/programs/initiatives
 - whether core principles could be extrapolated and what they are
 - whether the findings can be applied to inform development of additional services/programs/initiatives or to make adjustments to existing ones.

Element 4: Targeted consultations and Requests for Information

The targeted consultations and requests for information involved the circulation of a Request for Information form to officials within relevant areas of the AGD and other Commonwealth, state and territory bodies responsible for the National Plan. At the Commonwealth-level, these organisations include the Australian Human Rights Commission's Age Discrimination Commissioner, the Department of Social Services, the Department of Health and Aged Care, and Services Australia.

At the state and territory level, the request for information was sent to:

Community Services Directorate (ACT); Justice and Community Safety Directorate (ACT); ACT Human Rights Commission (ACT); ACT Office for Seniors and Veterans; Department of Communities and Justice (NSW); Territory Families, Housing and Communities (NT); The Public Advocate (Qld); Department of Justice and Attorney-General (Qld); Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (Qld); Office of the Public Guardian (Qld); Office for Aging Well, South Australia Health; Department of Justice, Tasmania; Department of Communities (Tas); Department of Families, Fairness and Housing (Vic); Department of Justice and Community Safety (Vic); Office of the Public Advocate (Vic); and the Department of Communities (WA).

The information requested captured data regarding:

- elder abuse services/programs and initiatives that were funded prior to 2019
- the extent to which funding was increased between 2019 and 2023 in these areas
- new elder abuse/services/programs and initiatives that were funded under the National Plan and the status of those initiatives
- whether any evaluations of these services/programs/initiatives have been conducted or are underway and could be made available to the Evaluation team
- key elder abuse policy and program frameworks
- how the needs of intersectional groups are considered in the policy frameworks and programs in the jurisdiction.

The evaluation team also sought documents pertaining to programs and policy frameworks implemented under the National Plan, informed by Annual Implementation Monitoring Reports completed by Commonwealth, state and territory governments. Consultations with relevant personnel supported the interpretation of data provided in the Request for Information form. It should be noted that the findings in this report only represent the views of participating jurisdictions, and therefore may not represent the views of all Commonwealth, state and territory governments.

Element 5: Survey of Community Members

A survey of community members was conducted to assess recognition and awareness of elder abuse, and community views on priority actions. More specifically, the purpose of the survey was to assess whether members of the community:

- were aware of elder abuse across the core subtypes identified within the National Elder Abuse Prevalence Study (Qu et al. [AIFS], 2021), namely financial, physical, sexual and psychological abuse and neglect, and abuse in relation to language and culture.

- have been exposed to any awareness-raising activities in relation to elder abuse
- would know what to do if they either experienced elder abuse directly (for those aged 65 and over) or were concerned about someone they knew who was experiencing elder abuse
- were aware of any services in relation to elder abuse
- have accessed any information or service resources in relation to elder abuse
- have views on how awareness of and responses to elder abuse can be improved.

At the time of writing, the sample comprised 627 participants, with participation invited through the circulation of our Project Information Sheet through a broad range of key stakeholders and relevant community organisations and via AIFS e-newsletters and social media channels.

Following the cleaning and verification of the survey data, the quantitative data was analysed using STATA and the qualitative data analysed using theoretical coding approaches.

Element 6: Focus groups

This element, completed by the National Ageing Research Institute (NARI), involved focus groups ($n = 10$) with key informants providing insight into the progress and impact of initiatives undertaken under the National Plan. The services and organisations involved in this element include:

- health and aged care services
- emergency services
- legal and advocacy services
- financial and banking services
- community and other services.

The focus group data was transcribed to support a thorough analysis based on theoretical coding, with the findings presented in this report.

Element 7: Delphi study

Drawing on the data gathered from other activities undertaken during this evaluation (e.g. the evaluation synthesis and focus groups) a 'long list' of programs completed under the National Plan was compiled by NARI and used to implement a Delphi survey. The aim of this survey was to collect expert-based judgements in three areas:

- which programs in the National Plan have been most significant to achieving the objectives of the plan
- priorities for the next National Plan
- what should be lower priorities in the next National Plan.

The preliminary 'long list' of programs completed under the National Plan was provided to participants who included policymakers, service providers, advocacy groups, researchers, older people and carers. Diverse views were also sought by engaging with networks such as the Federation of Ethnic Communities Council of Australia, LGBTIQ+ Alliance, People with Disability Australia and the National Aboriginal Community Controlled Health Organisation.

These participants ranked the 'long list' of programs in order of importance using an online survey tool. Additionally, participants were invited to make open-ended comments and suggestions for new items that might have been missed. Approximately 50–100 participants were invited to participate in this element of the evaluation. For each survey round, participants were invited by email and were provided with 1–2 weeks to complete the survey. Participants were invited to subsequent rounds of the survey if they had completed the previous round. Participants were asked to vote on each item using a 9-point scale, with a ranking of 1–3 representing 'not important'; a ranking of 4–6 representing 'important but not critical' and a ranking of 7–9 representing 'important and critical'. Participants also had the opportunity to suggest new items. Up to two rounds of this online survey was used to reach consensus; however, if consensus has been reached earlier, fewer rounds of the survey would have been conducted.

Data from Delphi surveys was collected and analysed using spreadsheet software (e.g. Excel), with the findings presented in this report. After each round of the Delphi survey, the mean and median scores for each item were tabulated, and items were categorised as follows: no consensus (participants re-rate the items) or consensus is reached.

Element 8: Case studies

This element involved the development of five case studies, each based on one initiative from each of the Five Priority Areas for action as defined in the National Plan. Case studies are selected based on insights derived from preceding elements of the evaluation, including the desktop review and the focus groups, in consultation with the AGD and state and territory officials.

The case studies were supplemented by:

- readily available administrative data from each initiative
- insights from managers responsible for the initiative
- insights from professionals who work with agencies that are stakeholders of the initiative.

The purpose of these case studies was to examine the contribution that different initiatives have made to the implementation of the National Plan's objectives in the context of the particular jurisdiction's own policy frameworks and service landscape. They provided insight into the interface between the National Plan and jurisdiction-specific conditions, and the jurisdictional and service landscape in which the initiative is situated, and the ways in which the initiative was designed to:

- respond to the National Plan or jurisdictional frameworks
- meet local needs
- align with other services, agencies and initiatives in the jurisdiction.

Structure of this report

This report has seven further chapters. Chapter 2 presents the finalised Evaluation Framework, including the program logic and theory of change. Chapter 3 presents findings from the desktop analysis of program and policy documents and from the Request for Information and consultations with key stakeholders, including Commonwealth, state and territory government representatives responsible for the National Plan. Chapter 4 presents data drawn from the review of existing evaluations conducted in relation to services, programs and initiatives under the National Plan that are underway or have been completed. Chapter 5 presents quantitative and qualitative findings from the Survey of Community members. Chapter 6 presents findings from the focus groups and Chapter 7 presents findings from the Delphi element of this evaluation. Finally, Chapter 8 presents the case studies and Chapter 9 involves a summary and conclusion of the findings from these elements of the evaluation in the context of the research questions.

2 Confirmation of Evaluation Framework

This chapter presents the review of the original Evaluation Framework the Commonwealth AGD commissioned ARTD Consultants to develop in 2020. NARI completed the review of the original evaluation framework with members of the Evaluation Research Team at the commencement of this project. In consultation with AGD personnel and the IEG, the review of the Evaluation Framework, including the program logic and theory of change, was aimed at ensuring that the framework and evaluation questions addressed the four focus areas, having regard to shifts in operational contexts. In addition to issues identified by key stakeholders during the implementation process, consideration was given to the impact of unexpected variables (e.g. COVID-19 and natural disasters including floods and fires) that have arisen since the development of the National Plan and the Evaluation Framework.

Process for review

A six-step process was implemented for the review of the Evaluation Framework. It involved:

1. consideration of policy and program documents relevant to the National Plan including the Implementation Plan, the Evaluation Framework and Implementation Plan Progress Updates
2. a review of the Key Evaluation Questions and linked sub-questions, considering whether any revised or additional questions were required to satisfy the objectives of the evaluation articulated in the project Statement of Requirement
3. a presentation to the AGD and the IEG of potential amendments to the Evaluation Framework (27 September 2022)
4. consideration given to the AGD of the preferred means of consultation with the IEG regarding potential amendments to the Evaluation Framework
5. an online survey to 72 stakeholders, including 20 IEG members, to facilitate consultations regarding potential amendments to the Evaluation Framework (10–24 October 2022)
6. analysis and presentation of the finalised Evaluation Framework based on feedback from the AGD and IEG (15 November 2022).

Results of the review process

The review of the Evaluation Framework determined that the original program logic component of the Evaluation Framework did not require modification (NARI, 2022).

The program logic model is presented at Figure 1 and the Theory of Change model developed to articulate the assumptions underlying the logic of the Evaluation of the National Plan is presented at Figure 2.

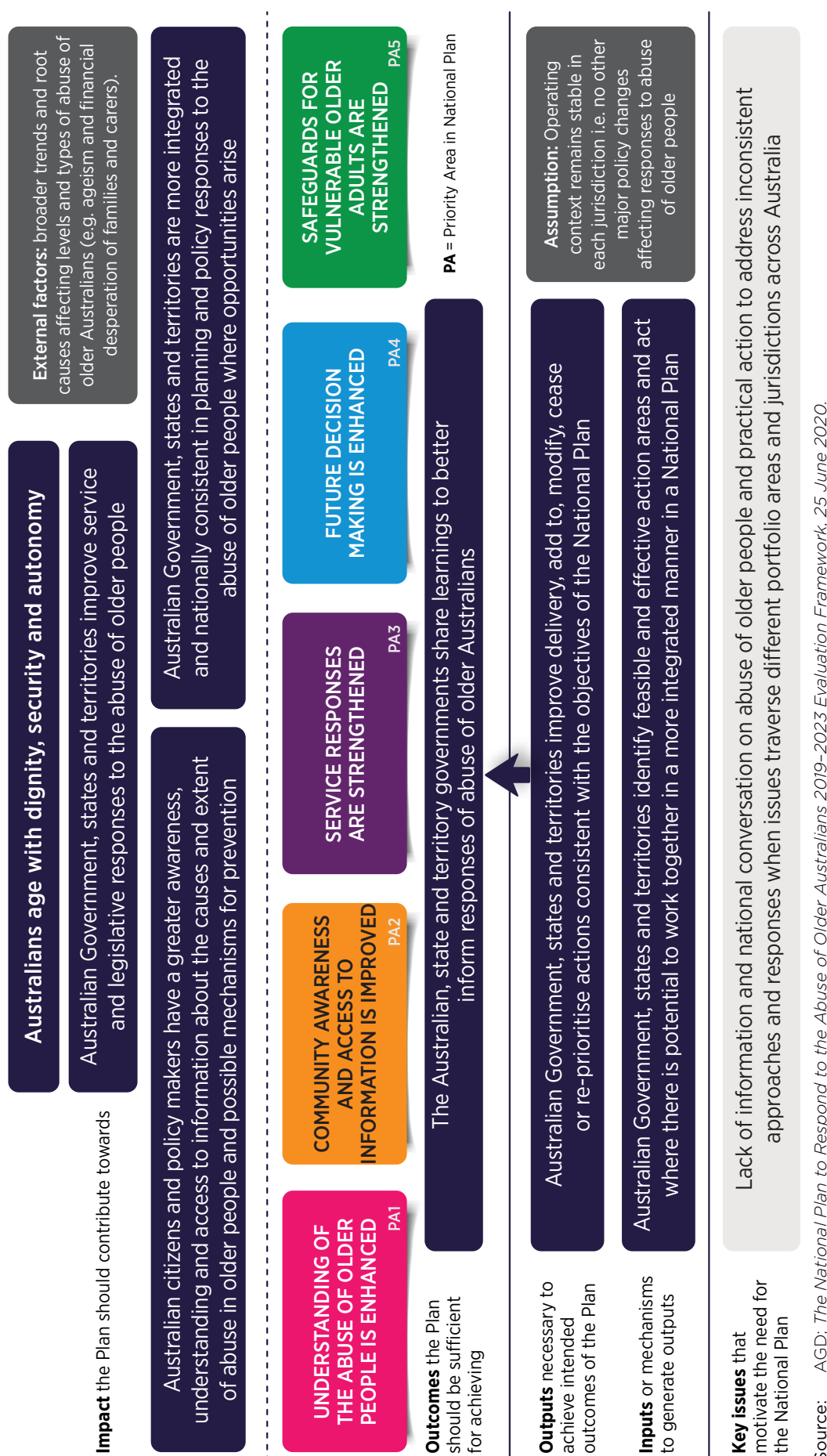
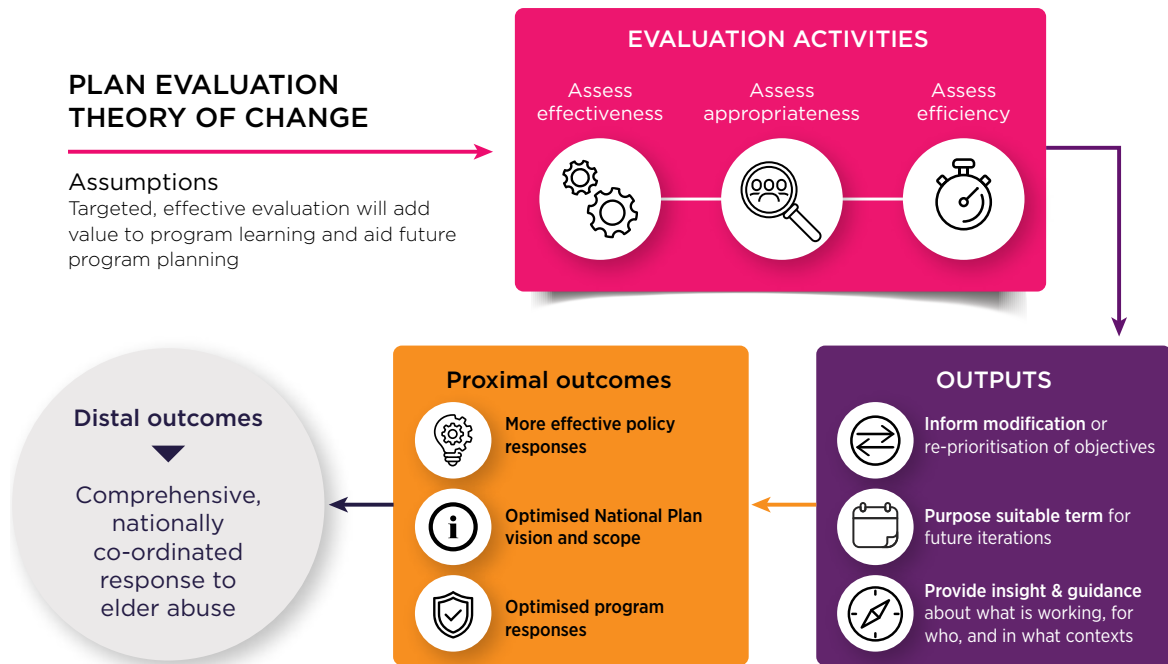
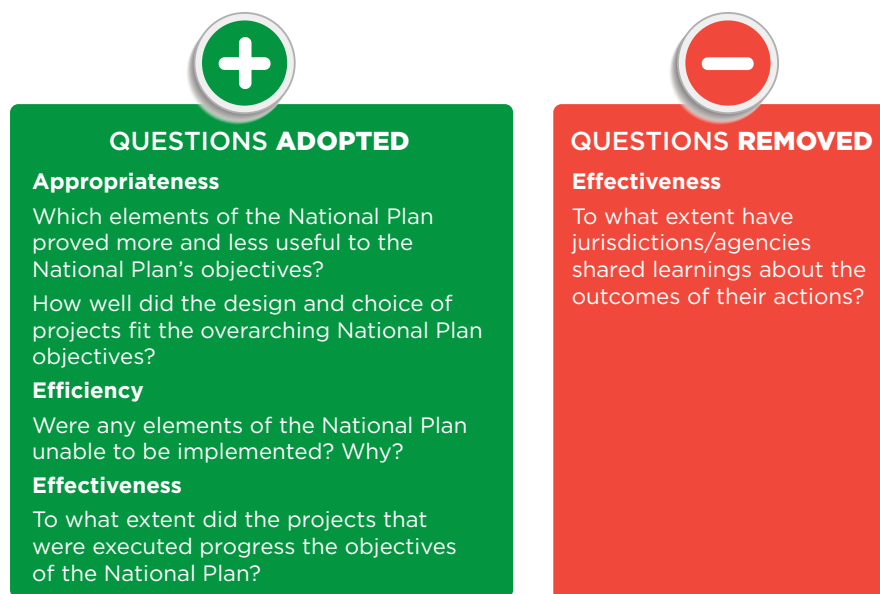
Figure 1: Evaluation of the National Plan – Evaluation Framework Program Logic

Figure 2: Evaluation of National Plan – Evaluation Framework Theory of Change

Source: NARI; *Evaluation of the National Plan to Respond to the Abuse of Older Australians Review and Confirmation of the Evaluation Framework, Program Logic and Theory of Change*, 15 November 2022

Amendments to the Evaluation Framework were made in the review process to ensure the Evaluation would meet the AGD's objectives. These involved: including three additional Key Evaluation Questions and removing one Key Evaluation Question, as shown in Figure 3. The methods and data sources matrix were also updated to accommodate the shared understanding between the AGD and the Evaluation Research Team, including in relation to the absence of flagship programs.

The proposed amendments to the Evaluation Framework were approved by the majority of survey participants and endorsed by the IEG on 15 November 2022. They are presented in Figure 3.

Figure 3: Amendments to the Evaluation Framework Key Evaluation Questions

Source: NARI; *Evaluation of the National Plan to Respond to the Abuse of Older Australians Review and Confirmation of the Evaluation Framework, Program Logic and Theory of Change*, 15 November 2022

The finalised Evaluation Framework Key Evaluation Questions are:

Appropriateness

1. To what extent did development of a National Plan provide a means to focus on elder abuse responses within jurisdictions?
2. What opportunities still remain for a more nationally consistent policy and service response to address the abuse of older Australians?
3. Which elements of the National Plan proved more and less useful to the National Plan's objectives?
4. How well did the design and choice of projects fit the overarching National Plan objectives?

Efficiency

5. What was the advantage of having a National Plan versus individual agency or jurisdiction-level plans?
6. To what extent have actions in the National Plan been implemented by responsible jurisdictions/agencies?
7. What barriers were faced in implementing actions in the National Plan and what lessons can be learnt for implementing similar actions in the future?
8. Were any elements of the National Plan unable to be implemented? Why?

Effectiveness

9. To what extent did the projects that were executed progress the objectives of the National Plan?
10. Specifically, what new evidence is there to better inform responses to the abuse of older Australians in terms of:
 - enhancing understanding
 - improving community awareness and access to information
 - strengthening service responses
 - planning for future decision making
 - strengthening safeguards for vulnerable older adults?

The review also identified the following Key Evaluation sub-questions to guide for use in interviews and focus groups:

- What should be the duration of the next National Plan?
- What are key indicators of the interim National Plan's 'success'?
- Are there critical National Plan elements that must succeed in order for the National Plan as a whole to succeed or progress?
- Are there any non-critical National Plan elements that could disappear without any impact on progress?

Summary

This chapter presented the revisions made to the original Evaluation Framework that included a program logic, theory of change and evaluation questions developed by the AGD in 2020. The revisions to this framework were made in consultation with AGD personnel and the IEG, with representatives from each state and territory (for more information on the IEG, refer to page 24). The revisions were made to ensure that the framework and evaluation questions addressed the four focus areas, having regard to shifts in operational contexts.

The review of the original Evaluation Framework determined that the original program logic component (and the theory of change model developed to articulate the assumptions underlying the logic) did not require modification having regard to its 'high level of conceptual abstraction'. However, amendments to the Evaluation Framework were made in the review process to ensure the Evaluation would meet the AGD's objectives. These amendments involved: including three additional Key Evaluation Questions and four sub-questions and removing one Key Evaluation Question.

The additional 'appropriateness' questions were directed at identifying which elements of the National Plan were useful to achieving the National Plan's objectives and how well the choice of projects fit the overarching objectives. An additional 'efficiency' question was directed at the elements of the National Plan that couldn't be implemented and why. An additional 'effectiveness' question was included to examine the extent to which the projects that were executed, progressed the objectives of the National Plan. The methods and data sources matrix were also updated to accommodate the shared understanding between the AGD and the Evaluation Research Team, including in relation to the absence of flagship programs. The proposed amendments to the Evaluation Framework were approved by the majority of survey participants and endorsed by the IEG on 15 November 2022.

3 Findings drawn from the desktop review, request for Information and consultations

The following chapter presents findings about elder abuse services, programs, initiatives and actions undertaken in each jurisdiction based on data from a desktop analysis of core program and policy documents, and a Request for Information and consultations with Commonwealth, state and territory governments responsible for the National Plan.

Findings from the Request for Information and consultative elements of this evaluation have been combined with the findings from this desktop review to support in-depth findings in relation to the programs, policies, services and initiatives undertaken by jurisdictions in response to the abuse of older people. Requests for information were circulated to 30 Commonwealth, state and territory government departments and agencies on 3 February 2023, with 17 responses received from the Commonwealth, the Australian Capital Territory, Northern Territory, New South Wales, Queensland, South Australia, Tasmania, Victoria and Western Australia. Following the review of the responses to the Request for Information, seven representatives were invited to participate in a consultation and six consultations were conducted with these representatives from the Commonwealth, the Australian Capital Territory, Northern Territory, Queensland, South Australia and Victoria between 12 April 2023 and 21 April 2023.

It is important to note that the information derived from the responses to the Request for Information and from the consultations may not represent the position of all organisations or departments in jurisdictions as not all organisations or departments elected to participate in this element of the evaluation.

In this section, consideration has been given to the extent to which the available policy and program documents and insights from the responses to the Request for Information and consultations indicate:

- the key action areas in the National Plan identified by organisations and jurisdictions
- the services, programs and initiatives that align with, pre-date or were shaped by the National Plan, and those funded to be implemented under the National Plan
- the services, programs and initiatives that are grounded in and influenced by the specific legislative and service landscape features of the jurisdiction aligned with or contained within other jurisdiction-specific frameworks addressing the needs of intersectional groups
- whether funding to the organisations and jurisdictions were increased for the provision of elder abuse services, programs, initiatives and actions
- whether any of the services, programs, initiatives or actions were outsourced to other organisations
- whether any collaborative works or benchmarking activities were undertaken with other organisations or jurisdictions
- the current status of the elder abuse services, programs, initiatives and actions identified in this chapter.

Commonwealth

Alignment with the National Plan

The key policy and program documents underpinning the Commonwealth Government's response to the abuse of older people include the *National Plan to Respond to the Abuse of Older Australians 2019–2023* (CAG, 2019b), the *Implementation Plan* (CAG, 2019a) and Implementation Reports for the National Plan that set out the federal, state and territory government initiatives. Further, it covers materials arising from the implementation of the Elder Abuse National Research Program, including *Everybody's business: Stocktake of Elder Abuse Awareness, Prevention and Response Activities in Australia* (AGD, 2019), the *National Elder Abuse Prevalence Study* (AIFS, 2021) and the COMPASS Guiding Action on Elder Abuse program that brings together resources on elder abuse to improve community awareness and access to information.

Indicators are defined under each of the Five Priority Areas of the National Plan, outlined previously, and specify the action to be taken to achieve them. For example, Indicator 1.2 is 'Develop an agreed set of national research priorities' (CAG, 2019b).

The Implementation Plan underpinning the National Plan identifies the specific actions the Commonwealth and each state and territory will perform to realise each priority area. For example, under Priority Area 1: Enhancing our understanding, Indicator 1.1 nominates that a national prevalence study be conducted as a short-term initiative, with the development of agreed national research priorities a medium-term initiative. Ongoing initiatives include evaluating and reporting on the National Plan through annual implementation monitoring. Although the Implementation Plan specifies the jurisdictions responsible for specific initiatives and actions, it does not capture all of the programs, policies and initiatives taken at Commonwealth and state/territory level to respond to elder abuse. Initiatives, policy and program responses to elder abuse enacted within jurisdictions may not have been captured within the Implementation Plan for a myriad of reasons. For example, they may have been developed before or after the Plan came into fruition, or they may not have been raised during the development of the National Plan and therefore were not captured within it.

The IEG was established in 2019 to review the implementation of the *National Plan to Respond to the Abuse of Older Australians 2019–2023*. Members include representatives from justice agencies and social policy agencies with lead responsibility for elder abuse in their jurisdiction. Several activities are implemented via working groups. The Commonwealth AGD provides secretariat support.

Table 1 highlights the programs, policies and initiatives funded and undertaken by Commonwealth agencies in response to elder abuse, and their alignment with the National Plan (2019–23). Key findings from the Request for Information and consultations are also set out in Table 1.

Table 1: Alignment between Commonwealth initiatives/strategies and the National Plan

Initiatives/strategies completed by Commonwealth agencies	National Plan to Respond to the Abuse of Older Australians
Charter of Aged Care Rights: a requirement of the <i>Aged Care Act 1997</i> (Cth). Aged care providers must ensure that service users are aware of their legislated rights as a consumer of a government-subsidised aged care service. These rights apply to all consumers, regardless of the type of care and services they receive.	Priority Area 5: Strengthening Safeguards for Vulnerable Older Adults: 5.2 Continue to reform the Commonwealth's regulatory framework for aged care to protect and enhance the safety, health, wellbeing and quality of life of aged care consumers.
More Choices for a Longer Life – Elder Abuse Service Trials: Government has committed \$22 million over five years from 2017–18 to respond to elder abuse and protect the rights of older Australians. Funding went towards: ■ specialist elder abuse units ■ health-justice partnerships ■ case management and mediation services ■ an Elder Abuse Knowledge Hub (Compass) ■ a National Prevalence Research scoping study ■ development of the National Plan to respond to the abuse of older Australians. The Government also committed funding in the 2018–19 Budget towards working with the States and Territories on more nationally consistent enduring powers of attorney laws and to explore establishing a National Register of Enduring Powers of Attorney. The Government has committed further funding from 2022–2023 to 2025–2026 to continue to deliver trial specialist elder abuse services (specialist elder abuse units, health-justice partnerships and case management and mediation services) to older people experiencing, or at risk of elder abuse.	Priority Area 1: Enhancing our understanding: 1.1 Conduct a national prevalence study on the abuse of older people. 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs. Priority Area 2: Improving community awareness and access to education 2.2 Start building a National Knowledge Hub to consolidate information and resources about abuse of older people in one online location, including information and resources for diverse groups of older people. Priority Area 3: Strengthening Frontline Service Responses: 3.1 Establish and evaluate frontline support services for older people experiencing abuse in a range of locations across the country.
The AGD was responsible for the resources <i>Everybody's Business: Stocktake of Elder Abuse Awareness, Prevention and Response Activities in Australia</i> (2019). The resource catalogues the wealth of effort and innovation across Australia to prevent and respond to the abuse of older people.	Priority Area 1: Enhancing our understanding: 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs.

Initiatives/strategies completed by Commonwealth agencies	National Plan to Respond to the Abuse of Older Australians
Establishment of the Aged Care Quality and Safety Commission (2019): Regulator of aged care providers and their aged care workers and governing persons throughout Australia, to ensure that older people receive good quality, safe services. The Commission's regulatory activities include, but is not limited to, assessing compliance by Commonwealth subsidised aged care services with the Aged Care Quality Standards. It also includes taking regulatory, compliance and enforcement actions in dealing with Serious Incident Response Scheme (SIRS) notifications and addressing non-compliance with the responsibilities of aged care providers and their aged care workers and governing persons. Additionally, the Commission receives and handles complaints regarding the quality of care or services provided to older Australians. The Aged Care Quality and Safety Commission publishes information on compliance and monitoring activities as part of its quarterly Sector Performance Reports and on its webpage. This includes data on compliance by providers, aged care workers and governing persons with their respective responsibilities.	Priority Area 5: Strengthening Safeguards for Vulnerable Older Adults: 5.2 Continue to reform the Commonwealth's regulatory framework for aged care to protect and enhance the safety, health, wellbeing and quality of life of aged care consumers. Priority Area 3: Strengthening Service Responses: 3.1 Establish and evaluate frontline support services for older people experiencing abuse in a range of locations across the country.
Sponsoring the annual National Elder Abuse Conference from 2019; EAAA was announced as the organiser and host of the National Elder Abuse Conference in partnership with a local organisation as conference co-host.	Priority Area 1: Enhancing our understanding: 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs.
The Australian Human Rights Commission (AHRC) developed several campaigns designed to raise awareness about elder abuse amongst the general public, as follows: ■ Know the Signs (2020): Encourages people to open their eyes to elder abuse, know the warning signs and understand that it can happen to any older person (AHRC, 2022). ■ What can you do to help? (2021): Designed to raise awareness among people who interact with older Australians about the warning signs of elder abuse and where to get support. ■ Shift your perspective (2022): Aims to prompt perpetrators to consider how their behaviour might be affecting older people in their lives. The AHRC produced bookmarks and posters in 20 languages to empower communities to recognise elder abuse and know where to seek help	Priority Area 1: Enhancing our understanding: 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs. Priority Area 2: Improving community awareness and access to information: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community.
The AGD commissioned the Australian Institute of Family Studies (AIFS) to complete a National Elder Abuse Prevalence Study (2021).	Priority Area 1: Enhancing our understanding: 1.1 Conduct a national prevalence study on abuse of older people
A CALD sub-study formed part of the National Elder Abuse Prevalence Study with findings reported in the Final Report.	As part of 1.1, conduct a sub-study into the experience of elder abuse for those from a CALD background.
Installed a program to measure and monitor progress on actions and outcomes under the National Plan (Annual Monitoring and Evaluation Framework).	Priority Area 1: Enhancing our understanding: 1.4. Evaluate and report on the effectiveness of the National Plan through monitoring and review.
The AGD engaged a number of government and non-government agencies to raise awareness about elder abuse on their platforms, including Dementia Australia and the Department of Health and Aged Care.	Priority Area 2: Improving Community Awareness and Access to Education: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community.

Initiatives/strategies completed by Commonwealth agencies	National Plan to Respond to the Abuse of Older Australians
The AGD developed a suite of information available online, including a video called <i>Elder Abuse Everyone's Business</i>.	Priority Area 2: Improving community awareness and access to information: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community.
Funding from the Commonwealth supported the development of the <i>You Decide who Decides Guide</i>, which was developed in 2019 by the Victorian Office of the Public Advocate, in partnership and on behalf of members of the Australian Guardianship and Administration Council (AGAC).	Priority Area 2: Improving community awareness and access to education: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community.
National elder abuse helpline: 1800 ELDERHelp (1800 353 374) is a free-call phone number that automatically redirects callers seeking information and advice on elder abuse to the phone service in their state or territory. The helpline has been established in collaboration with state and territory governments.	Priority Area 3: Strengthening service responses: 3.1 Establish and evaluate frontline support services for older people experiencing abuse in a range of locations across the country.
Services Australia's Family and Domestic Violence Strategy 2020–2023: Communicates the agency's approach to working with older Australians and other members of society more susceptible to abuse.	Priority Area 3: Strengthening Frontline Service Responses: 3.1 Establish and evaluate frontline support services for older people experiencing abuse in a range of locations across the country.
During 2021–22, the Australian Government announced a \$17.7 billion aged care reform package following the Royal Commission into Aged Care Quality and Safety. These reform measures are providing better and fairer services, as well as delivering on cultural changes to provide greater respect, care and dignity for older Australians. Measures aimed at addressing elder abuse in aged care included: ■ expansion of the SIRS to aged care services delivered in home and community settings ■ expansion of aged care advocacy services ■ expansion of the Older Persons Advocacy Network (OPAN) for the Elder Abuse Prevention project, which included the development and promotion of resources ■ funding to drive cultural change around the use of physical and chemical restraint ■ funding the aged care reform package to undertake an urgent review of the Aged Care Quality Standards and introduce new strengthened standards.	Priority Area 3: Strengthening service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs. Priority Area 5: Strengthening Safeguards for Vulnerable Older Adults: 5.2 Continue to reform the Commonwealth's regulatory framework for aged care to protect and enhance the safety, health, wellbeing and quality of life of aged care consumers.
The Department of Social Services runs the 'Carer Gateway', an online resource for carers, including people who support older Australians. Information is available about supported decision making, carer stress and other issues known to contribute to feelings of burnout and isolation that may be associated with abuse.	Priority Area 3: Strengthening service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs. Priority Area 2: Improving community awareness and access to education: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community.
OPAN is an Australia-wide not-for-profit advocacy service funded by the Australian Government's Department of Health and Aged Care. A variety of educational resources are available via OPAN, designed to educate the community and professionals supporting older people about abuse and how to prevent and respond to it.	Priority Area 3: Strengthening service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs.
AGD has worked closely with States and Territories to explore options for achieving greater national consistency in enduring powers of attorney laws, and to investigate the feasibility of developing a national online register. This work is continuing and a progress update was noted by Attorneys-General at their most recent meeting on 28 April 2023.	Priority Area Four: Planning For future decision-making 4.1 States and territories consider developing options for harmonising enduring powers of attorney, particularly in relation to financial powers of attorney, to achieve greater national consistency 4.2 Investigate the feasibility of developing a national online register of enduring powers of attorney.

Findings from the Request for Information and consultations identified further actions and initiatives undertaken in response to elder abuse. For example, focusing on the work of the Age Discrimination Commissioner, the Hon. Dr Kay Patterson has:

- worked with agencies, organisations and community members across Australia to encourage the implementation of the recommendations in the Australian Law Reform Council's *Elder Abuse – A National Legal Response* report (2017).
- travelled across the east coast of Tasmania, supported by a partnership with key stakeholder Council on The Ageing (COTA) Tasmania, attended community events and distributed resources through key stakeholder channels.
- forged a partnership with the US National Centre on Elder Abuse (NCEA), where an adapted bookmark was used in their 2020 World Elder Abuse Awareness Day (WEAAD).
- raised the importance of harmonising powers of attorney legislation across jurisdictions and developing a national online register of powers of attorney with the Council of Attorneys-General.
- with the Australian Human Rights Commission, engaged in advocacy and consultation with community and industry stakeholders to raise awareness of elder abuse, encourage sharing of best practice, and support community elder abuse initiatives. For example, Dr Patterson was the Ambassador for the National Elder Abuse Conference 2022.
- with the Australian Human Rights Commission, conducted some scoping research and are in the process of developing some resources and a campaign to raise awareness of the importance of planning ahead for later life, especially among Culturally and Linguistically Diverse communities.

Services, programs and initiatives that pre-date the National Plan

Prior to the National Plan, the Commonwealth Government had undertaken a range of research, programs and initiatives in response to the abuse of older people. Examples include:

- In February 2016, the Australian Law Reform Commission (ALRC) was issued with terms of reference to undertake a review of Commonwealth laws and legal frameworks and how they might better protect older persons from misuse or abuse and safeguard their autonomy. The ALRC's (2017) final report *Elder Abuse – A National Legal Response* was tabled in June 2017 and made 43 recommendations for law reform to safeguard older people in Australia.
- Since 2016, the AGD has led a range of initiatives in response to and to prevent elder abuse. These include:
 - funding the establishment of the national peak body for elder abuse, EAAA (see further below)
 - developing an Elder Abuse Knowledge Hub (Compass) and
 - establishing a national helpline for elder abuse, 1800 ELDERHelp.
- In 2016, the AGD commissioned AIFS to undertake a review of elder abuse in Australia, examining its characteristics, context and prevention based on Australian and international research evidence and Australian legislative and service responses: *Elder abuse: Understanding Issues, Frameworks and Responses* (Kaspiew, Carson, & Rhoades [AIFS], 2016).
- The Hon. Dr Kay Patterson was appointed as Age Discrimination Commissioner on 29 July 2016, succeeding the Hon. Susan Ryan. The role of the Age Discrimination Commissioner is to help individuals and organisations understand their rights and meet their legal responsibilities under the *Age Discrimination Act 2004*.
- In 2017, the Commonwealth AGD announced funding for EAAA – Australia's first national elder abuse peak body. EAAA will provide a national voice for action that eliminates elder abuse. EAAA aims to develop and promote systemic policy reforms regarding elder abuse, raise community awareness, and undertake activities to share and coordinate information, resources and practice for national consistency and efficiency.
- In 2018 the Australian Government announced a Royal Commission into Aged Care Quality and Safety. The Royal Commission's terms of reference concerned the quality of aged care services, how best to deliver aged care services, and the challenges and opportunities for delivering accessible, affordable and high-quality aged care services in Australia. The Commissioners were required to provide an interim report by 31 October 2019 and a final report by 30 April 2020.
- Earlier initiatives also included the establishment of the COTA. COTA's role is to promote, improve and protect the wellbeing of older people in Australia as citizens and consumers. COTA's priorities are aged care reform, improving health services, and fighting ageism and age discrimination.
- In 2018, OPAN developed the National Elder Abuse Prevention and Advocacy Framework. OPAN are funded by the Australian Government to deliver the National Aged Care Advocacy Program (NACAP) under the *Aged Care Act 1997* (Cth). OPAN has made a significant contribution to national elder abuse prevention and advocacy activities, with these activities located within the broader landscape of elder abuse services. The framework is intended to create a consistent approach to this work.

Findings from the Request for Information identified several actions and initiatives in response to elder abuse that pre-date the National Plan. Examples include:

- Australia's Age Discrimination Commissioner, the Hon. Dr Kay Patterson, consulted with elder abuse community stakeholders and the Commonwealth AGD during the lead up to the development of the National Plan. This included time in Canberra to workshop ideas and actions relating to elder abuse and the concept of a National Plan.
- The Department of Health and Aged Care participated in Commonwealth interdepartmental committees with other agencies and state and territory leaders on the development of the National Plan.
- Following the Royal Commission into Aged Care Quality and Safety (Royal Commission), the Australian Government has made a significant investment in improving the quality and safety of aged care services (both residential and home care).

Actions grounded in the legislative and service features of the jurisdiction

A range of Commonwealth legislative and service contexts shape the programs, policies and initiatives under the National Plan. The *Aged Care Act 1997* (Cth) sets out mandatory reporting obligations in relation to elder abuse. The Commonwealth *Age Discrimination Act 2004* (Cth) underpins many of the strategies and projects initiated by Commonwealth agencies developed in response to the abuse of older Australians. For example, the AHRC raises awareness about the link between ageism and elder abuse via its website and, as such, promotes positive ageing campaigns that raise awareness throughout the community about the value that older people bring to society (AHRC, 2022).

The Aged Care Quality and Safety Commission (the Commission) is a Commonwealth regulator of aged care providers and their aged care workers and governing persons, focused on ensuring the safety and welfare of older people. The Commission works under the *Aged Care Quality and Safety Commission Act 2018* (Cth) and the Aged Care Quality and Safety Commission Rules (2018). However the *Aged Care Act 1997* (Cth) is the overarching legislation that outlines the obligations and responsibilities that aged care providers must follow to remain registered to provide services to older people and receive subsidies from the government.

Alignment with or a part of other jurisdiction-specific frameworks

Several frameworks are also relevant to the Commonwealth Government's commitment to elder abuse, outside of the National Plan. For example, The Department of Veterans' Affairs (DVA, 2020) *Family and Domestic Violence Strategy 2020–2025* recognises elder abuse as a form of family and domestic violence. In particular, the strategy recognises that family and domestic violence can occur in relationships involving carers, where care is provided to older people or people with a disability or medical condition (DVA, 2020). Further, the DVA acknowledges that the Council of Attorneys-General has also promoted responsibility for responding to elder abuse, through the *National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019–2023*.

The *National Plan to End Violence Against Women and Children 2022–2032* (Department of Social Services (DSS), 2022) acknowledges elder abuse as one of the key forms of abuse affecting older women and their families. The *National Plan to End Violence Against Women and Children 2022–2032* focuses on several areas in response to the violence women experience including: a commitment to primary prevention, the need for specialist supports for First Nations women and their children, respecting and listening and responding to the diverse lived experience and knowledge of women and their children affected by violence.

Findings from the Request for Information highlighted the importance of 1800RESPECT, a national counselling, information and referral service for people affected by domestic, family and sexual violence. It is a confidential service available 24 hours a day, 7 days a week. 1800RESPECT was funded as a part of the *National Plan to Reduce Violence against Women and Children 2010–2022*, and has continued to be funded under the *National Plan to End Violence against Women and Children 2022–2032*.

Addressing the needs of intersectional groups

There are a range of Commonwealth policies, programs and initiatives considering the needs of intersectional groups in the context of responding to the abuse of older people. In addition to the Culturally and Linguistically Diverse sub-study component of the National Elder Abuse Prevalence Study, examples include:

- In 2012, the Australian Department of Health and Ageing released the *National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy*. The strategy informed the way the Australian Government supports the aged care sector to deliver care that is sensitive to and inclusive of the needs of LGBTI people, their families and carers. The strategy encompasses six goals:
 - GOAL 1: LGBTI people will experience equitable access to appropriate ageing and aged care services.
 - GOAL 2: The aged care and LGBTI sectors will be supported and resourced to proactively address the needs of older LGBTI people.
 - GOAL 3: Ageing and aged care services will be supported to deliver LGBTI inclusive services.
 - GOAL 4: LGBTI-inclusive ageing and aged care services will be delivered by a skilled and competent paid and volunteer workforce.
 - GOAL 5: LGBTI communities, including older LGBTI people, will be actively engaged in the planning, delivery and evaluation of ageing and aged care policies, programs and services.
 - GOAL 6: LGBTI people, their families and carers will be a priority for ageing and aged care research.
- In 2012 the Australian Department of Health and Ageing also released the *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds*. The strategy specified the Australian Government's commitment to ensuring equitable access to high quality, culturally appropriate aged care for people from CALD backgrounds. The strategy comprised six goals:
 - GOAL 1: CALD input positively affects the development of ageing and aged care policies and programs that are appropriate and responsive.
 - GOAL 2: Achieve a level of knowledge, systems capacity and confidence for older people from CALD backgrounds, their families and carers to exercise informed choice in aged care.
 - GOAL 3: Older people from CALD backgrounds are able and have the confidence to access and use the full range of ageing and aged care services.
 - GOAL 4: Monitor and evaluate the delivery of ageing and aged care services to ensure that they meet the care needs of older people from CALD backgrounds, their families and carers.
 - GOAL 5: Enhance the CALD sector's capacity to provide ageing and aged care services.
 - GOAL 6: Achieve better practice through improving research and data collection mechanisms that are inclusive of cultural and linguistic diversity in the ageing population.
- The *Everybody's Business* resource developed by the AGD (2019) and which is aimed at raising awareness of elder abuse is available in a range of languages including Chinese, Dutch, Filipino, German, Greek, Hindi, Italian, Malay and Vietnamese.
- The *National Audit and Operational Framework for Keeping Women Safe in the Homes – Older Women* funded by the Australian Department of Social Services, assesses the outcomes of the Safe at Home and Keeping Women Safe in the Homes programs, with assessments including the effectiveness of responses for women from diverse backgrounds (Australian Government, 2023). The AGD has funded an extension of the Audit and Framework to include a focus on older women, aged 50 years and over.
- The *National Plan to End Violence Against Women and Children 2022–2032* (DSS, 2022) (mentioned in the previous section 'Alignment with or a part of other jurisdiction-specific frameworks') provides a strategy for preventing and responding to violence against women across a range of intersectional groups, including women with disability, older women and First Nations women. It is recognised that these cohorts are particularly vulnerable to violence due to the compounding forms of discrimination they face (e.g. sexism, ableism and racism).

Summary

Overall, the desktop review of Commonwealth initiatives shows close alignment with the National Plan's priority areas, with the exception of Priority Area 4 (Planning for future decision making). However, the National Plan itself focuses on planning for future decision making, with objectives set for jurisdictions across Australia to ensure Priority Area 4 is realised and oversight provided by the Commonwealth AGD, in collaboration with the IEG. Findings also show that Commonwealth Government agencies have a strong focus on meeting the needs of diverse community members, including Culturally and Linguistically Diverse community members, First Nations and LGBTQI+ people.

Australian Capital Territory

Alignment with the National Plan

The Australian Capital Territory (ACT) Government's (2020) *Age Friendly City Plan 2020–2024* aims to ensure that Canberra is a place where growing older is celebrated and supported. The plan has four focus areas:

- Focus Area 1: Involved, connected and valued
- Focus Area 2: Safe, secure and free from abuse
- Focus Area 3: Information, services and support which embrace diversity
- Focus Area 4: A city for all ages.

Each focus area includes a list of key drivers, outcomes, actions and measures. Alignment between the ACT Government's *Age Friendly City Plan 2020–2024* and the National Plan is summarised in Table 2:

Table 2: Alignment between the ACT Government's *Age Friendly City Plan 2020–2024* and the National Plan

ACT Age Friendly City Plan 2020–2024	National Plan to Respond to the Abuse of Older Australians
Focus Area 2: Safe, secure and free from abuse: Driver/Outcome: ■ The Canberra community becoming more aware of the contribution of older Canberrans. ■ Piloting a series of e-learning modules for ACT Government employees on ageism awareness.	Priority Area 2: Improving community awareness and access to information: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community. Priority Area 3: Strengthening service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs.
Focus Area 2: Safe, secure and free from abuse: Driver/outcome: Some forms of elder abuse (e.g. financial abuse) being made a criminal offence.	Priority Area 5: Strengthening safeguards for vulnerable older adults: 5.1 Review state and territory legislation to identify gaps in safeguarding provisions.
Focus Area 2: Safe, secure and free from abuse: Driver/Outcome: Older Canberrans being able to access remedies for elder abuse more easily. Focus Area 3: Information, services and support which embrace diversity: Supporting LGBTIQ+ elders through ongoing social and creative action that combats ageism, social isolation, and discrimination, in line with the Capital of Equality ACT Government LGBTIQ+ Strategy.	Priority Area 3: Strengthening service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs. Priority Area 2: Improving community awareness and access to information: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community. Priority Area 3: Strengthening service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs.
Focus Area 2: Safe, secure and free from abuse: Action: Working with the Commonwealth and other jurisdictions to develop a national register of powers of attorney documents and to improve consistency of power of attorney legislation.	Priority Area 4: Planning for future decision making: 4.1 States and territories consider developing options for harmonising enduring powers of attorney, particularly in relation to financial powers of attorney, to achieve greater national consistency.
Focus Area 2: Safe, secure and free from abuse: Action: ■ Considering ways to strengthen the powers of the ACT Civil and Administrative Tribunal (ACAT) in providing remedies and redress for the misuse of powers of attorney, and guardianship/financial management appointment. ■ Introducing legislation that makes elder abuse a criminal offence.	Priority Area 5: Strengthening safeguards for vulnerable older adults: 5.1 Review state and territory legislation to identify gaps in safeguarding provisions.
Focus Area 2: Safe, secure and free from abuse: Evaluating the changed attitudes and perceptions of the Canberra community to older Canberrans through Your Say Community Panel surveys.	Priority Area 1: Enhancing our understanding: 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs. Priority Area 3: Strengthening service responses: 3.1 Establish and evaluate frontline support services for older people experiencing abuse in a range of locations across the country.

There are a range of programs relevant to the implementation of the National Plan in the ACT:

- The Older Persons ACT Legal Service (OPALS) is a specialist service within Legal Aid providing legal help to older people in Canberra including with elder abuse, enduring powers of attorney, future decision making, guardianship and financial arrangements with family members.
- Legal Aid ACT also provides training to community and workers who support older people who may be experiencing or at risk of elder abuse. The training is supported by factsheets produced by Legal Aid ACT covering: loans, gifts and debt; an adult child living at home; decision making and your rights; safety planning for your safety; and money and ageing (Australian Government, 2019). Additionally, COTA, ACT also convenes the Elder Abuse Network that brings together service providers working in the ACT.
- The ACT Disability, Aged and Carer Advocacy Service (ADACAS) provides services targeting elder abuse, including additional consumer education sessions on elder abuse.
- The ACT has a Seniors Liaison Officer dedicated to regularly engaging with members of the senior community to give them information and advice about how to protect themselves and remain safe (ACT Policing, 2023). Abuse (actual or suspected) can be reported to the Seniors Liaison Officer, which may trigger a visit to the affected person's home, investigation and prosecution.
- The Community Services Directorate funds a range of events run by community service organisations for World Elder Abuse Awareness Day each year.

Services, programs and initiatives that predate the National Plan

Several services, programs and initiatives undertaken in the ACT prior to the National Plan include:

- The ACT Government's (2012) *Elder Abuse Prevention Program Policy*, which provided a framework for preventing and responding to the abuse of older people within the ACT. The framework included the characteristics of abuse, the key agencies involved and approaches to preventing and responding to abuse including community awareness, training, reporting and advocacy, and financial and legal assistance.
- The ACT Law Reform Advisory Council Inquiry into the Terms and Operation of the *Guardianship and Management of Property Act 1991* (ACT) was conducted in 2014. The aim of the inquiry was to ensure that the Act reflects best practice in guardianship law relating to adults. Recommendations related primarily to law and policy reform to replace a substitute decision-making model with a rights-based supported decision-making model.
- The ACT Elder Abuse Network was established prior to the National Plan and consists of representatives of government and non-government agencies who have a role in preventing abuse and neglect of older people in the ACT. The Network provides advice on systemic issues relating to elder abuse and the coordination of services that support older people.

Findings from the Request for Information also identified some initiatives and actions undertaken in response to elder abuse, as follows:

- An annual Seniors Grants Program is facilitated by the Community Services Directorate, to support community-based initiatives designed to address elder abuse and the issues that make people more susceptible to it (e.g. isolation, ageism), including:
 - awareness raising about elder abuse by Carers ACT 2016-17. It included strategies to identify risk factors for abuse, and how these risks could be reduced amongst veterans and seniors. Awareness raising was primarily targeted at unpaid carers and key agencies providing health, aged and disability services
 - a guide and community and professional education for older people thinking about entering family agreements that involve the older person selling their home and giving the money to someone who has agreed to care for them in the future, having a relative move in with them, and/or giving or lending money to someone. Care Inc., the Legal Aid Commission and Legal Aid ACT were funded to produce this guide and community/professional education between 2017 and 2018
 - individual advocacy and community education for aged care staff and organisations between 2018 and 2019 by the Disability Aged and Carer Advocacy Service
 - resources and proposals developed by Legal Aid to engage with First Nations community members about elder abuse and how to respond to it.
- The Community Services Directorate led coordination and consultation for the National Plan's development in the ACT Government and worked with the Ministerial Advisory Council on Ageing to gather their input and views for the National Plan. The Community Services Directorate has been involved in the Research and Data Priorities Working Group (the Research Working Group) and the Information and Awareness Raising Working Group (the Awareness Raising Working Group) for the National Plan.
- The ACT Office for Seniors and Veterans has provided Secretariat for an Older Persons Safety Network, which consists of community members, government representatives and executives for the Age-Friendly City Plan.

Actions grounded in the legislative and service features of the jurisdiction

The *Public Trustee and Guardian Act 1985* (ACT) allows a trustee to manage a deceased person's estate where no executor is appointed, the executor declines to manage the estate, or no other person is appropriate. The legislation aims to prevent financial exploitation or mismanagement of a person's assets after they die.

The *Guardianship and Management of Property Act 1991* (ACT) provides a 'decision maker' with the right to exercise choices on behalf of an individual who has reduced capacity to do so themselves. Decisions may relate to important personal, lifestyle and treatment decisions. The Act states that the decision maker must provide or facilitate, as far as practicable, support necessary for the protected person to understand the decision to be made, participate in the decision making and to communicate their wishes.

The *Powers of Attorney Act 2006* (ACT) provides individuals with choice and control over who makes decisions for them when they are no longer able to do so. The power of attorney usually becomes active when an individual has lost the legal capacity to make decisions commonly relating to their property and/or finances.

Other important legislative instruments designed to protect Australians, including older Australians include the *Human Rights Act 2004* (ACT), *Human Rights Commission Act 2005* (ACT) and *Discrimination Act 1991* (ACT). Elder abuse can often be perceived in the context of family violence and although elder abuse is not specifically mentioned in the *Family Violence Act 2016* (ACT), definitions may meet the context within which abuse against an older person takes place. This may include, for example, circumstances where the adult child of an older person engages in abusive behaviour towards their parent.

Specifically, the *Family Violence Act 2016* (ACT) defines family violence as:

- any of the following behaviour by a person in relation to a family member of the person:
 - physical violence or abuse
 - sexual coercive behaviour, violence or abuse
 - emotional or psychological abuse
 - economic abuse
 - threatening behaviour
 - coercion or any other behaviour that—
 - controls or dominates the family member; and
 - causes the family member to feel fear for the safety or wellbeing of the family member or another person
 - damaging property
 - harming an animal
 - stalking
 - deprivation of liberty
 - harmful use of, or interference with, technology.

The Act defines a family member of a person to include:

- a domestic partner or former domestic partner of the person; or
- an intimate partner or former intimate partner of the person; or
- a relative of the person; or
- a child of a domestic partner or former domestic partner of the person; or
- a parent of a child of the person.

Alignment with or part of other jurisdiction-specific frameworks

ACT-specific frameworks intersecting with elder abuse include the *ACT Women's Plan 2016–2026* (ACT Government, 2016). The *ACT Women's Plan 2016–2026* sets out the ACT Government's ongoing commitment to working in partnership with non-government organisations, business and the broader community towards gender equality for all ACT women. It outlines priority areas for action and a structure for how work will be progressed to enhance the economic status, social inclusion, safety and wellbeing of ACT women, particularly groups of women subject to multiple layers of discrimination, such as older women and women with disability.

The ACT Government (2021) has also developed a Domestic and Family Violence Training Strategy that aims to provide training of staff working in the domestic and family violence space. The training will develop staff's knowledge about how to support clients and colleagues who are victim/survivors of violence or abuse. The ACT Government, together with Family Advocacy and Support Services and National Legal Aid, has also produced a *Family Violence Law Help* resource, available online in the public domain. The resource focuses on several forms of violence, including family and domestic violence, within which there is a section on 'elder abuse'. Information about what elder abuse is, what it looks like and how to seek help is included within the contents (National Legal Aid, 2019).

Findings from the Request for Information highlighted a training course for frontline workers in hospitals, entitled *Strengthening Hospital Responses to Family Violence*, had been delivered by the Office for Family Safety. The training is designed to help staff identify and respond to family violence across the lifespan, including violence and abuse against older people.

Addressing the needs of intersectional groups

Findings from the Request for Information and consultation process indicate that between 2017 and 2018, the ACT Government's Community Services Directorate provided funding to the Bangladeshi Seniors Club for older Australians to participate in activities, programs and events that develop, foster and maintain connections within their communities, and which facilitate information-sharing. Speakers from relevant government agencies, medical experts, financial, legal professions and community networks/service providers were invited to provide expert advice and education about elder abuse.

The Request for Information further indicated that, between 2018 and 2019, the ACT Government/Community Services Directorate allocated funding to the Older Persons Legal Service, through Legal Aid ACT, to consult with First Nations community members about the abuse of older people in their communities and to develop resources and proposals for responding to it. Legal Aid developed these specific tailored resources in 2021.

Findings from the desktop review indicate that the ACT Government's (2020) *Age Friendly City Plan 2020–2024* is designed to align with other key ACT Government frameworks, not to duplicate them. These frameworks include, but are not limited to:

- ACT Multicultural Framework 2015–2020
- ACT Government's LGBTIQ+ strategy Capital of Equality 2019–2023
- ACT Aboriginal and Torres Strait Islander Agreement 2019–2028.

These frameworks describe the ACT Government's broad approach to responding to the needs of minority groups. However, they do not do so specifically in the context of elder abuse. Consequently, evidence of an intersectional approach to elder abuse in the ACT was limited during the desktop review phase of this evaluation.

The ACT Government (2020) has also invested in a wellbeing framework designed to improve the lives of people living in Canberra, including those of minority groups and older people.

Summary

Overall, initiatives facilitated by the ACT Government suggest strong alignment with the National Plan's priority areas and objectives. Further, analysis of the ACT Government's program and policy documents highlight a commitment to innovation, including legislation that is the first of its kind in Australia – *Crimes (Offences Against Vulnerable People) Legislation Amendment Act 2021* (ACT).

New South Wales

Alignment with the National Plan

The *Preventing and Responding to the Abuse of Older People (Elder Abuse) NSW Interagency Policy* (Department of Communities and Justice Strategy, Policy and Commissioning, 2020) articulates the NSW Government's approach to preventing and responding to elder abuse. This policy, together with the *Policy Directive: Identifying and Responding to Abuse of Older People* (Department of Communities and Justice Strategy, Policy and Commissioning, 2020) *Ageing Well in NSW: Seniors Strategy 2021–2031* (Department of Communities and Justice, 2021) and the *Ageing Well in NSW: Action Plan 2021–2022* (Department of Communities and Justice, 2021) are among the key policy and program documents since the initiation of the National Plan. The Interagency Policy is structured around four key themes:

1. Prevention and early identification
2. Support for people experiencing abuse
3. Intervention and protection
4. Collective action.

Comparative analysis of this Interagency Policy against the National Plan indicates alignment between the four themes above and a range of priority areas defined within the National Plan. For example, the 'prevention and early identification' theme defined within the Interagency Policy aligns with the National Plan's Priority Area 3 (strengthening service responses). The Interagency Policy sets clear expectations for both government and agencies pertaining to how abuse should be prevented through early detection, and by understanding and changing the circumstances that make abuse possible. Similarly, Priority Area 3 within the National Plan, 'strengthening service responses', subsection 3.2, specifies that 'states and territories continue to provide and strengthen frontline responses to emerging needs' (AGD, 2019, p. 10). These and other areas of alignment identified between the Interagency Policy and the National Plan are evidenced in Table 3.

Table 3: Alignment between National Plan and NSW's Interagency Policy – Preventing and Responding to the Abuse of Older People (2020)

Interagency Policy – Preventing and Responding to the Abuse of Older People (2020)	National Plan to Respond to the Abuse of Older Australians
Theme 1: Prevention and early identification: Section 3.1: Supporting better recognition of abuse Section 3.2: Shaping community attitudes Section 3.3: Better understanding of risks and responses	Priority Area 1: Enhancing our understanding: 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs. Priority Area 2: Improving community awareness and access to information: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community.
Theme 2: Support for people experiencing abuse: Section 4.1: Providing and funding support services such as the NSW Ageing and Disability Commission, the Ageing and Disability Abuse Helpline, and health, justice and specialist services. Sections 4.2 and 4.3: Range of NSW services and resources to provide support for people experiencing abuse.	Priority Area 3: Strengthening service responses: 3.1 Strengthening service responses – Establish and evaluate frontline support services for older people experiencing abuse in a range of locations across the country. 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs.
Theme 3: Intervention and protection: Section 5.1: Designing and using good practice approaches to respond appropriately to instances of abuse. Sections 5.2 and 5.3 Legal interventions	Priority Area 3: Strengthening service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs. Priority Area 5: Strengthening safeguards for vulnerable older adults: 5.1 Review state and territory legislation to identify gaps in safeguarding provisions. 5.2 Continue to reform the Commonwealth's regulatory framework for aged care to protect and enhance the safety, health, wellbeing and quality of life of aged care consumers.
Theme 4: Collective action: Sections 6.1 and 6.2: Working in a multidisciplinary way in day-to-day work and in systemic responses to abuse of older people to get better results for individuals and the community.	Priority Area 1: Enhancing our understanding: 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs. Priority Area 3: Strengthening service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs.

Other initiatives undertaken by the NSW Government include the establishment of the Ageing and Disability Commission (ADC), to safeguard and promote the rights of adults with disability, and NSW's first Ageing and Disability Commissioner. The ADC's functions include:

- dealing with allegations of abuse, neglect and exploitation of adults with disability and older people, including by making referrals and conducting investigations, and taking further action that is necessary to protect the adult
- raising awareness and educating the public about the abuse, neglect and exploitation of adults with disability and older people
- providing advice and assistance to the public about matters relating to the abuse, neglect and exploitation of adults with disability and older people
- inquiring into and reporting on systemic issues relating to the abuse, neglect and exploitation of adults with disability and older people, or the protection and promotion of their rights
- advising and making recommendations about matters relating to the abuse, neglect and exploitation of adults with disability and older people.

In 2019, the NSW Government also announced the enhancement of police resources to include the piloting of six Aged Crime Prevention Officers (ACPOs) in each Police Command across NSW. The ACPOs are members of the Crime Prevention Unit. Their primary responsibility is preventing, disrupting and responding to the exploitation, abuse and neglect of vulnerable people, including older people, people with disability and the homeless.

Each officer undertook a two-day induction course and a Professional Development Day as part of their continuing education. Training topics included:

- working with people with dementia
- de-escalating incidents involving people with Autism Spectrum Disorder
- trustee and guardian services and powers of attorney
- identifying carer stress in domestic violence situations
- implementing the protocol for homeless people.

Additional programs and policies align with strategies for preventing elder abuse from contemporary research and include the NSW *Policy Directive: Identifying and Responding to Abuse of Older People, 2020* that sets out the NSW Department of Health requirements for protocols and staff training to identify and respond to the abuse of older people. Activities also include awareness-raising activities; for example, the Compass (2021) *Speak Up* campaign – a community elder abuse campaign in New South Wales in 2021.

The *Ageing Well in NSW: Seniors Strategy 2021–2031* (NSW Department of Communities and Justice, 2020) sets out NSW's vision for ensuring that people live healthy, active and happy lives as they age.

The *Ageing Well in NSW Action Plan 2021–2022* focuses on the wellbeing and safety of older people through:

- the creation of a specialist multi-disciplinary service for vulnerable older people
- the identification and removal of barriers for older people wishing to access legal services
- improving the digital inclusion of older people
- development of a 'Women's financial toolkit'
- promotion of the need for respect and to include older people in the general community
- promotion and monitoring of local government planning for ageing populations through local housing strategies.

The NSW Government also engages with the Ministerial Advisory Council on Ageing, a group of individuals with relevant experience and expertise, who provide advice to the Minister on matters affecting the needs, interests and wellbeing of older people in NSW and on the impact of the ageing population. The committee secretariat is located in the NSW Department of Community and Justice.

Findings from the Request for Information indicated that the NSW Department of Communities and Justice adapted the Preventing and Responding to the Abuse of Older People (Elder Abuse) Interagency Policy (2020) in May 2021. The Department's May 2021 policy sets out the approach for Department of Communities and Justice staff in preventing and responding to the abuse of older people. This policy is applied in conjunction with the Preventing and Responding to the Abuse of Older People (Elder Abuse) Guidelines (May 2021).

Services, programs and initiatives that predate the National Plan

Prior to the National Plan, the NSW Government had undertaken a range of services, programs and initiatives in response to the abuse of older people. For example:

- In 2013 an Elder Abuse Helpline & Resource Unit (EAHRU) was launched to provide a state-wide helpline and information service and resource website. EAHRU was funded by the Department of Family and Community Services and operated by Catholic Healthcare Limited.
- In 2015 the NSW Legislative Council established a Parliamentary Inquiry into Elder Abuse in New South Wales. The final report (2016) made 11 recommendations including:
 - embracing a coordinated response to elder abuse
 - investing resources in primary prevention activities
 - funding a comprehensive plan to address the training needs of service providers to enable better identification of and responses to abuse
 - the introduction of legislation to enhance safeguarding in respect of enduring powers of attorney.
- A Code of Practice (NSW Government & NSW Police Force, 2018) was developed in 2016 for the New South Wales Police Force in response to domestic and family violence. The Code makes specific reference to elder abuse, by stipulating that the roles of police in responding to abuse of older people are to:
 - intervene in emergency situations where there is a risk of safety and/or harm
 - respond to and investigate criminal offences
 - provide information to the victim and carer, where appropriate.
- In 2017, the NSW Government funded the University of Technology Sydney and the University of Newcastle to develop a screening process to assist lawyers to identify and assist older people at risk of or experiencing abuse. The resulting toolkit – ‘Identifying and Acting on Elder Abuse: A Toolkit for Legal practitioners’, includes information about elder abuse, short questionnaires and screening tools to aid conversations with older people, and principles to guide responses to assisting individuals at risk of or experiencing abuse.
- A NSW Elder Abuse Helpline and Resource Unit awareness campaign was launched by the NSW Government in 2018. The campaign showcased common behaviours that constitute elder abuse, so that perpetrators could recognise their behaviours and change. The campaign also targeted victims, to help them recognise if they were the victims of abuse and to raise awareness of the type of support available.
- There was a trial of caseworkers to assist in coordinating services to address elder abuse in 2018, led by the Minister for Ageing, the Hon. Tanya Davies MP. Based within EAHRU, caseworkers managed complex elder abuse cases and coordinated services with police, Family and Community Services, health and disability services, legal assistance services and CALD organisations.
- A policy directive driven by NSW Health, *Identifying and Responding to Abuse of Older People* (2020), mandated that all NSW Health organisations must develop internal protocols and provide training to staff to identify and respond to the abuse of older people.

Actions grounded in the legislative and service features of the jurisdiction

The identified policy and programs reflect the legislative and service landscape in New South Wales. There are a range of government agencies and service provider organisations with key roles in preventing, identifying and responding to elder abuse including the Ageing and Disability Commission, NSW Health, the NSW Trustee and Guardian, Legal Aid NSW, Seniors Rights Services, Carers NSW, Women’s Domestic Violence Court Advocacy Services, NSW Victims Services, and Multicultural NSW. The NSW Trustee and Guardian is established by the *NSW Trustee and Guardian Act 2009* (NSW) and provides a range of services, including will-making, trustee, financial management and guardianship services. The *NSW Trustee and Guardian Act 2009* (NSW) aims to protect the rights, dignity, choices and wishes of the people of NSW, including some of the state’s most vulnerable people, such as older people with limited cognitive capacity. The NSW Trustee & Guardian may be appointed under the *Guardianship Act 1987* (NSW) as a person’s guardian or financial manager, and in this capacity must make decisions that are in a person’s best interests.

The *Powers of Attorney Act 2003* (NSW) allows an individual to appoint another person(s) the power to act for them and make financial and legal decisions on their behalf. It allows an individual to plan for the future and choose someone they trust to manage a range of significant matters if they are unable to do so themselves in the future. The *Guardianship Act 1987* enables a person to make the decision themselves.

Older people may seek protection from family violence under the *Crimes (Domestic and Personal Violence) Act 2007* (NSW). Under the *Crimes (Domestic and Personal Violence) Act 2007* (NSW), a personal violence offence is one committed by a person against another person with whom the person who commits the offence has or has had a domestic relationship. Under the Act, a person is recognised as being in a 'domestic relationship' with another person if they:

- are or have been married to the other person
- are or have been a de facto partner of that other person
- have had an intimate personal relationship with the other person, whether or not the intimate relationship involves or has involved a relationship of a sexual nature
- are living or have lived in the same household as the other person
- are living or have lived as a long-term resident in the same residential facility as the other person and at the same time as the other person
- have or had a relationship involving his or her dependence on the ongoing paid or unpaid care of the other person
- are or have been a relative of the other person
- in the case of an Aboriginal person or a Torres Strait Islander, is or have been part of the extended family or kin of the other person according to the Indigenous kinship system of the person's culture.

Under section 316 of the *Crimes Act 1900*, it is an offence to, without reasonable excuse, fail to report a serious indictable offence, such as an act of violence committed against an older person.

In response to inquiries highlighting the need for better safeguards for abuse, neglect and exploitation of older people, the NSW Government enacted the *Ageing and Disability Commissioner Act 2019*. The Act establishes a Commissioner responsible for responding to abuse, neglect and exploitation of people with disability and older people in home and community settings. Their main functions include:

- receiving and investigating allegations of abuse, neglect and exploitation
- providing support to vulnerable adults and their families and carers during and following investigations
- reporting and making recommendations to government on related systemic issues
- raising community awareness – including how to prevent, identify and respond to abuse or suspected abuse.

The Ageing and Disability Commissioner officially commenced on 1 July 2019 and performs the functions previously implemented by the Elder Abuse Helpline and Resource Unit and additional functions, including investigations. The Ageing and Disability Commission also provides a toolkit and a range of other resources and training modules for agencies that work with and provide services to older people living in the community who may be subject to or at risk of abuse. Legal Aid NSW provides legal services including information, advice, and community legal education, and conducts a specialist elder abuse service with a multi-disciplinary team in the Central Coast and lower Hunter areas of NSW.

Alignment with or part of other jurisdiction-specific frameworks

New South Wales programs, policies and initiatives interact with a range of jurisdiction-specific frameworks. These frameworks include, for example, the *Ageing Well in NSW: Seniors Strategy 2021–2031* (NSW Department of Communities and Justice, 2020) sets out NSW's vision for ensuring that people live healthy, active and happy lives as they age. The policy addresses the importance of age-friendly environments and how older people living in NSW have a right to stay safe, active and healthy. The strategy aims to address elder abuse through a preventative lens, addressing many of the characteristics known to contribute to elder abuse such as ageism and environments that foster discrimination and disrespect (Anand et al., 2013; Dow & Joosten, 2012; Harbison et al., 2012; Killick et al., 2015; Taylor, et al., 2014).

The *Ageing Well in NSW Action Plan 2012–2022* (NSW Department of Communities and Justice, 2020), identifies actions to support the implementation of the Ageing Well in NSW: Seniors Strategy and identifies the target group, timeframe and lead agencies and partners for implementation.

New South Wales *It Stops Here: Standing together to end domestic and family violence in NSW – The NSW Government's Domestic and Family Violence Framework for Reform* (NSW Department of Communities and Justice, 2014) aims to ensure the safety of victims, by strengthening the state's approach to violence prevention. It also aims to change the way services are delivered and seeks to support victims of violence and deliver programs and services that hold perpetrators accountable and that reduce re-offending. The Domestic and Family Violence Framework for Reform does not specifically address the abuse of older people; however, it

does speak to circumstances within which elder abuse is known to occur. Further, the definitions of family violence in the framework align with relationship dynamics within which elder abuse manifests. For example, family violence is characterised as involving people who are related to one another through blood, adoption and fostering relationships, extended family relationships, kinship ties in First Nations communities, extended family relationships, and constructs of family within lesbian, gay, bisexual, transgender, intersex or queer communities (NSW Department of Communities and Justice, 2014, p. 7). The framework further specifies that people living in the same house, people living in the same residential care facility and people reliant on care may also be considered to be in a domestic relationship if their relationship exhibits dynamics that may foster coercive and abusive behaviours (NSW Department of Communities and Justice, 2014, p. 7).

NSW's *Domestic and Family Violence Policy* (NSW Police Force, 2018) also provides guidance on the procedures for responding to older people experiencing abuse.

Addressing the needs of intersectional groups

The NSW Government's *Preventing and Responding to Abuse of Older People (Elder Abuse) NSW Interagency Policy* (Department of Communities and Justice Strategy, Policy and Commissioning, 2020) identifies older people in CALD communities as facing specific challenges to disclosing and reporting abuse and seeking assistance. It acknowledges that these challenges include language difficulties where English is not the primary language, dependence on family members for social interactions, and the potential for conflict from the different expectations of care in different generations (2020, p. 13).

The Interagency Policy encourages agencies to consider the importance of factors such as confidentiality within the community, cultural values, loss of 'face', beliefs around mental health and any potential for mistrust of authority when preparing guidance on responding to abuse of older people (Department of Communities and Justice Strategy, Policy and Commissioning, 2020, p. 13). In addition, the Interagency Policy acknowledges that older people may require intensive support from interpreters to engage with relevant mainstream services. The importance of information and education being positioned to accommodate different cultural perceptions, including in relation to how abuse is described and defined is also acknowledged in the Interagency Policy (2020, p. 13).

First Nations people are specifically considered in the Interagency Policy in the context of elder abuse, with particular recognition given to the changing roles of elders and kinship members and how they may complicate the way in which abuse is experienced and understood in the community. The Interagency Policy also acknowledges that First Nations peoples' previous negative experiences with welfare and justice systems have also led many to mistrust government agencies, which, in turn, may affect their willingness to, or confidence in, reporting abuse or seeking help (NSW Department of Communities and Justice Strategy, Policy and Commissioning, 2020, p. 13).

Other intersectional groups are also considered in the Interagency Policy, with specific reference to their increased vulnerability to abuse due to factors including social isolation or fear of speaking out. Older people identifying as lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI), those from Culturally and Linguistically Diverse and First Nations communities are identified as particularly vulnerable.

Summary

Clear alignment can be seen between the NSW's Government's approach to responding to elder abuse, and the priority areas defined within the National Plan. The NSW Government's efforts to coordinate responses to elder abuse between government agencies in NSW is particularly unique, as detailed within the states 'Preventing and Responding to the Abuse of Older People (Elder Abuse) NSW Interagency Policy (Department of Communities and Justice Strategy, Policy and Commissioning, 2020).

Northern Territory

Alignment with the National Plan

The *Northern Territory Seniors Policy 2021–2026* (NT Department of Territory Families, Housing and Communities, 2021) summarises the Northern Territory Government's approach to active ageing and age- friendly communities that support senior Territorians in their independence and wellbeing. The Policy provides outcomes and actions for four key priority areas:

- Priority 1: Economic participation and financial security
- Priority 2: Safety and security
- Priority 3: Health and wellbeing
- Priority 4: Social inclusion and diversity

Each Priority Area has several indicators describing the outcomes and actions they are designed to achieve. Many of these indicators focus on improving the quality of life for older people and identify preventative factors associated with elder abuse, such as ageism. For example, under Priority Area 4, Indicator 4.6 identifies 'the promotion and development of opportunities that link younger and older Territorians to enable them to share experiences, debate issues and foster positive attitudes between generations' (NT Department of Territory Families, Housing and Communities, 2021, p. 17). There is more limited alignment with the priority areas of the National Plan relating to the raising of awareness about age discrimination and elder abuse more broadly throughout the community. Alignment between the *Northern Territory Seniors Policy 2021-2026* and the National Plan is presented in Table 4.

Table 4: Alignment between 'Northern Territory Seniors Policy 2021-2026 and the National Plan

Northern Territory Seniors Policy 2021-2026	National Plan to Respond to the Abuse of Older Australians
Priority 1: Economic participation and financial security: 1.3. Seniors are well-informed about their financial options with a focus on financial security in later years. 1.4. Seniors are supported with the costs of living in the Northern Territory.	Priority Area 2: Improving community awareness and access to information: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community. Priority Area 3: Strengthening service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs.
Priority 2: Safety and security: 2.1 Senior Territorians are safe at home and in the community. ■ Focus on community safety through community justice initiatives and preventative community safety initiatives to reduce crime and reoffending for all Territorians including Aboriginal people. 2.2 Raise awareness of prevention strategies and respond to the abuse of older persons through specialist and mainstream services and community awareness initiatives. ■ Continue to fund services and initiatives to support all people affected by elder abuse. ■ Continue to run the 1800 ELDERHelp phone line through Territory Families, Housing and Communities FACES service including offering Aboriginal interpreter services to answer calls from Aboriginal elders in their Aboriginal language/s. ■ Coordinate Australian and NT government and non-government agencies in responding to the abuse of older people across urban, regional and remote locations ■ Contribute to cross jurisdictional work on elder abuse through working groups, including Aboriginal representation, associated with the implementation of the National Plan to Respond to the Abuse of Older Australians.	Priority Area 1: Enhancing our understanding: 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs. Priority Area 2: Improving community awareness and access to information: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community. Priority Area 3: Strengthening service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs.

Northern Territory Seniors Policy 2021–2026	National Plan to Respond to the Abuse of Older Australians
Priority Area 3: Health and Wellbeing 3.2 The health and wellbeing of senior Territorians is promoted and protected. - Identify opportunities to work with the Australian Government to influence the development of a long-term strategy for aged care services in the NT - Continue to promote and provide Advanced Personal Planning in advance of loss of capacity and end of life. Promote the option of using the NTSRS pre-paid card to pay for the development and lodgement of Advanced Personal Plans.	Priority Area 1: Enhancing our understanding: 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs. Priority Area 3: Strengthening service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs. Priority Area 5: Strengthening safeguards for vulnerable older adults: 5.1 Review state and territory legislation to identify gaps in safeguarding provisions.
Priority Area 4: Social inclusion and diversity 4.1 An inclusive society that values, respects and contributes to the positive role that seniors bring to living in the NT. Provide grant funding for social inclusion and wellbeing programs that support seniors from diverse backgrounds and communities.	Priority Area 3: Strengthening service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs.

Services, programs and initiatives that predate the National Plan

In 2016, the Northern Territory Government introduced the *Strong Seniors: Seniors Participation Framework 2016–2019*. The framework outlined the government's commitment to adopting an age-friendly approach to responding to the opportunities and challenges associated with an ageing population. Objectives included raising awareness about elder abuse and supporting an elder abuse information line.

In 2017, the Office of the Public Guardian produced a series of fact sheets and checklists about advance personal planning and adult guardianship, with a series of accompanying videos with captions and sign language.

Findings from the Request for Information also indicated that the Northern Territory Department of the Attorney-General and Justice, in conjunction with the Department of Territory Families, Housing and Communities, consulted with stakeholders in 2018 about what might be covered by the National Plan. Stakeholders included community, First Nations and ethnic groups, central government agencies, oversight agencies and government and non-government service providers.

In 2019, Relationships Australia Northern Territory developed a Case Management and Mediation service in collaboration with the Australian Attorney-General's Department. Services promote early intervention and offer family mediation and counselling to assist older people to have difficult conversations and resolve problems.

Actions grounded in the legislative and service features of the jurisdiction

Of particular significance in the Northern Territory context are the mandatory reporting obligations in the *Domestic and Family Violence Act 2007* (NT) and the *Northern Territory Domestic, Family and Sexual Violence Reduction Framework 2018–28* (NT Government, 2018). In the Northern Territory, all adults have a duty to report incidents of domestic, sexual and family violence to the police.

The *Guardianship of Adults Act 2016* (NT) provides the legal framework for adult guardianship in the Northern Territory. Commencing on 28 July 2016, this Act established the independent Office of the Public Guardian and the statutory position of Public Guardian. The *Guardianship of Adults Act 2016* recognises an adult's overall wellbeing, human rights and basic freedoms, and aligns the Northern Territory with the United Nations Convention on the Rights of Persons with Disabilities. The Act also introduced comprehensive guardianship principles and transferred jurisdiction from the local courts to the Northern Territory Civil and Administrative Tribunal (NTCAT) (Northern Territory Office of the Public Guardian, 2017).

Under the *Advanced Personal Planning Act 2013* (NT) an individual can make a plan for a future where their health, financial and lifestyle wishes are heard and respected. An Advanced Personal Plan is the legal document that records an adult's personal and financial preferences in case they lose decision-making capacity in the future. Advanced Personal Plans do not replace individual wills and they are only valid during their lifetime. A plan may address all or some of the following:

1. an advanced consent decision (e.g., to treatment or the absence of treatment)
2. an advance care statement (e.g., how a person wants their health and care needs catered for)
3. the appointment of a substitute decision maker (e.g., who and under what circumstances an individual would like a person to make decisions on their behalf).

The *Health Care Decision Making Act 2023* (NT) provides a central framework to guide health care decision making for adult persons with impaired decision making capacity. The Act establishes a hierarchy of persons for health care providers to refer to for health care decisions and recognises decision makers as appointed under the *Advanced Personal Planning Act* and the *Guardianship of Adults Act*. The Act applies supported decision making principles to the making of health care decisions. Additionally, the Act replaces the *Emergency Medical Operations Act 1973*, and allows a health care provider to administer health care to an individual without their consent or the consent of any other person under certain circumstances.

The *Powers of Attorney Act 1980* (NT) gives a person (the 'donor') the documented legal right for another person (the 'attorney') to act on their behalf (other than enduring powers which are provided through the *Advance Personal Planning Act*).

Also relevant, the *Domestic and Family Violence 2007* (NT) defines domestic violence is any conduct committed by a person against someone with whom the person is in a domestic relationship:

- conduct causing harm
- damaging property, including the injury or death of an animal
- intimidation
- stalking
- economic abuse and
- attempting or threatening to commit conduct mentioned above.

The Act defines 'domestic relationship' to arise where a person:

- is or has been in a family relationship with the other person or
- has or had the custody or guardianship of, or right of access to, the other person
- or has been subject to the custody or guardianship of the other person or
- the other person has or has had a right of access to the person or
- ordinarily or regularly lives, or has lived, with:
 - a. the other person or
 - b. someone else who is in a family relationship with the other person or
 - c. is or has been in a family relationship with a child of the other person or
 - d. is or has been in an intimate personal relationship with the other person or
 - e. has been in a carers relationship with the other person

The *Domestic and Family Violence 2007* (NT) defines a 'family relationship' to arise where a person:

- a. is the spouse or de facto partner of the other person or
- b. is otherwise a relative of the other person
- c. relative of a person includes someone who, according to Aboriginal tradition or contemporary social practice, is a relative of the person.

Based on the definitions with the *Domestic and Family Violence 2007* (NT), it is possible that elder abuse could constitute domestic or family violence, depending on the nature of the relationship between the person engaging in the abuse and the victim/survivor.

Alignment with or part of other jurisdiction-specific frameworks

The *Northern Territory's Domestic, Family and Sexual Violence Reduction Framework 2018–2028* (NT Government, 2018) aims to create a shared vision and commitment for a future where women and children are safe and families are supported. Within the framework, older people are identified as being particularly vulnerable to abuse, due to other forms of discrimination and social inequity they experience, such as ageism. The Northern Territory Government aims to address the violence experienced by individuals in domestic and family settings, including older Australians, through a variety of mechanisms, including community education

and awareness, by conducting research and collating data regarding vulnerable groups, through improved public policy and tailored, responsive service provision.

Addressing the needs of intersectional groups

The Northern Territory Government emphasises the needs of intersectional groups in their *Northern Territory Seniors Policy 2021–2026* (NT Department of Families, Housing and Communities, 2021). This is achieved by:

- granting funding for social inclusion and wellbeing programs that support seniors from diverse backgrounds and communities
- ensuring that disability supports are provided to those who are not eligible for support via the National Disability Insurance Scheme
- creating opportunities for First Nations seniors to continue to pass their lore, cultural knowledge and traditions from generation to generation, in acknowledgement of their status as cultural knowledge holders
- promoting and advocating for the implementation of LGBTQI+ awareness training for NT Aged Care Services and workers.

Summary

The discussion above indicates that the Northern Territory Government is committed to ensuring that older people who reside in the state have their rights respected and are supported to live full and meaningful lives. However, further evidence of how the Northern Territory Government responds to elder abuse and how the Territory's actions and policies align with several Priority Areas of the National Plan is required, particularly in relation to Priority Area 5 – Strengthening Safeguards for Vulnerable Older Adults.

Queensland

Alignment with the National Plan

The Queensland Government's approach to responding to the abuse of older people is reflected in several key policy and program documents. These include the *Queensland: An Age Friendly Community Strategic Direction Statement* (Queensland Government, 2016) and *Queensland: Age Friendly Community Action Plan* (Queensland Government, 2016). The Strategic Direction Statement and Action Plan focused on ensuring that seniors are helped to stay healthy, active and independent through community support and health services, including services responding to elder abuse, fraud or exploitation. The Strategic Direction Statement and Action Plan were established prior to the National Plan. The Queensland Government renewed its commitment to building an age-friendly Queensland with *Future Directions for an Age-Friendly Queensland* in October 2022, that will be followed by a new Queensland Seniors Strategy. Future directions aim to ensure that older people feel as though they are:

- connected to their communities and the important people in their lives
- cared for and well supported (if they require it)
- contributing (in their preferred way) to their communities.

The Queensland Government is committed to delivering a contemporary seniors strategy that will provide meaningful, measurable outcomes that contribute to achieving an age-friendly Queensland (Queensland Government, 2022, p. 9).

Eight main areas of focus comprise the current Queensland Government's Age Friendly Strategic Direction Statement and Action Plan (2016), that carry through into *Future Directions for an Age-Friendly Queensland*, as follows:

- Domain 1: Outdoor spaces and buildings: that seniors live in an environment that includes open spaces, buildings, shaded areas and walkways that are safe and easy to navigate
- Domain 2: Transport: that seniors can get out and about, using a range of affordable, user-friendly transport services
- Domain 3: Housing: that seniors' housing options are affordable, accessible and close to transport and community services
- Domain 4: Social participation: that seniors are supported to be active in their community, doing the things they enjoy

- Domain 5: Respect and social inclusion: that seniors from all backgrounds are valued and appreciated, and no one is excluded based on race, geography, culture, language, gender, sexuality, ability or socio-economic status
- Domain 6: Civic participation and employment: that seniors participate in employment, training, lifelong learning and volunteering opportunities and inform government policies
- Domain 7: Communication and information: that seniors access information they need in a variety of formats to stay informed and connected with their communities, families and friends
- Domain 8: Community support and health services: that seniors are helped to stay healthy, active and independent through community support and health services, including services responding to elder abuse, fraud or exploitation.

These focus areas are directed at preventing geographical and social isolation and supporting access to services and community as a means of preventing the abuse and mistreatment of older people and creating environments and cultures of safety and respect for older people. The areas of alignment between Queensland's Age Friendly Community Strategy and Action Plan and the National Plan are presented in Table 5.

Table 5: Alignment between National Plan and Queensland's Age Friendly Strategic Direction Statement and Action Plan (2016):

Queensland's Age Friendly Strategic Direction Statement and Action Plan	National Plan to Respond to the Abuse of Older Australians
Domain 5: Respect and social inclusion: ■ Educate the community on the value of older people; for example, the need for greater respect and acceptance, and the intolerance of ageism and discrimination against older people. ■ Ensure the views of older Queenslanders inform programs and policies, and ensure older people's voices are heard Domain 8: Community Support and Health Services: Develop education resources and promote awareness of financial elder abuse, including the roles and responsibilities of people exercising powers of attorney	Priority Area 1: Enhancing our understanding: 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs. Priority Area 2: Improving community awareness and access to information: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community. 2.2 Start building a National Knowledge Hub to consolidate information and resources about abuse of older people in one online location, including information and resources for diverse groups of older people.
Domain 5: Respect and social inclusion: Support and safeguard the interests of older people in Queensland through provision of legal information and support; a range of advocacy, mediation and dispute resolution services; decision-making support and advocacy for older people with impaired capacity; and consumer protection and safety information.	Priority Area 3: Strengthen service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs. Priority Area 4: Planning for future decision-making: 4.3 Better inform people of rights and obligations when entering into arrangements that enable others to make decisions on their behalf.
Domain 7: Communication and information: Develop age-friendly resources, such as toolkits, guides and checklists to assist and encourage organisations in the not-for-profit, for-profit and local government sectors to incorporate age-friendly principles into policy, planning, programs, services, products and events.	Priority Area 2: Improving community awareness and access to information: 2.2 Start building a National Knowledge Hub to consolidate information and resources about abuse of older people in one online location, including information and resources for diverse groups of older people. Priority Area 3: Strengthen service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs.
Domain 8: Community support and health services: Expand the Elder Abuse Prevention Unit's Elder Abuse Helpline and Seniors Legal and Support Services.	Priority Area 3: Strengthen service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs. 3.1 Establish and evaluate frontline support services for older people experiencing abuse in a range of locations across the country.
Domain 8: Community support and health services: Commission a review into the prevalence and characteristics of elder abuse to better understand the impacts on older people and to inform the development of integrated service response models.	Priority Area 1: Enhancing our understanding: 1.1 Conduct a national prevalence study on abuse of older people. 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs.

Funded by the Queensland Government and operated by UnitingCare Community, the activities of the Elder Abuse Prevention Unit (EAPU) also align with elements of the National Plan. In addition to service provision through the operation of the elder abuse helpline and undertaking awareness-raising activities, the EAPU produces research and reports related to elder abuse, including the annual *Year in Review*, which provides Queensland-based data relating to reports of elder abuse occurring in close/intimate relationships disclosed in calls made to the elder abuse helpline. The analyses provide insight into lived experience from victim/survivors, perpetrators and people who have reported elder abuse (Elder Abuse Prevention Unit, 2022). This initiative aligns strongly with Priority Area 1 of the National Plan 'Enhancing our understanding', and specifically Indicator 1.3 'Improve our ability to share learnings from existing programs, in order to better target future programs', together with Priority Area 2 (Improving community awareness and access to information) and Priority Area 3 (Strengthening service responses).

In alignment with the National Plan Priority Area 3 'Strengthen service responses', Indicator 3.1 'Establish and evaluate frontline support services for older people experiencing abuse in a range of locations across the country', are initiatives including the Seniors Legal and Support Services (SLASS). These services provide free legal and social work support for older persons experiencing elder abuse, mistreatment, neglect or financial exploitation in sixteen locations across Queensland. Nine of the services operate from community legal centres, six are operated by Relationships Australia and one is operated by Aged and Disability Advocacy Australia.

The SLASS services across Queensland also deliver the Seniors Financial Protections Service that provides older people with independent financial information on complex topics such as retirement planning, reverse mortgages, aged care service costs and debt issues. These services assist in the prevention of financial elder abuse by offering older people an independent and free information to help them make decisions regarding their future.

The Request for Information process also identified other actions taken in response to the abuse of older people. These include work completed by the Public Advocate, such as adult safeguarding reforms based on the Australian Law Reform Commission's elder abuse inquiry. The Public Advocate recently tabled in the Queensland Parliament an adult safeguarding report recommending the creation of an Adult Safeguarding Commissioner and the development of local adult safeguarding networks at a regional level.

Additionally, the Public Advocate has contributed to the activities directed at the harmonisation of laws regarding enduring powers of attorney and the development of a national register of enduring powers of attorney. The Public Advocate has also contributed to reforms to the authorisation process for the use of restrictive practices in residential aged care facilities and has written and published several articles on this subject.

The Public Advocate performed a range of general functions in support of the National Plan, and in line with the legislated role of the Public Advocate, focused on advocacy, the development of reports and papers, submissions, stakeholder consultation and sharing of information and knowledge relevant to elder abuse.

Services, programs and initiatives that predate the National Plan

As noted, the Age Friendly Community Strategic Direction Statement and Community Action Plan remain key documents articulating Queensland's approach to elder abuse, despite predating the National Plan.

Other services, programs and initiatives prior to the National Plan include:

- Originally established by the Queensland Government in 1997, the Elder Abuse Prevention Unit Reference Group (EAPU) focused on preventing elder abuse in Queensland, primarily through community education and awareness-raising. The EAPU reference group included representatives from the Queensland Government and guardianship agencies, researchers, peak organisations representing older people and other agencies that provide legal, community and aged care services for older people. This group now exists as a Community of Practice for service providers.
- A review of guardianship laws was completed by the Queensland Law Reform Commission (QLRC) in 2010, with findings summarised in a Final Report making 317 recommendations for legislative and administrative improvements across a broad range of areas in guardianship. The Guardianship and Administration and Other Legislation Amendment Bill 2018 was introduced into the Queensland Parliament with a view to implementing a range of recommendations from the QLRC Report (QLRC, 2010). The *Guardianship and Administration and Other Legislation Amendment Act 2019* (Qld) passed parliament on 29 March 2019 and received assent on 11 April 2019.
- In 2010, the Queensland Office of the Public Advocate and the Queensland Law Society collaborated to explore the legal framework relevant to elder abuse in Queensland, exploring civil and criminal law; guardianship; reporting requirements; older persons as victims of crime; law enforcement; domestic violence protection orders; aged care complaints mechanisms; access to the aged care complaints system; and access to legal assistance. Findings were summarised in the report *Elder Abuse: How well does the law in Queensland cope?*

- In 2014, the *Queensland Handbook for Practitioners on Legal Capacity* was developed by the Queensland Law Society and included the provision of practical guidance on the legal and ethical issues relevant to competency issues for older people, people with mental illness or an intellectual or cognitive impairment.
- As noted above, findings from the Request for Information and consultation process indicate that in the five years prior to the National Plan, the Public Advocate was actively involved in: advocating for reform of the authorisation process for restrictive practices in residential aged care and enduring power of attorney reforms; and preparing multiple submissions to inquiries and consultations associated with aged care reform and the Australian Law Reform Commission's elder abuse inquiry.
- The Communities, Disability Services and Domestic and Family Violence Prevention Committee of the Queensland Legislative Assembly (2015) conducted an inquiry into the adequacy of existing financial protections for older people in Queensland. The inquiry involved a review of the adequacy of existing financial protections for older people living in Queensland, resulting in 41 recommendations related to financial abuse. The Committee identified working with agencies as a priority, so that responsible lending practices and better safeguards for the assets of older people could be realised. The Committee also recommended further research be conducted into the prevalence of elder abuse, and mandatory reporting of abuse or suspected abuse for clinical staff in aged care.
- In 2015, the final report of the Special Taskforce on Domestic and Family Violence in Queensland, *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland*, included an exploration of issues related to elder abuse. The report made recommendations including that further research be conducted into the prevalence and characteristics of elder abuse and including specific elements in the Domestic and Family Violence Communication Strategy. A Domestic and Family Violence Implementation Council was established to monitor and champion the implementation of the recommendations from the *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland Final Report* (Department of Justice and Attorney-General, 2021) and the *Domestic and Family Violence in Queensland Report*. The Council reported directly to Premier and the Minister for Prevention of Domestic and Family Violence.
- The Age-Friendly Communities Senior Officers Group provided leadership on implementation of the *Queensland: An Age-Friendly Community Action Plan* (Queensland Government, 2016). The group also oversaw monitoring and reporting against the Action Plan, and provided advice on specific issues relating to, and impacting, the achievement of the age-friendly vision. The group comprised senior representatives from Queensland government agencies responsible for support for older people, as well as those involved in implementation of the Action Plan.
- The Queensland Government has implemented an annual elder abuse prevention campaign in recognition of World Elder Abuse Awareness Day on 15 June. 'There's no excuse for elder abuse' was the theme from 2016 to 2018. It was aimed at highlighting what were considered to be the most common forms of elder abuse. Subsequent taglines have continued to build on that messaging including 'Know the signs' and 'There's no excuse for elder abuse'. In 2023, a new campaign was launched with strengths-based messaging and the taglines 'Some things never grow old'.
- In 2016, the Queensland Government established a *Financial Inclusion Plan*, setting out strategies to ensure people living in Queensland are supported in achieving future financial wellbeing, with particular focus on those who are most vulnerable to financial exclusion and hardship, such as older people.
- In 2017, the Queensland Government Department of Communities published a report about the prevalence and characteristics of elder abuse in Queensland.
- In 2017, the Queensland Law Society and the Medical Association of Queensland worked with health service providers to help them better identify elder abuse with the program Supporting Health Service Providers to Identify Elder Abuse.

Actions grounded in the legislative and service features of the jurisdiction

The *Domestic and Family Violence Protection Act 2012* (Qld) creates legislative protection for older people experiencing domestic and family violence. Prior to 2003, the Act focused primarily on spousal or like relationships. However, since 2003, a broader definition has been applied to domestic and family violence to include family, informal care and intimate personal relationships.

Under Queensland's *Guardianship and Administration Act 2000* (Qld), an individual can be given the legal authority to make decisions for an adult who doesn't have the capacity to do so themselves. The Act provides a protective mechanism to safeguard individuals at risk of being abused or exploited, for example, through

financial abuse. The Queensland Civil and Administrative Tribunal may appoint a guardian or administrator, with legislative requirements set out in the *Guardianship and Administration Act 2000* (Qld). A longstanding service provider operating in an information sharing, advisory, advocacy and referral capacity, the Public Guardian may undertake an investigatory role under the *Public Guardian Act 2014* (Qld).

Also of note, the *Powers of Attorney Act 1998* (Qld) provides for a person (the attorney) to be the authorised person to act on another's behalf (the principal) behalf. The power to act under the power of attorney can be a general power or a specific power and may be applied in a range of circumstances, including when the principal becomes incapacitated or lacks capacity due to permanent or temporary disability or illness.

The *Human Rights Act 2019* (Qld) is legislation that protects people's right to live free of discrimination and to live free of cruel, inhuman or degrading treatment, amongst others. Conduct constituting elder abuse, which includes physical violence, neglect, emotional and psychological abuse, sexual abuse and financial abuse, may breach human rights protected under the Act.

Queensland's Office of the Public Guardian (OPG) is an independent statutory office established to protect the rights, interests and wellbeing of adults with impaired decision-making capacity. For adults with impaired decision-making capacity, the OPG:

- makes personal, health and legal decisions (not related to property and finance) if the Public Guardian is appointed as an individual's guardian or attorney
- investigates allegations of abuse, neglect and exploitation (Public Advocate & Qld Law Society, 2022).

The Public Advocate is an independent statutory office that performs systemic advocacy to promote the interests, rights and autonomy of adults with impaired decision-making capacity (Public Advocate & Qld Law Society, 2022). The Public Advocate facilitates the Community Visitor Program, which is designed to protect the rights of adults with impaired decision-making capacity through site visits to residential services of government and non-government agencies. Additionally, the Domestic, Family Violence and Vulnerable Persons Command (QPS) was established in 2021 to drive QPS reforms to strengthen the capability of services to respond to the needs of communities, including victims and those over-represented in the criminal justice system (Public Advocate & Qld Law Society, 2022, p. 21). The Command is a central contact for state-wide, national and international non-government agencies, stakeholders and academics for matters related to domestic, family violence and vulnerable persons (Public Advocate & Qld Law Society, 2022).

Alignment with or part of other jurisdiction-specific frameworks

The *Domestic and Family Violence Prevention Strategy 2016–2026, Queensland says: Not Now, Not Ever* includes commitment to reform service provision and other actions to support First Nations women, and CALD women. For example, service initiatives should acknowledge that past trauma is a contributing factor for violence within First Nations communities, and as such, trauma informed approaches should be widely adopted (Queensland Government, 2016). The Strategy also reviews the impact of violence on women with disability and prevalence and characteristics of elder abuse.

The *Prevent, Support, Believe: Queensland's Framework to Address Sexual Violence* (Qld Department of Justice and Attorney-General, 2019) commits to continuing to deliver elder abuse prevention initiatives and to work with the Australian Government and other states and territories to implement the National Plan to Respond to the Abuse of Older Australians (2019, p. 17).

Addressing the needs of intersectional groups

Queensland Government's Age Friendly Action Plan (2016) Domain 5 'Respect and Social Inclusion' had a focus on developing and implementing a range of strategies to support intersectional groups of older people in the community, including women, people with disability, and people from CALD backgrounds; and identifying opportunities to strengthen connections and break down barriers between young and older people through intergenerational activities and connections.

More recently, targeted engagement with older Queenslanders who identify as First Nations elders, as LGBTIQ+ and from CALD backgrounds has been undertaken and has assisted with a better understanding of elder abuse as experienced by these groups.

Queensland Violence Against Women Prevention Plan 2016–22 (Department of Communities, Child Safety and Disability Services, 2016) identifies certain groups are more susceptible to abuse, including First Nations people, CALD women, women with disability, young women and girls, elderly women, women living in rural and remote

locations, women identifying as LGBTIQ, women in the corrections system, women with a mental illness and complex needs, and women in the sex industry and adult entertainment. It is acknowledged in the strategy that these cohorts require specialist, targeted supports, such as police officers with knowledge of the needs of these community members and how to provide support that is responsive to their needs.

The Request for Information highlighted the work of the Office of the Public Guardian, which considers intersectionality in the context of the experiences of people living with impaired decision-making ability. The Office of the Public Guardian identified issues of intersectionality to often be impacted by the type and range of safeguarding measures, services and supports that are required for adults with impaired decision-making ability to live full and active lives.

Summary

Overall clear alignment between the initiatives and policy developed by the Queensland Government and the National Plan's priority areas was identified. Findings indicate a clear commitment on behalf of the Queensland Government to ensuring older people living in the state have opportunity to live full and meaningful lives. However, further information about the action taken within Queensland in response to elder abuse would be beneficial.

South Australia

Alignment with the National Plan

South Australia's Plan for Ageing Well 2020-2025 (SA Health, 2020), is a key policy document underpinning this state's approach to preventing and responding to the abuse of older people. The Plan aims to inspire innovation and create the environment and motivation to think outside the box, to develop new and unusual partnerships and to make a real and long-term difference to the lives of people as they get older.

The plan has four focus areas:

1. Strategic priorities
 - Home and community: Homes and communities allow flexibility and choice, and support us to live how we choose, no matter our age, needs, wants or desires.
 - Meaningful connections: A future where everyone has the opportunity, support and encouragement to maintain and develop meaningful connections.
 - Navigating change: A future where we all have the capabilities and supports for remaining active participants throughout all life's transitions.
2. Enabling factors
 - Tackle ageism: South Australians must lead the way in creating an inclusive society moving beyond ageism.
 - Grow diversity: South Australia must foster options and choices that reflect the diversity of needs, wants, experiences and aspirations.
 - Increase accessibility: South Australia must improve access to options, information and supports that enable ageing well.
3. Supporting conditions
 - Outcomes driven: Learn through action, align around outcomes, drive change from older people's lived experiences.
 - Systems perspective: Develop leaders who act systematically, applying an ageing well lens to all policies.
 - Collaboration: the power of partnerships; Foster conditions for collaboration, recognise multiple roles stakeholders can play.
4. Realising the vision

This section of the Plan sets out early actions with a range of partners at three levels:

 - System
 - Community
 - Individual.

The focus areas above are directed at creating environments and cultures of safety and respect for older people. The alignment between *South Australia's Plan for Ageing Well 2020-2025* and the National Plan is presented in Table 6a.

Table 6a: Alignment between National Plan and South Australia's Plan for Ageing Well 2020–2025

South Australia's Plan for Ageing Well 2020–2025	National Plan to Respond to the Abuse of Older Australians
Focus Area 1: Strategic Priority – Navigating change: - Home and community: Homes and communities allow flexibility and choice, and support us to live how we choose, no matter our age, needs, wants or desires. - Meaningful connections: A future where everyone has the opportunity, support and encouragement to maintain and develop meaningful connections. - Navigating change: A future where we all have the capabilities and supports for remaining active participants throughout all life's transitions.	Priority Area 1: Enhancing our understanding: 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs. Priority Area 3: Strengthening service responses: 3.1 Establish and evaluate frontline support services for older people experiencing abuse in a range of locations across the country.
Focus Area 2: Enabling factors: - Tackle ageism: South Australians must lead the way in creating an inclusive society moving beyond ageism. - Grow diversity: South Australia must foster options and choices that reflect the diversity of needs, wants, experiences and aspirations. - Increase accessibility: South Australia must improve access to options, information and supports that enable ageing well	Priority Area 1: Enhancing our understanding: 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs. Priority Area 2: Improving community awareness and access to information: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community. Priority Area 3: Strengthening service responses: 3.1 Establish and evaluate frontline support services for older people experiencing abuse in a range of locations across the country.
Focus Area 3: Supporting conditions: - Outcomes driven: Learn through action, align around outcomes, drive change from older people's lived experiences. - Systems perspective: Develop leaders who act systematically, applying an ageing well lens to all policies. - Collaboration: the power of partnerships; Foster conditions for collaboration, recognise multiple roles stakeholders can play.	Priority Area 2: Improving community awareness and access to information: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community. Priority Area 3: Strengthening service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs.
Focus Area 4: Realising the vision: - Partner with community centres SA to develop and pilot an elder abuse hub in a cluster of community centres, to provide a supportive non-threatening environment for older people who may be experiencing abuse or neglect. - Co-create with Aboriginal elders and community members, a specific elder abuse campaign, targeted to different Aboriginal communities each year for five years.	Priority Area 2: Improving community awareness and access to information: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community. Priority Area 3: Strengthening service responses: 3.1 Establish and evaluate frontline support services for older people experiencing abuse in a range of locations across the country.

Other key policy and programs which illustrate South Australia's response to elder abuse include South Australia's Future Directions to Safeguard the Rights of Older South Australians 2023–2027 (Government of South Australia, SA Health, 2023). This document sets the direction, strategic priorities and conditions to raise awareness of, and prevent and respond to the abuse and mistreatment of older people across the state. Example strategic priorities include 'an age inclusive society', and 'organisations, services and supports that work for people' (Government of South Australia, SA Health, 2023, p. 23). Several strategic priorities are set out within the document, which are underpinned by foundational principles which specify how priorities and actions will be approached. For example, the foundational principle 'trauma informed approach', specifies that an 'understanding of how people's histories impact their lives now and taking this into account in how we provide support' (Government of South Australia, SA Health, 2023, p. 23). Supporting conditions also aim to help realise strategic priorities, such as 'fostering intergenerational relationships', which aims to create 'opportunities that value and foster relationships and connection between people of all ages' (Government of South Australia, SA Health, 2023, p. 23).

Further examples of South Australia's policy and program responses to elder abuse include the establishment of the South Australian Adult Safeguarding Unit and its Code of Practice (SA Health, 2019). This Code sets out how the Adult Safeguarding Unit, which focuses on preventing and responding to abuse of adults who may be vulnerable in South Australia, will fulfil its functions in accordance with the *Ageing and Adult Safeguarding Act 1995* (SA), and guides its practical operation. This includes guidance for Adult Safeguarding Unit staff in responding to reports of suspected or actual abuse, how they will work with adults to ensure their rights are respected, and the work they shall do with significant others, including organisations. Alignment exists between the Code of Practice and the National Plan as outlined in Table 6b.

Table 6b: Alignment between National Plan and the South Australian Adult Safeguarding Unit Code of Practice

South Australian Adult Safeguarding Unit Code of Practice	National Plan to Respond to the Abuse of Older Australians
Investigations: Exercising powers of an authorised officer	Priority Area 5: Strengthening safeguards for vulnerable older adults: 5.1 Review state and territory legislation to identify gaps in safeguarding provisions.
Safeguarding plan development and implementation: ■ multi-agency approach to adult safeguarding ■ inter-agency adult safeguarding meetings ■ working with family and significant others.	Priority Area 1: Enhancing our understanding: 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs. Priority Area 2: Improving community awareness and access to information: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community. Priority Area 3: Strengthening service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs.

When combined, the Plan for Ageing Well 2020–2025 and the South Australian Adult Safeguarding Unit Code of Practice align with five priority areas of the National Plan. Services, programs and initiatives that predate the National Plan.

There are a range of services, programs and initiatives directed at addressing elder abuse that predate the National Plan. For example, the Government of South Australia's (2014) *Strategy to Safeguard the Rights of Older Australians (2014–2021)* was designed to guide the South Australian community about the rights of older people, as well as what abuse is; how to recognise it; how it can be prevented and how to respond to it. The strategy contains four steps, including:

1. Working from the charter – this step outlines the rights and freedoms of older people, including:
 - dignity and self-determination
 - liberty and security of the person
 - quality and non-discrimination
 - standards of living and care
 - privacy and family
 - social and economic participation
 - freedom of thought, conscience, spirituality, religion and expression.
2. Understanding the problem – this step outlines:
 - the main types of abuse
 - who is most vulnerable/at risk
 - where abuse typically occurs
 - risk factors.
3. Recognising the signs of abuse (e.g. physical, psychological, financial, social, neglect, sexual, chemical).
4. Taking the appropriate action (e.g. who to tell, how to report abuse).

Overall, the *Strategy to Safeguard the Rights of Older Australians (2014–2021)* aligns with Priority Area 2 'Improving community awareness' and Priority Area 3 'Strengthening service responses in supporting professionals to acknowledge the rights of older people and to identify elder abuse'. The Strategy summarises the government's commitment to elder abuse prevention, awareness, recognition and response. It includes the

Charter of Rights and Freedoms for Older South Australians to ensure all older people can live with autonomy, dignity, freedom from harm and enjoyment of life.

The Request for Information also identified several initiatives and actions that predate the National Plan. These include:

- During 2014 to 2016, the South Australian Office for Ageing Well funded and partnered with the Aged Rights Advocacy Service (ARAS) to develop the *Living a Positive Life* DVD and toolkit for First Nations and non-First Nations people that encourages people to stay connected, stay healthy, stay in control and stay safe. This initiative is promoted through the Safeguards for Ageing Well program, delivered by the Aged Rights Advocacy Service and funded by Office for Ageing Well.
- Since 2014 the Office for Ageing Well has partnered with UniSA to undertake what was described as a prevalence study; the findings stating that the prevalence of elder abuse in South Australia could not be ascertained because relevant, organisations and agencies did not keep specific data about elder abuse or because information was kept in client notes across a wide range of sectors (e.g. health, legal, financial, SA Police). Research into elder abuse prevention highlights the importance of connection and co-design as integral components of prevention, particularly for First Nations people and communities. It also demonstrates that there is much more to know about what works to prevent and address abuse or mistreatment for diverse groups.
- Since 2014 the Office for Ageing Well has funded ARAS to raise community and workforce awareness about elder abuse and prevention strategies. In 2018 this work was renamed the Safeguards for Ageing Well program, which ARAS deliver to community and workforces with a particular focus on raising awareness about older people's rights and elder abuse prevention strategies. Resources used include *Living a Positive Life*.
- In 2014 the annual Planning Ahead Week was launched to raise awareness about the importance of planning ahead and completing the legal tools available (such as advanced care directives, enduring powers of attorney, wills and organ and tissue donation registration) to safeguard future financial, health, legal and personal wishes. Nearly 100,000 Planning Ahead resources have been distributed with an additional 10,000 distributed in Greek, Vietnamese and Italian. A Plan Ahead Ambassadors program was also developed. Each year, the completion rates for these legal documents increases because of the campaign.
- Between 2015 and December 2018, the Office for Ageing Well funded the Aged Rights Advocacy Service to establish and deliver the Elder Abuse Prevention Phone Line Service, which people could call for information or advice.
- In 2016, the Office for Ageing Well developed and released *Knowing Your Rights – A Guide to the Rights of Older South Australians*, based on the Charter of the Rights and Freedoms of Older South Australians, in partnership with Legal Services Commission and COTA Peer Educators. The guide raises community awareness of the rights of older people, laws that protect these rights and the broad range of services where information, advice and support can be accessed, depending on concerns or circumstances.
- In 2018, the Office for Ageing Well, in collaboration with the Centre for Social Innovation, conducted state wide consultation to inform its actions under the next State Ageing Plan. This consultation found that many South Australians supported the development of adult safeguarding legislation and the importance of raising awareness about the signs of elder abuse. The consultation process included focus groups with older South Australians who face greater barriers to aging well including older people from culturally and gender diverse backgrounds, older people with less financial resources, older carers and older people with disability. The Office for Ageing Well funds/partners with a range of organisations to help deliver on the State Ageing Plan (South Australia's Plan for Ageing Well 2020–2025) and associated strategies, including the Strategy to Safeguard the Rights of Older South Australians 2014–2021.
- The South Australian Government, through the Attorney-General's Department and the Office for Ageing Well, was a member of the cross-jurisdictional National Plan Working Group that developed the National Plan. The South Australian Government also conducted a workshop in South Australia, led by the Office for Ageing Well, with key stakeholders to inform the Plan, based on the *Developing the National Plan on Elder Abuse Discussion Paper and Engagement Approach*.

Other services, programs and initiatives undertaken by South Australia that predate the National Plan include:

- In 1998, an Alliance for the Prevention of Elder Abuse was established in South Australia to raise community awareness and respond to elder abuse through promotion of intervention and prevention strategies. The Alliance placed particular importance on responding to the needs of certain community members, including those from Culturally and Linguistically Diverse backgrounds, First Nations communities, older people with disabilities or dementia and those from rural and remote locations.
- In 2011, the Office for Ageing Well in partnership with the Office of the Public Advocate and the University of South Australia developed the report *Closing the Gaps: Enhancing South Australia's Response to the Abuse of Vulnerable Older People*. The report aimed to develop a rights-based framework that encouraged a consistent, coordinated response across all relevant South Australian agencies to prevent and respond to the abuse of older people. Recommendations included legislative reform, policy development, a detailed plan for community education and workforce training, improved service responses, a state-wide data collection system and the use of risk assessment tools.
- In 2014, the Government of South Australia developed the *Prosperity through Longevity: South Australia's Ageing Plan 2014–2019*, aimed at ensuring all people living in South Australia have a fulfilling, active and enjoyable life at all ages. The Plan addressed elder abuse by focusing on safety at home, in relationships and in the community. In 2014, an Advisory Group was established by the Office for Ageing Well, SA Health, to provide input and advice in relation to the implementation of the *Strategy to Safeguard the Rights of Older South Australians 2014–2021* (Government of South Australia, 2014). Advice included advising on priority actions and issues, contributing to legislative reviews, and disseminating information. In 2011, the Aged Rights Advocacy Services developed a *Protocol for Responding to Abuse of Older People Living at Home in the Community* (Aged Rights Advocacy Service). The protocol includes definitions and signs of the different forms of abuse, risk factors and principles of intervention when working with older people.
- In 2015, an annual *Stop Elder Abuse* campaign was launched that used digital, radio and print advertising across metropolitan and regional South Australia to raise awareness of the signs of elder abuse and direct people to call the SA Elder Abuse Prevention Phone Line Service, should they have concerns. The campaign also went on to focus on health, legal and financial sectors in 2016, volunteers and carers in 2017, financial advisors and real estate agents in 2018, and hairdressers and beauty therapists in 2019.
- In 2016, the Office for Ageing Well developed *Good Practice Guidelines to Prevent Abuse of Older South Australians*. The guidelines are designed to enable services and organisations to support the rights of older South Australians and implement safeguards for elder abuse prevention.
- A report of the Joint Committee Inquiry into Matters Relating to Elder Abuse which was delivered in 2017, having commenced the inquiry in 2016. Five key recommendations were made, including advocating to the Australian Government to develop and support the recommendations proposed in the Australian Law Reform Commission report, developing a national strategy on elder abuse, working with the Australian Government to ensure progress in preventing and responding to elder abuse, introducing a new South Australian Adult Protection Act, and funding to create a South Australian Elder Abuse Prevention Unit (Australian Government, 2019).
- In 2017, a review of the Oakden Older Persons Mental Health Service was completed. The review found that Oakden did not meet good practice in most respects, including in relation to processes to identify and report elder abuse (Groves et al., 2017). The review recommended a new model of care for older people's mental health services that included mandatory training to understand abuse and safeguard people's rights.
- In 2017, the report *Prevalence of Elder Abuse in South Australia* was published by the University of South Australia as part of a project jointly funded by the Office for Ageing Well, SA Health (Lacey et al., 2017). The report presents findings from an investigation of how elder abuse data are collected by key government and non-government organisations. Findings included a lack of consistent processes to collected de-identified data.
- In 2018, the South Australian Police Public Protection Branch was established to support and coordinate the police response to family and domestic violence across South Australia. The Branch focuses on family and domestic violence and are responsible for the portfolio of elder abuse.
- The Legal Services Commission in partnership with the South Australian Government's Office for the Ageing, developed the resource *Knowing Your Rights – A Guide to Rights of Older South Australians* (2018). The resource aims to help people of any age increase their understanding of their rights, especially at different times in their lives, and to recognise the laws that provide safeguards and protection.

Actions grounded in the legislative and service features of the jurisdiction

The *Powers of Attorney and Agency Act 1984* (SA) allows people to appoint an individual to act on their behalf for a specified amount of time, or in an enduring capacity. A person with an enduring power of attorney can continue to act on an individual's behalf, even when they become legally incapacitated. A power of attorney allows a person to plan for the future and access support to complete tasks that they may feel unable to manage themselves; for example, financial decisions.

In South Australia, all aged care services in receipt of government funding are signatories of the *Charter of Aged Care Rights* (Australian Government, Aged Care Quality and Safety Commission, 2023). This Charter makes it simpler for the residents of aged care services, their family and aged care providers to understand the standard duty of care expected. Under this Charter, residents of aged care services have a right to [privacy](#), autonomy, independence, good quality care, a life free from abuse and neglect, and the ability to exercise their rights without fear of retaliation. An aged care provider has a duty to abide by the Charter and protect the rights of the elderly residents. The Request for Information process also indicated that the policy position underpinning the South Australian Adult Safeguarding legislation was shaped by Australian Law Reform Commission elder abuse inquiry (2017).

In South Australia, the interface between adult safeguarding and the criminal justice sector has been examined (Australian Government, 2019). This analysis included consideration of the interaction and effect of South Australia's 2018 adult safeguarding legislation on the Operation of South Australia's Criminal Law and Coronial Investigations Project. This examination has informed the development of protocols and training for key agencies to support the implementation of South Australia's adult safeguarding legislation and policy framework.

The *Ageing and Adult Safeguarding Act 1995* (SA) establishes the Office for Ageing Well's objectives and functions in relation to supporting South Australians of all ages to age well. From 2019, this Act also established the Adult Safeguarding Unit, which is located within the Office for Ageing Well with legislative functions that include receiving and responding to reports of suspected abuse of vulnerable adults.

The *Intervention Orders (Prevention of Abuse) Act 2009* (SA) allows court orders to be made against a person who makes another individual fear for their safety, to protect them from further abuse or violence. An individual experiencing abuse or the police can apply for an order. The *Intervention Orders (Prevention of Abuse) Act 2009* (SA) recognises that abuse can take many forms, including emotional, psychological and economic. It is not limited to physical or sexual abuse. An intervention order may be issued when there is reasonable suspicion that a respondent will commit an act of abuse against another person. An act of abuse is defined as an act resulting in:

- physical injury
- emotional or psychological harm
- an unreasonable and non-consensual denial of financial, social or personal autonomy
- damage to property in the ownership or possession of the person or used or otherwise enjoyed by the person.

Alignment with or part of other jurisdiction-specific frameworks

The policies and programs relating to elder abuse in South Australia interface with several initiatives aimed at reducing violence in the community, including The Government of South Australia's *Family Safety Framework* (2013) aims to ensure that services for families most at risk of violence are provided in more structured and systematic ways. This includes, for example, through agencies sharing information and assisting families to navigate the system of services to access help (Government of South Australia, Human Services, 2013). To achieve this aim, the *Family Safety Framework Practice Manual* has been developed by the Office for Women. The purpose of the Practice Manual is to provide employees within agencies with a clear set of practice roles and responsibilities on each component of the Framework. Framework components relate to risk assessments, information sharing and multi-agency family safety meetings (SA Office for Women, 2022).

The Office for Women's *Committed to Safety: A framework for addressing domestic, family and sexual violence in South Australia* (2019) aims to explore the development of an awareness-raising campaign to highlight the difference between elder abuse and domestic and family violence, with a specific focus on 'informal' carers (SA Office for Women, 2019).

The Framework does not specifically address elder abuse. Rather, it refers more broadly to domestic and family violence. However, definitions provided by the Government of South Australia's Office for Women define domestic and family violence as abusive behaviour by a partner, ex-partner, someone the victim is in an intimate relationship with, or a member of her family, including across generations, that is used to control or scare the

victim (2022). As elder abuse is most commonly perpetrated by a family member of the victim/survivor, the Government of South Australia's *Family Safety Framework* (2013) is another mechanism that can be invoked in this jurisdiction to prevent and respond to the abuse of older people.

Addressing the needs of intersectional groups

South Australia's *Strategy to Safeguard the Rights of Older Australians (2014–2021)* and the South Australian *Adult Safeguarding Unit Code of Practice* both outline measures to meet the needs of intersectional groups, including people who identify as culturally or linguistically diverse, First Nations, lesbian, gay, transgender and intersex. People with disability are identified in the Strategy but as a risk factor for violence, rather than as a specific cohort who may have specific needs, warranting a particular approach. In contrast with the Strategy, people with disability are recognised in the *Code of Practice* as being uniquely vulnerable (alongside people who are isolated, have ill health and who are part of a 'non-majority' community) and, as such, possibly requiring an approach tailored to their needs. Other evidence of South Australia's approach to intersectionality include:

- The Ageing Well in Diverse Communities, Office for Ageing Well funds a variety of organisations to engage First Nations, LGBTI and CALD communities in relation to safeguarding information and communicating adult safeguarding messages including the Multicultural Communities Council.
- The SAHMRI Wardliparingga Aboriginal Research Unit partnered with the Office for Ageing Well to research, develop and test resources in consultation with the First Nations community that will support the safety of older First Nations people. This project (*What Keeps you Safe: Approaches to Promote the Safety of Older Aboriginal People* (Wardliparingga, SAHMRI)) provided opportunities for First Nations people, Elders, experts and service providers to actively shape approaches and resources (Braunack-Mayer et al., 2019).
- The Office for Ageing Well partnered with the Multicultural Communities Council of South Australia and a range of ethnically diverse ageing service providers to raise awareness about the rights of older people from CALD backgrounds. Key messages involve raising awareness about the types and signs of elder abuse and where to get information and support.
- The ARAS Aboriginal Advocacy Program and the Council of Aboriginal Elders South Australia have co-designed an elder abuse prevention approach. It includes mentoring camps for First Nations youth and Elders from urban, rural and remote communities that aim to prevent elder abuse by educating disengaged young people about the tradition of respecting their Elders and the development of culturally appropriate resources.
- The Office for Ageing Well has provided grants to diverse communities and funds a range of organisations including Aged Rights Advocacy Service, Multicultural Communities Council of SA Greek, Italian and Polish service providers, and COTA to provide information and awareness raising about safeguarding information, rights and elder abuse to First Nations, CALD and LGBTI communities using trusted networks. The South Australian Legal Services Commission in partnership with the Government of South Australia's Office for the Ageing (2018) resource *Knowing Your Rights: A Guide to Rights of Older South Australians* addresses the specific rights of a variety of minority cohorts including older First Nations people, cultural and linguistically diverse people and LGBTIQ+ community members.

Further, the Request for Information and consultation process indicated that:

- Since 2017, the Office for Ageing Well has funded and partnered with the Multicultural Communities Council of SA to increase awareness of the key *Knowing Your Rights* messages, working with more than 25 community organisations that support or engage with older people from Culturally and Linguistically Diverse backgrounds.
- Since June 2019, the Office for Ageing Well supported eight of its key partner organisations (ARAS, ANFE Community Care, Coordinating Italian Committee, COTA SA, Federation of Polish Organisations in SA, GOCSA Community Care, Greek Welfare Centre SA and the Multicultural Communities Council of SA) to establish Ageing Well Community Networks, with a focus on Culturally and Linguistically Diverse, First Nations, regional and LGBTI+ communities. Ageing Well Community Networks bring together local community leaders to share information, resources and learnings about ageing well, safeguarding strategies and the Adult Safeguarding Unit with diverse older people, other Network members, the broader community and the Office for Ageing Well.

Summary

Overall, analysis of the South Australian Government's initiatives and policy documents and RFI data showed great alignment between the action taken across the jurisdiction in response to elder abuse, and the Priority Areas of the National Plan. The South Australian Government's efforts towards preventing and responding to elder abuse, such as the Adult Safeguarding Unit, were of particular significance and demonstrated great creativity in the states approach to these complex issues.

Tasmania

Alignment with the National Plan

Key policy and program documents articulating the Tasmanian Government's approach towards elder abuse include the *Lifelong Respect: Tasmania's strategy to end the abuse of older people (Elder Abuse) 2023-2029*. The strategy supports new and contemporary ways to inform, educate and provide services that respond to the issue of elder abuse. The strategy, identifies four key priority areas:

1. Priority Area one – awareness: The Tasmanian community and Government together recognises and responds to the abuse of older Tasmanians with a shared commitment to advancing older people's rights and ensuring everyone is involved in ending the abuse.
2. Priority Area two – self-determination: Older Tasmanians have personal agency and control over decisions regarding all aspects of their lives.
3. Priority Area three – Responsiveness: Older Tasmanians experiencing abuse can access a connected, coordinated, and responsive service system.
4. Priority Area four: The whole community takes responsibility for safeguarding older Tasmanians and they live safely and free from any form of abuse.

Alignment between the *Lifelong Respect: Tasmania's strategy to end the abuse of older people (Elder Abuse) 2023-2029* and the National Plan is presented in Table 7.

Table 7: Alignment between Lifelong Respect: Tasmania's strategy to end the abuse of older people (Elder Abuse) 2023-2029 and the National Plan

Lifelong Respect: Tasmania's strategy to end the abuse of older people (Elder Abuse) 2023-2029	National Plan to Respond to the Abuse of Older Australians
Priority Area one – awareness: The Tasmanian community and Government together recognises and responds to the abuse of older Tasmanians with a shared commitment to advancing older people's rights and ensuring everyone is involved in ending the abuse. Actions: ■ Raise awareness of the abuse of older Tasmanians and promote a whole-of-community response in recognising, responding to and preventing it, including addressing the underlying drivers of the abuse of older Tasmanians. ■ Empower older Tasmanians from all backgrounds on self-determination, so they understand and recognise their rights and on how to recognise types of abuse and seek assistance and support. ■ Listen to the voices of and be informed by older Tasmanians with a lived experience of abuse in furthering the development of initiatives that respond to the abuse of older Tasmanians in our community. ■ Increase awareness and develop responses that recognise older people from diverse communities may experience abuse in different ways including cultural and language differences, and experiencing additional forms of discrimination which make them more vulnerable.	Priority Area 1: Enhancing our understanding 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs. Priority Area 2: Improving community awareness and access to information: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community.

Lifelong Respect: Tasmania's strategy to end the abuse of older people (Elder Abuse) 2023–2029	National Plan to Respond to the Abuse of Older Australians
Priority Area two – Self-determination: Older Tasmanians have personal agency and control over decisions regarding all aspects of their lives. Actions: ■ Ensure older Tasmanians have access to materials, resources and information about individual advocacy and legal representation that support informed decision-making on all aspects of their life, including culturally appropriate materials and resources for Aboriginal, CALD, LGBTIQ+ and persons with disability. This includes pre-planning as an important tool in maintaining control, preventing abuse, and ensuring personal wishes are understood and respected as they age. ■ Raise community awareness about supporting, respecting, and valuing older Tasmanians' decisions, and their legal and ethical rights to self-determination. ■ Review existing service systems and community settings focusing on older Tasmanians' ability for self-determination. Identify initiatives and responses required to support older Tasmanians' choice and control on aspects of their life.	Priority Area 1 – enhancing our understanding: 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs. Priority Area 2 – Improving community awareness and access to information: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community. Priority Area 4: Planning for future decision-making: 4.3 Better inform people of rights and obligations when entering into arrangements that enable others to make decisions on their behalf. Priority Area 5: Strengthening safeguards for vulnerable older adults: 5.2 Continue to reform the Commonwealth's regulatory framework for aged care to protect and enhance the safety, health, wellbeing and quality of life of aged care consumers
Priority Area three- Responsiveness: Older Tasmanians experiencing abuse can access a connected, coordinated, and responsive service system. Actions: ■ Promote awareness of referral pathways and how to access support services so older Tasmanians and Tasmania's diverse communities can act against abuse. ■ Foster a connected, flexible service system that is respectful and culturally appropriate, safe, and welcoming. ■ Engage and educate services and businesses working or interfacing with older Tasmanians so they can recognise, respond, and prevent the abuse of older Tasmanians including challenging the underlying drivers of the abuse.	Priority Area 1 – Enhancing our understanding 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs. Priority Area 2 – Improving community awareness and access to information: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community. Priority Area 3: Strengthening service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs
Priority Area Four – Safeguarding: The whole community takes responsibility for safeguarding older Tasmanians and they live safely and free from any form of abuse. Actions: ■ Build on and continue the work already underway to review and improve future safeguarding policies and frameworks for older Tasmanians. ■ Strengthen existing and develop new initiatives to safeguard all older Tasmanians against abuse. ■ Promote the improved safeguards to Tasmania's diverse communities with a focus on empowering community members to recognise, respond to and prevent abuse, and to counteract its underlying drivers.	Priority Area 1 – Enhancing our understanding: 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs. Priority Area 2 – Improving community awareness and access to information: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community. Priority Area 3: Strengthening service responses: 3.1 Establish and evaluate frontline support services for older people experiencing abuse in a range of locations across the country. Priority Area 4: Planning for future decision-making: 4.3 Better inform people of rights and obligations when entering into arrangements that enable others to make decisions on their behalf.

Guiding principles provide the foundation for the strategy, its priority areas and related actions. The principles are underpinned by recognition of the importance of incorporating the voice of lived experience in response to the abuse of older people living in Tasmania (Tasmanian Government, 2023). Guiding principles include:

- Independence, freedom and agency: Older Tasmanians live free from harm, have the right to family life, self-fulfilment, are respected and can freely and fully participate in their communities socially, culturally, economically, spiritually, and recreationally (Tasmanian Government, 2023, p. 14).

- Empowerment: Older Tasmanians are empowered and have the confidence, means and ability to have choice and self-determination about their future. They are safe and free from exploitation and physical, emotional, financial, sexual, social, or spiritual abuse. Older Tasmanians have access to the appropriate supports to participate in decisions that affect their own lives. The inherent dignity of older Tasmanians is respected, including individual autonomy and freedom and right to independence and choices (Tasmanian Government, 2023, p. 14).
- Dignity and respect: Older Tasmanians experience independence, dignity, and the ability to make decisions about their own lives. They are respected by their family, the community and not discriminated against due to their age. Older Tasmanians have the appropriate supports, services and the means to promote their physical, mental, and emotional wellbeing, enabling them to retain independence, dignity, and the ability to make decisions about their own lives (Tasmanian Government, 2023, p. 14).
- Diversity and inclusion: Respect for older Tasmanians' right to express and present themselves relative to their culture, community, and identity (Tasmanian Government, 2023, p. 14).

The Tasmanian Government also launched a website 'Elder Abuse, It's Ok to Ask The Question', aimed at raising awareness within the community and connecting people with support (Tasmanian Government, 2023).

The Request for Information process also identified several actions and initiatives undertaken by the Tasmanian Government under the National Plan, including:

- an Elder Abuse Helpline
- advocacy
- COTA activities
- funding the PEAT group at the University of Tasmania to provide two research reports (and a summary) focused on investigating how people experiencing elder abuse are identified and responded to. They were also tasked to identify gaps in the service system.

Services, programs and initiatives that predate the National Plan

The Request for Information and consultation identified a range of actions and initiatives undertaken by the Tasmanian Government that predate the National Plan. These include some initiatives noted in the previous section, for which further information was provided, including:

- the implementation of the Tasmanian Elder Abuse Helpline
- Advocacy Tasmanian Council on the Ageing's work to build capacity among older Tasmanians and raise community and service provider awareness of elder abuse through programs and initiatives such as the You're Worth It and Taking Control (Protecting your Interests and Safety Online)
- peer education programs focused on recognising the signs of elder abuse and how to respond, particularly targeting service providers and businesses with direct contact with older Tasmanians at home
- World Elder Abuse Awareness Day (WEAAD) activities, which take place annually on (or around) 15 June
- the Elder Abuse 'It's Not Ok' campaign, which was publicised via TV, print and radio
- the completion of a pilot information campaign in Tasmania by the Age Discrimination Commissioner that included the launch of an elder abuse awareness bookmark, a resource developed with the agreement of the concept originators – ACT Legal Aid – and in partnership with the Commonwealth AGD
- the *Strong Liveable Communities: Tasmania's Active Ageing Plan, 2017–2022* (Tasmanian Government, 2017). The plan supports personal choice for the achievement of the essential factors of a good life as people age. It aims to re-shape the way workplaces, communities and society view and value older Tasmanians, to reduce barriers to participation and create opportunities (Tasmanian Government, Department of Premier and Cabinet, 2017). The four primary focus areas are health, lifelong learning, participation and security.

Actions grounded in the legislative and service features of the jurisdiction

The *Guardianship and Administration Act 1995* (Tas) is also an important piece of legislation in relation to safeguarding people who require assistance with decision making. The Act requires all guardians to make decisions and act in a way that reflects the principles of the Act including:

- assisting individuals to carry out a person's wishes, as far as possible
- promoting the person's best interests
- acting in a manner that is least restrictive of the person's freedom to make their own decisions and be as independent as possible.

Recent amendments to the *Guardianship and Administration Act* include the introduction of Advance Care Directives that provide for an older person with capacity to indicate how they would like to receive health care or support in future, if they ever lose their ability to make decisions for themselves. Failure to comply with this Act may result in fines, summary convictions or, in extreme cases, custodial penalties.

In addition to the *Guardianship and Administration Act 1995* (Tas), the *Powers of Attorney Act 2000* (Tas), the *Wills Act 2008* (Tas) and the *Anti-Discrimination Act 1998* (Tas) are also important legislative acts designed to safeguard and protect the rights of individuals. The *Criminal Code Act 1924* (Tas) and the *Family Violence Act 2004* (Tas) are relevant to the safeguarding of older Tasmanians at risk of, or experiencing, abuse.

The *Criminal Code Act 1924* (Tas) may address elder abuse through the prohibition of individuals from committing crimes that endanger life, including facilitating a drug-related offence, acts intended to cause grievous bodily harm or persistent family violence.

The *Family Violence Act 2004* (Tas) has been used to address elder abuse as a form of family violence when the abuse is perpetrated by a spouse or partner. The aim of the Act is to:

- improve the safety and security for victims of family violence in the short and long term
- ensure that perpetrators are held accountable for family violence as a public crime
- reduce the incidence and severity of family violence in the longer term.

Alignment with or part of other jurisdiction-specific frameworks

The Tasmanian Government's (2018) *Responding to Family Violence: A Guide for Service Providers and Practitioners in Tasmania* is intended for use by all service providers and practitioners who come into contact with victims and/or perpetrators of family violence. The practice guide assists service providers and practitioners to understand:

- the legislative definition of family violence in Tasmania, including the behaviours and relationships that are considered family violence in Tasmania
- the services available to support those impacted by family violence (Tasmanian Government, 2018).

The practice guide recognises elder abuse as a form of family violence where the abuse has been perpetrated by a spouse or partner, and it is identified as critical for people working in the family violence space.

The Tasmanian Government has also developed a 'Safe at Home' Integrated Criminal Justice Response that provides specialist support to victims, including children, and perpetrators.

Addressing the needs of intersectional groups

The needs of intersectional groups are considered in the *Lifelong Respect: Tasmania's strategy to end the abuse of older people (Elder Abuse) 2023-2029*. (Tasmanian Government, 2023). It includes guiding principles designed to support policy and program development in line with the strategy. These guiding principles relating to dignity and choice provide for older people to be treated fairly regardless of age, gender, sexual identity, racial or cultural background, disability or other status or political or religious beliefs. The strategy aims to ensure older Tasmanians have access to materials, resources and information about individual advocacy and legal representation that support informed decision-making on all aspects of their life, including culturally appropriate materials and resources for Aboriginal, CALD, LGBTIQ+ and persons with disability (Tasmanian Government, 2023, p. 11). This includes pre-planning as an important tool in maintaining control, preventing abuse, and ensuring personal wishes are understood and respected as they age (Tasmanian Government, 2023, p. 11).

Additionally, the Tasmanian Government has produced a range of brochures in over 15 different languages about elder abuse, available in the public domain via a 'Multicultural Access Point'. Brochures are available in German, Vietnamese, Spanish, Serbian, Polish, Mandarin, Italian, Indonesian, Greek, French, Filipino, Dutch, Croatian, Cantonese and Bahasa Malay.

Findings from the Request for Information and consultation process identified a range of other actions being undertaken by the Tasmanian Government in response to elder abuse. These include consultation for the first Tasmanian Elder Abuse Prevention Action Plan which gives effect to the State's new elder abuse strategy, *Lifelong Respect: Tasmania's strategy to end the abuse of older people (Elder Abuse) 2023-2029*. The Action Plan will identify work to be undertaken to implement the four priority areas identified in the Strategy, including:

- 'Awareness': actions to raise community awareness on supporting, respecting and valuing older Tasmanians' decisions and their legal and ethical rights to self-determination

- 'Self Determination': actions to help the Tasmanian community to recognise and value older people's right to self determination and to ensure that older Tasmanians have personal agency and control over decisions regarding all aspects of their lives
- 'Responsiveness': ensuring that older Tasmanians experiencing abuse can access connected, coordinated and responsive services, including promoting awareness and referral pathways for First Nations, Culturally and Linguistically Diverse people, LGBTIQ+ and persons with disability.
- 'Safeguarding': actions to reinforce the safety of older Tasmanians across the service continuum of prevention, early intervention and response.

Summary

In summary, the initiatives and policy documents which detail the Tasmanian Government's approach to elder abuse provide insight into their strong alignment with the Priority Areas of the National Plan. In particular, strategies employed by the Tasmanian Government to raise awareness about elder abuse appeared strong. However, as materials and information about elder abuse is predominantly available online, further insight into how people living in Tasmania who are digitally excluded can access information about elder abuse, may be beneficial.

Victoria

Alignment with the National Plan

The key policy and program documents relevant to the Victorian Government's approach to preventing and responding to elder abuse include the *Free from Violence Second Action Plan (2022–2025)* (Victorian Government, 2021). The Action Plan is an overarching strategy to prevent family violence and all forms of violence against women. The Victorian Government identifies elder abuse as a form of family violence featuring the unique dynamics between the older person and a family member such as an adult child. However, it also identifies elder abuse may present as short- or long-term intimate partner violence, carer abuse or stress and longstanding family conflict. The action plan identifies older people as more susceptible to abuse, particularly in the form of family violence, than other populations. It has 10 key focus areas:

- testing new and innovative approaches: design and test new approaches to primary prevention
- providing tailored approaches for community groups: strengthening intersectional approaches across all programs and the prevention system
- undertaking Aboriginal led prevention: to ensure primary prevention activity is underpinned by self-determination and alignment with Dhek Dja, the partnership with Aboriginal communities to address family violence
- scaling-up prevention activity across a broad range of environments to reach Victorians where they live, work, learn and play
- building community engagement and awareness about the drivers of family violence and all forms of violence against women, and support behaviour change to prevent violence
- strengthening existing prevention and advocacy partnerships and developing new partnerships across government, community organisations and industry sectors to influence positive change and amplify impact
- strengthening governance arrangements, collaboration and coordination across the primary prevention system to progress the whole-of-government 10-year family violence reform agenda
- engaging in workforce and sector development by building the capability, career pathways, health and wellbeing of the primary prevention workforce to support the scale-up of primary prevention activity across Victoria
- building knowledge by undertaking comprehensive research and evidence-informed program trials to inform policy and improve understanding of the drivers and reinforcing factors of violence and
- building a strategic, robust and transparent approach to how we monitor, evaluate and report on primary prevention progress in Victoria.

When compared with the priority areas defined with the National Plan, some clear correlations can be identified, and are presented in Table 8.

Table 8: Alignment between National Plan and Victoria's 'Free from Violence' Action Plan (2022-2025)

'Free From Violence' Action Plan 2022-2025	National Plan to Respond to the Abuse of Older Australians
Priority and action area 1: Testing new and innovative approaches: Design and test new approaches to primary prevention. Priority and action area 2: Tailored approaches for community groups: Strengthen intersectional approaches across all programs and the prevention system. Priority and action area 3: Aboriginal-led prevention: Ensure primary prevention activity is underpinned by self-determination and alignment with Dhelk Dja, our partnership with Aboriginal communities to address family violence. Priority and action area 4: Key setting: Scale up prevention activity across a broad range of environments to reach Victorians where they live, work, learn and play. Priority and action area 5: Community engagement and awareness: Build community engagement and awareness about the drivers of family violence and all forms of violence against women, and support behaviour change to prevent violence. Priority and action area 6: Partnerships and advocacy: Strengthen existing prevention partnerships and develop new partnerships across government, community organisations and industry sectors to influence positive change and amplify impact. Priority and action area 7: Governance, coordination and system development: Strengthen governance arrangements, collaboration and coordination across the primary prevention system to progress the whole-of-government 10-year family violence reform agenda. Priority and action area 8: Workforce and sector development: Build the capability, career pathways, health and wellbeing of the primary prevention workforce to support the scale-up of primary prevention activity across Victoria.	Priority Area 1: Enhancing our understanding: 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs. Priority Area 2: Improving community awareness and access to information: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community. Priority Area 3: Strengthening service responses: 3.1 Establish and evaluate frontline support services for older people experiencing abuse in a range of locations across the country. 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs.
Priority and action area 9: Build knowledge: Undertake comprehensive research and evidence-informed program trials to inform policy and improve understanding of the drivers and reinforcing factors of violence. Priority and action area 10: Monitor and share: Build a strategic, robust and transparent approach to how we monitor, evaluate and report on primary prevention progress in Victoria.	Priority Area 1: Enhancing our understanding: 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs. 1.4 Evaluate and report on the effectiveness of the National Plan through monitoring and review.

The Victorian Government has also developed a website, 'Seniors Online Victoria', designed to provide older Victorians with information that supports their participation in community life, their health and wellbeing, so they can age well. This includes raising awareness about elder abuse and where to seek assistance. This initiative aligns with Priority Area 2 'Improving community awareness and Access to information within the National Plan'. In particular, it aligns with Indicator 2.1 'Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community'. Another valuable initiative undertaken by the Victorian Government in partnership with Our Watch, which aligns with Priority Area 2 within the National Plan (Improving community awareness and access to information), is the resource *Preventing Intimate Partner Violence Against Older Women* (Our Watch, 2022). The resource explores implications and considerations for future work to address intimate partner violence against older women. Services, programs and initiatives that predate the National Plan.

Services, programs and initiatives that predate the National Plan

The Victorian Government undertook a range of services, programs and initiatives in response to the abuse of older people that predated the National Plan, including the *Elder Abuse Prevention and Response Initiative* in 2006, which aims to strengthen elder abuse responses and support within Victorian health services. The initiative includes an Integrated Model of Care trial for responding to suspected elder abuse. It has done so by creating multiple entry points for older people, their carers and families to access specialist support services to address suspected elder abuse. The initiative includes a trial of an Integrated Model of Care for responding to suspected elder abuse, otherwise known as the Integrated model of Care Trial, which consists of several elements including:

- workforce training for clinical staff and partners to help them respond to elder abuse
- liaison officers who provide specialist clinical advice and consultancy regarding complex discharge decisions for older people at risk of or experiencing elder abuse
- counselling and mediation services (including financial counselling), offering a therapeutic option/pathway for older people, their carers, and families (as appropriate), helping prevent escalation of cases to the legal system
- an elder abuse prevention network, delivers local action to raise awareness and prevent elder abuse from happening in the first place, using a primary prevention approach.

In 2009 the Victorian Government's Department of Health and Human Services released *With Respect to Age Practice Guidelines*. The guidelines provided practical advice for health and community service workers to assist them in the development of policies and procedures to respond to suspected elder abuse. Specifically, the guidelines aimed to:

- support the development and review of interagency protocols that enable cooperation in responding to elder abuse
- provide a range of resources that assist and reinforce the development of policies, procedures and protocols
- strengthen the capacity of health services and community service organisations to respond with confidence to prevent, and to address, elder abuse as required.

These guidelines target workers supporting older people in health services, community agencies and service providers (Victorian Department of Health and Human Services, 2009).

In 2012, the Department of Health and Human Services released the *Elder Abuse Prevention and Response Guidelines for Action 2012-14* that directed focus to protecting the health and wellbeing of older Victorians through:

- increased community awareness of elder abuse
- empowerment of older people through the increased awareness of their legal, financial and societal rights and the provision of advice on protective measures
- active engagement by professionals through increased capacity to identify and respond to elder abuse
- coordinated multi-agency support provided by relevant services to older people experiencing elder abuse.

The Department of Health and Human Services also funded the Office of the Public Advocate (OPA) to work in partnership with the Commissioner for Senior Victorians and Ambassador for Elder Abuse Prevention to develop a booklet for older people, *Your Voice: Trust Your Choice* in 2017. This publication includes information, case studies and sample wording to assist parties making enduring powers of attorney.

The Royal Commission into Family Violence recommended the review and redevelopment of the Family Violence Risk Assessment and Risk Management Framework, and to embed it into the *Family Violence Protection Act 2008 (Vic)* (the FVPA). The MARAM Framework was consequently developed for use by all services that come into contact with individuals and families experiencing family violence. The MARAM Framework aims to establish a system-wide shared understanding of family violence, and to provide guidance to professionals across the continuum of service responses, and across the range of presentations and spectrum of risk (Victorian State Government, 2018, p. 5). Further, the framework provides information and resources that professionals need to keep victim survivors safe, and to keep perpetrators in view and hold them accountable for their actions (Victorian State Government, 2018, p. 5). It covers all aspects of service delivery from early identification, screening, risk assessment and management, to safety planning, collaborative practice, stabilisation and recovery (Victorian State Government, 2018, p. 5). The MARAM Framework also provides policy guidance to organisations that have responsibilities in assessing and managing family violence risk, including those that have been prescribed under regulation as Framework organisations (Victorian State Government, 2018, p. 5).

Findings from the Request for Information revealed initiatives and actions funded by the Victorian Government prior to the commencement of the National Plan including:

- in-person elder abuse training for relevant professionals
- establishing Seniors Rights Victoria, a community legal centre specialising in elder abuse and operating a state wide helpline as well as providing advice, advocacy and community education about elder abuse
- the Raising Awareness of Elder Abuse in Ethnic Communities initiative, with a focus on developing resources and training bilingual community educators who in turn provide in-language information regarding elder abuse prevention in their communities and other supports
- the development of an online Elder Abuse Prevention training module for professionals working with older people
- the establishment of Elder Abuse Prevention Networks, delivering local action to stop elder abuse from occurring in the first place using a primary prevention approach. Ten Elder Abuse Prevention Networks were initially established, of which five were a component of the Integrated Model of Care Trial and five were stand-alone initiatives.
- staged implementation of the elder abuse family counselling and mediation service that interfaces with five Orange Door Networks
- an awareness-raising campaign on financial counselling.

Further, the then Seniors, Programs and Participation Unit at the Department of Health and Human Services contributed to the development of the National Plan at various stages of its development. This included putting forward initiatives the Victorian Government had committed to as well as research priorities that were important for Victoria when considering a national agenda to respond to the abuse of older Australians. Input was also provided by the Department of Health and Human Services together with the Department of Justice and Community Safety in finalising the Implementation Plan.

State wide elder abuse awareness campaigns were also undertaken in Victoria, including prevention strategies to target carers, with the aim of preventing or de-escalating elder abuse, and the funding of Seniors Rights Victoria since 2008 to provide information, education advocacy and legal advice in relation to elder abuse.

Actions grounded in the legislative and service features of the jurisdiction

Legislation relevant to responding to and preventing the abuse of older Australians in Victoria includes the *Family Violence Protection Act 2008* (Vic). The purpose of this Act is to:

- maximise safety for children and adults who have experienced family violence; and
- prevent and reduce family violence to the greatest extent possible; and
- promote the accountability of perpetrators of family violence for their actions.

This *Family Violence Protection Act 2008* (Vic) aims to achieve its purpose by:

- providing an effective and accessible system of family violence intervention orders and family violence safety notices; and
- providing for the sharing of information that is relevant to assessing and managing a risk of family violence; and
- creating offences for contraventions of family violence intervention orders and family violence safety notices; and
- providing a framework for achieving consistency in family violence risk assessment and family violence risk management.

Under the Act, a family member is defined as:

- a person who is, or has been, the relevant person's spouse or domestic partner; or
- a person who has, or has had, an intimate personal relationship with the relevant person; or
- a person who is, or has been, a relative of the relevant person; or
- a child who normally or regularly resides with the relevant person or has previously resided with the relevant person on a normal or regular basis; or
- a child of a person who has, or has had, an intimate personal relationship with the relevant person.

In relation to the service sector, interagency coordination for professionals working with older people at risk of or experiencing elder abuse is reflected in the *Working with Older People: A Service Provider's Guide to Welfare Checks and Suspected Abuse* (Victoria Police, 2023, with reports to police guided by the *Code of Practice for Investigation of Family Violence* (Victoria Police, 2022).

The *Powers of Attorney Act 2014* (Vic) introduced the concept of a 'supportive attorney' who permits an individual to appoint someone to assist them in making and implementing decisions. Supportive attorneys are authorised to collect information, communicate information and guide decisions in certain areas but not to make a decision. The Office of the Public Advocate has played a critical role in disseminating information and resources to facilitate uptake of the supportive attorney option to facilitate older people continuing to exercise their ability to make decisions while they retain the capacity to do so.

Similarly, the *Medical Treatment Planning and Decisions Act 2016* (Vic) provides for the appointment of a support person by an individual, to support the individual to make and communicate treatment decisions, and to represent the interests of the individual in respect of medical treatment, including when the individual does not have decision-making capacity. The support person does not have power to make decisions about a person's medical treatment however.

Alignment with or part of other jurisdiction-specific frameworks

One of the key jurisdiction-specific frameworks of relevance to the Victorian policies and programs is the *Free from Violence: Victoria's Strategy to Prevent Family Violence and All Forms of Violence Against Women – Second Action Plan 2022–2025* (Victorian Government, 2021) that places elder abuse in the context of family violence. The action plan specifies that older Victorians face additional challenges making them more susceptible to abuse, including ageism and discrimination.

The Victorian Government (2022) has also initiated the *Ageing Well Action Plan 2022–2026* focused on ensuring that all Victorians can safely age in place at home, access services, maintain purpose, independence and autonomy in life with family, community and social connections. The action plan focuses on older Victorians having the right support to manage family relationship stress and elder abuse. It also focuses on fostering cultures that are known to prevent elder abuse, such as those which are age-friendly and respectful of older people.

Victoria's *Inclusive Victoria: State Disability Plan 2022–2026* (Victorian Government, 2022) also seeks to identify opportunities to strengthen safeguards to better protect people with disability who are at risk of abuse or neglect, including older Victorians.

Addressing the needs of intersectional groups

The Victorian Government funds the Ethnic Communities' Council of Victoria (ECCV) to work in partnership with Seniors Rights Victoria to raise community awareness of elder abuse in ethnic communities. In October 2014, ECCV launched *Within my Walls*, a community education short film on elder abuse, available in 14 languages (Victorian Department of Health, 2022).

The Victorian Government's (2021) *Free from Violence: Victoria's Strategy to Prevent Family Violence and all Forms of Violence Against Women. Second Action Plan 2022–2025* focuses on the needs of intersectional groups by stressing the need to prevent family violence and promoting equality and respect for women, LGBTIQ+ people and older people. The Action Plan seeks to facilitate diverse community engagement, by strengthening capacity for effective work with specific populations including older people, First Nations Victorians, migrants and refugees, people with disabilities, LGBTIQ+ people and others.

Victoria's *Ageing Well Action Plan 2022–2026* (Victorian Government, 2022) also adopts an intersectional approach, with particular importance placed on older First Nations peoples. The Action Plan recognises that senior Victorians from migrant and refugee backgrounds can face extra challenges in keeping social connections and taking part in community life. The Action Plan also recognises that LGBTIQ+ seniors may lack family connections and be at risk of isolation as a result of ageing.

Other initiatives of the Victorian Government are designed to raise community awareness of the National Plan's response to elder abuse, such as the website 'Seniors Online Victoria' that has a dedicated section for Culturally and Linguistically Diverse communities, in recognition that there may be particular barriers to these cohorts recognising and seeking help for elder abuse (Victorian State Government, 2023). The Ethnic Communities Council of Victoria (ECCV) has also been funded by the Victorian Government to deliver culturally appropriate messages about elder abuse, its prevention and pathways to support for culturally diverse communities.

Summary

In summary, the initiatives and policy documents analysed suggest strong alignment with the National Plan's Priority areas. Victorian policy and service initiatives carried out in response to elder abuse, show a particularly strong commitment to the needs of intersectional groups, including Culturally and Linguistically Diverse and First Nations communities.

Western Australia

Alignment with the National Plan

The Government of Western Australia's (2019) approach to identifying, responding to and preventing elder abuse is represented in its *Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019–2029*. The Strategy is a blueprint for the priorities, actions and outcomes required to effectively confront the abuse of older people, and it is identified as contributing to the implementation of the Federal Government's National Plan (2019, p. 4). The Strategy will be supported by Action Plans. Other key policy and program documents include the *Identifying, Preventing and Responding to the Abuse of Older People (Elder Abuse) Policy* (2019)² and the Alliance for the Prevention of Elder Abuse: Western Australia (2013) *Elder Abuse Protocol: Guidelines for Action*. The 2019–2021 *Progress Report Summary on the WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019–2029* identifies actions completed within the four key priority areas of the strategy.

The four key priority areas of the Strategy are:

- raising awareness and early identification
- prevention and early intervention
- integrated and coordinated response
- data and evidence.

A comparative analysis of the priority areas in the Strategy against those defined within the National Plan identified some alignment. Table 9 presents the areas of alignment, which include awareness raising and prevention and early intervention. For example, the Western Australian Strategy defines the Priority Area 'raising awareness and early identification' as 'educating older people and the community about elder abuse, the signs of abuse, where and how to report it, and how to safeguard against it' (p. 9). This Priority Area in Western Australia's Strategy aligns with Priority Area 2 in the National Plan 'improving community awareness and access to education', subsection 2.1, 'develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community' (p. 10) and subsection 2.2 that focuses on building community awareness, through the development of a national knowledge hub (p. 10).

Table 9: Alignment between Western Australia's Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019–2029, and the National Plan

WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019–2029	National Plan to Respond to the Abuse of Older Australians
Priority Area 1: Raising awareness and early identification: 1.1: Educate and build public awareness and understanding of elder abuse, the signs of abuse, where and how to report it, and how to safeguard against it. Action item: 1b Educate doctors, medical staff and social workers as a precursor to the possibility of funding a health-justice partnership. Action item: 1c Deliver or sponsor public forums or roadshows for greater awareness of elder abuse, social isolation and age-friendly communities. 1.2 and 1.3 Co-design initiatives to improve early detection, self-identification and self-detection. 1.4 Provide avenues for inquiring about and reporting elder abuse. Action item: 2c Produce elder abuse awareness resources, particularly for CALD people and Aboriginal and Torres Strait Islander people.	Priority Area 1: Enhancing our understanding: 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs Priority Area 2: Improving community awareness and access to information: 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community. 2.2 Start building a National Knowledge Hub to consolidate information and resources about abuse of older people in one online location, including information and resources for diverse groups of older people. Priority Area 3: Strengthening service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs.

² Government of Western Australia, Department of Health. (2019). *Responding to the Abuse of Older People (Elder Abuse) Policy*, Policy Frameworks MP 0121/19. This policy is effective from 28 April 2021.

WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019–2029	National Plan to Respond to the Abuse of Older Australians
Priority Area 2: Prevention and early intervention: 2.1 and 2.2 Promoting positive views of ageing/ countering ageism. 2.3–2.6 and 2.9 Supporting older people to remain socially connected, supporting age-friendly, inclusive communities and providing easy access to information and support services for older people, and information for family members, carers and professionals. 2.7 Co-design responses to carer stress. 2.8 Education of professionals with frequent contact with older people to identify elder abuse.	Priority Area 2: Improving community awareness and access to information. 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community. 2.2 Start building a National Knowledge Hub to consolidate information and resources about abuse of older people in one online location, including information and resources for diverse groups of older people. Priority Area 3: Strengthening service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs. Priority Area 4: Planning for future decision making: 4.3 Better inform people of rights and obligations when entering into arrangements that enable others to make decisions on their behalf
Priority Area 3: Integrated and coordinated response: 3.1 Working with all jurisdictions to implement the National Plan 3.2–3.3 Monitoring, progressing and responding to findings and recommendations of State and Australian Parliamentary Committees and inquiries 3.5 Amending the <i>Guardianship and Administration Act 1990</i>. 3.6 Ensuring services are culturally safe, responsive and accessible. 3.7 Developing perpetrator behaviour change programs and support services. 3.8 Develop common framework for information sharing and risk assessment for gov agencies and community organisations.	Priority Area 1: Enhancing our understanding: 1.4 Evaluate and report on the effectiveness of the National Plan through monitoring and review. Priority Area 3: Strengthening service responses: 3.2 States and territories continue to provide and strengthen frontline responses to emerging needs. Priority Area 4: Planning for future decision-making: 4.1 States and territories consider developing options for harmonising enduring powers of attorney, particularly in relation to financial powers of attorney, to achieve greater national consistency. 4.2 Investigate the feasibility of developing a national online register of enduring powers of attorney. 4.3 Better inform people of rights and obligations when entering into arrangements that enable others to make decisions on their behalf. Priority Area 5: Strengthening safeguards for vulnerable older adults: 5.1 Review state and territory legislation to identify gaps in safeguarding provisions. 5.2 Continue to reform the Commonwealth's regulatory framework for aged care to protect and enhance the safety, health, wellbeing and quality of life of aged care consumers.
Priority Area 4: Data and evidence: 4.1–4.2 Supporting and funding further research re elder abuse prevalence, drivers and experiences, including research investigating experiences of marginalised, vulnerable, diverse cohorts, research on carer stress. 4.3. Improve and facilitate data collection and sharing. 4.4 Support/contribute to National Research Agenda on Elder Abuse (2019).	Priority Area 1: Enhancing our understanding: 1.2 Develop an agreed set of national research priorities. 1.3 Improve our ability to share learnings from existing programs, in order to better target future programs. 1.4 Evaluate and report on the effectiveness of the National Plan through monitoring and review.

WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019–2029	National Plan to Respond to the Abuse of Older Australians
Action item: 2a Deliver a peer and community education program that provides information, assistance and support to older people and increases participation of older people in the community – based on the Older People’s Peer Education Scheme (OPPES). Action item: 2h Increase awareness of elder abuse and the vulnerabilities in Police Recruit Training. Action item: 3c Engage with the banking sector to develop safeguards and processes to reduce the risk of older people experiencing financial elder abuse. Action item: 3d Establish a peak body to advocate for and represent the interests of vulnerable older Western Australians. Action item: 3m June 2021, the Government of Western Australia committed an additional \$4 million to Legal Aid WA (over four years) to establish the State-wide Elder Abuse Advocacy Service.	Priority Area 2: Improving community awareness and access to information. 2.1 Develop a communication strategy that integrates the views of older people, including diverse groups of older people, to increase understanding and awareness of abuse of older people in the community. Priority Area 3: Strengthening Service Responses: 3.1 Establish and evaluate frontline support services for older people experiencing abuse in a range of locations across the country.

Additional actions completed by the Government of Western Australia include affiliate membership with the World Health Organization (WHO) and participation in the Global Network for Age-Friendly Cities and Communities, and delivery of the Age-Friendly Communities.

The Commonwealth AGD has also funded the Kimberly Community Legal Service – Specialist Elder Abuse Unit and the Relationships Australia WA Elder Support Case Management and Mediation Service.

Findings from the Request for Information also identified several initiatives and actions in response to the abuse of older Australians by the Government of Western Australia, including:

- The Northern Suburbs Community Legal Centre, funded by the Government of Western Australia Department of Communities, to provide the Older People’s Rights Service (OPRS). The OPRS provides legal advice and advocacy, peer education sessions and social support to older people experiencing, or at risk of experiencing, elder abuse.
- Due to high demand, a Seniors Rights and Advocacy Service was launched in 2019.
- The Western Australian Police Force contributed to the development of the National Plan through representation on the Alliance for the Prevention of Elder Abuse (APEA WA) Committee. The Western Australian Police Force also partnered with the Australian MedicAlert Foundation to develop the ‘Safe & Found’ Program. The program helps those at risk of becoming lost or reported missing, by ensuring police have immediate access to critical information in a search operation.
- The delivery of the WA Elder Abuse Helpline and Information Service (Helpline), funded by the Department of Communities, and delivered by AdvoCare. The helpline provides free, specialised advocacy and information services to older people at risk of, or currently, experiencing elder abuse.
- The Vulnerable Seniors Peak Body for vulnerable older Western Australians, funded by the Department of Communities, delivered by the Council on the Ageing (COTA), WA, was established and delivered. Key initiatives include (but are not limited to):
 - Facilitating the Seniors Sector Partnership group to continue collaborative efforts of the former COVID-19 Seniors Taskforce.
 - Establishing and facilitating the Positive Ageing Alliance to bring together prominent business leaders to address issues impacting older people including elder abuse, the digital divide, marginalised and vulnerable cohorts, and mature age employment.
 - Developing Guides for older people including ‘Understanding the Mistreatment of Older People Guide’ (in partnership with Department of Communities) and ‘Let’s make it legal Guide’.
- The Department of Communities collaborated with Bankwest to deliver the Financial Elder Abuse Round Table (2019), with ongoing collaboration directed towards awareness-raising opportunities and resources regarding this matter.
- Funding for Elder Rights WA, which was officially launched by the Hon. Don Punch MLA, Minister for Seniors and Ageing on 15 June 2022. The service sits within the Civil Law Division of Legal Aid WA. The Elder Rights WA team is comprised of specialist lawyers, social workers, a coordinator and a legal secretary who work collaboratively to provide a holistic legal service to seniors and older Australians. Elder Rights

WA has embedded the Seniors Rights and Advocacy Service into the Elder Rights model. It utilises the regional and virtual offices of Legal Aid WA for accessibility and assists clients who are 65 years and older, and First Nations and CALD clients who are 55 years and older. The service model provides a 'wraparound' multidisciplinary approach and draws upon the expertise of other specialist units within Legal Aid WA, such as the Domestic Violence Legal Unit (Family Law Division) and the Mortgage Hardship Service (Civil Law Division). Specifically, Elder Rights WA:

- provides equitable access to justice to older Western Australians who are affected by elder abuse, and to advocate for the rights of older Western Australians
 - promotes and facilitates the autonomy and decision-making rights of older Western Australians
 - raises awareness of and prevents elder abuse, and, in particular, financial elder abuse, by providing education and resources directly to older Western Australians, the wider community and to relevant stakeholders such as health and community service providers.
- Legal Aid WA has also entered into a grants agreement with Peel Community Legal Services to provide Elder Rights WA services in the Peel region as Peel has one of the highest proportion of seniors in the state.
 - The administration of the inaugural World Elder Abuse Awareness Day (WEAAD) Regional Grants Program aimed to increase regional activity in raising awareness of elder abuse in 2023. The Department of Communities commissioned two research Reports, the draft *Research into Elder Abuse Drivers and Protective Factors in WA* (undertaken by the University of Western Australia) and the draft *Research into the Mistreatment of Older Aboriginal Australians* (undertaken by IPS Management Consultants).
 - Several seniors events have been delivered such as Let's Talk Scams (awareness and prevention of cybercrime), including online recordings of the events for community access as an ongoing resource and Seniors Information Day to raise awareness of Elder Abuse (including stalls but elder abuse providers and presentations at the Kingsway Shopping Centre during WEAAD).
 - The Office of the Public Advocate (OPA) runs free education sessions for community members and service providers on recognising and preventing elder abuse. These sessions raise awareness of enduring powers of attorney, enduring powers of guardianship and the other protection offered by the guardianship and administration system.
 - The Alliance for the Prevention of Elder Abuse Western Australia (APEA WA), funded by the Government of Western Australia, Department of Health. APEA WA was established to pool the united knowledge, experience and expertise of its members. APEA WA identifies systemic issues pertinent to abuse prevention and protection and, accordingly, informs policy and promotes community and professional awareness and understanding about elder abuse prevention. APEA members include the Departments of Communities, Health, and Justice; the Western Australian Police Force; and community organisations delivering services to address elder abuse in WA.
 - The Department of Communities has designed, printed and distributed resources to raise awareness of elder abuse included posters and post cards (translated into other languages), bookmarks and brochures.
 - Annual events to recognise World Elder Abuse Awareness Day is routinely organised by the Office of the Public Advocate and Department of Communities.
 - The Public Trustee included the topic of elder abuse in its public presentations at Wills Week, Seniors Week and Law Week.

Services, programs and initiatives that predate the National Plan

Prior to the National Plan, the Government of Western Australian had undertaken a range of services, programs and initiatives in response to the abuse of older people including:

- The WA Department of Attorney-General statutory review of the *Guardianship and Administration Act 1990* with the final report making 86 recommendations for amendments and subsequent program of legislative reform.
- In 2005, the Alliance for the Prevention of Elder Abuse (Western Australia) was created. This group is a high-level policy group created by Advocare and was established to support inter-agency collaboration to prevent elder abuse in Western Australia.
- The establishment of the Alliance for the Prevention of Elder Abuse WA (comprising senior representatives from 11 government departments and independent organisations) and the introduction of the Alliance for the Prevention of Elder Abuse (APEA) WA *Elder Abuse Protocol: Guidelines for Action* 2013 and 2017.
- The Legislative Council of the Parliament of Western Australia established a Select Committee of the Parliament of Western Australia, established in 2017, to inquire into elder abuse. The Committee's terms of reference were to:

- a. determine an appropriate definition of elder abuse
 - b. identify its prevalence
 - c. identify the forms of elder abuse, including but not limited to neglect
 - d. identify the risk factors
 - e. assess and review the legislative and policy frameworks
 - f. assess and review service delivery and agency responses
 - g. assess the capacity of the Western Australia Police to identify and respond to allegations of elder abuse
 - h. identify initiatives to empower older persons to better protect themselves from risks of elder abuse as they age
 - i. consider new proposals or initiatives which may enhance existing strategies for safeguarding older persons who may be vulnerable to abuse
 - j. consider any other relevant matter.
- The Western Australian Department of Communities funded and established a state-wide elder abuse hotline in 2018 and updated elder abuse awareness posters and postcards with details of the hotline. The hotline was run by the organisation Advocare, a not-for-profit organisation that aims to protect the rights of older Australians living in Western Australia.
 - The establishment of the Western Australian Network for the Prevention of Elder Abuse, a network of government departments, local governments, community organisations providing services in the aged care sector with the aim of promoting awareness of elder abuse
 - A range of legal and advice services for older people including:
 - the Legal Aid WA Seniors Rights and Advocacy Service, providing free legal advice and assistance to older people who have experienced elder abuse or are at risk of elder abuse, representation in guardianship and administration matters and coordination and triage of elder abuse services across the Legal Aid WA practice areas
 - the Older People's Peer Education Scheme delivered by the Northern Suburbs Community Legal Centres and Southern Communities Advocacy Legal Education Service CLC
 - training, education and information sessions and resources provided by the Office of the Public Advocate, the Public Trustee, the WA Department of Health and the Law Society of Western Australia³
 - the final report 'I never thought it would happen to me': When Trust is Broken. Final Report of the Select Committee into Elder Abuse (Parliament of Western Australia, 2018) made 35 recommendations to the government, including:
 - » developing a human rights-based approach to responding to elder abuse
 - » commissioning research into elder abuse
 - » developing a culturally safe action plan and undertaking legal reform
 - » investigating the viability and time frame for creating a Western Australian central register of enduring powers of attorney, with a view to integrating it with any future national model
 - » investigating further opportunities to develop and fund new health-justice partnerships and expand existing partnerships that are currently being delivered to older people in the community
 - » ensuring all older Western Australians have access to specialised community legal services that provide advocacy and advice on elder abuse.
 - commissioned research – *Elder Abuse in Rural and Remote Communities: Social Policy, Prevention and Responses* (Warran & Blundell, 2018)

The Request for Information and consultation process also identified several initiatives and actions undertaken in Western Australia that predate the National Plan, including:

- the Social Inclusion Program, which is part of the Civil Law Division, launched in 2012-13, facilitated the involvement of lawyers for older people who were the victim/survivors of abuse and who sought a justice response
- the Western Australian Department of Communities support for World Elder Abuse Awareness Day, through the coordination of activities with service providers and local governments, and the production and distribution of resources including brochures and bookmarks

³ See for example, Law Society of Western Australia, (2016), *When a Client's Capacity is in Doubt: A Practical Guide for Solicitors*, Western Australia, Department of Health Advanced Care Planning Resources.

- the distribution by the Western Australian Government of a consultation paper to 42 organisations across WA for comment about the development of the National Plan
- provision of support from the Office of the Public Advocate to the Director General, Department of Justice, with the Council of Attorneys-General working group, in considering the recommendations of the Australian Law Reform Commission's elder abuse inquiry. Also involved were the Strategic Policy branch of the Department of Justice, the Public Trustee, the Department of Communities and other jurisdictions. With the National Plan, activities included reviewing and contributing feedback on several versions of the National Plan and providing case studies related to elder abuse. The Office of the Public Advocate's particular areas of expertise in providing input to the National Plan centred around its knowledge and experience of substitute decision making – enduring powers of attorney, enduring powers of guardianship and advance health directives – as well as experience in dealing with and working to prevent elder abuse, within the WA Guardianship and Administration legislative framework.

Actions grounded in the legislative and service features of the jurisdiction

There are a range of legislative and service features specific to the Western Australian context that shape the government's response to the abuse of older people including:

- The *Public Trustee Act 1941* (WA) provides for a statutory agency, the Public Trustee, which offers independent, professional trustee and asset management services to the Western Australian community. The public trustee primarily performs the role of trustee of a person's deceased estates where no executor is appointed, or the executor declines to act (and no other person is appropriate). In cases where a person cannot manage their own affairs due to reduced cognitive capacity or health, the Trustee generally collects their income, pays their bills, takes care of their property, manages any legal issues and invests their savings.
- The *Guardianship and Administration Act 1990* (WA) allows a 'substitute' decision maker to be appointed to make decisions which are in the best interest of adults who are unable to do so themselves. The Act allows individuals to nominate two types of substitute decision makers, who can make decisions on their behalf if they lose decision-making capacity:
 - an enduring power of guardianship when an adult appoints an individual or persons of their choice to make personal, lifestyle and treatment decisions.
 - an enduring power of attorney when an adult appoints one or two people of their choice to make financial and legal decisions on their behalf.
- The Public Advocate is an independent statutory office created under the *Guardianship and Administration Act 1990* (WA). The Public Advocate promotes and protects the rights of adults with reduced decision-making capacity. The Office of the Public Advocate can provide information and advice about guardianship and administration, including in relation to enduring powers of attorney and guardianship.
- The *Restraining Orders Act 1997* (WA) provides orders to restrain people from committing family violence or personal violence by imposing restraints on their behaviour and activities. Section 5A(1) of the *Restraining Orders Act 1997* (WA) defines family and domestic violence as 'violence, or a threat of violence, by a person towards a family member of the person' or 'any other behaviour by the person that coerces or controls the family member or causes the member to be fearful'. Section 5A(2) provides examples of behaviour that may constitute family violence, including:
 - (a) an assault against the family member
 - (b) a sexual assault or other sexually abusive behaviour against the family member
 - (c) repeated derogatory remarks against the family member
 - (d) damaging or destroying property of the family member
 - (e) causing death or injury to an animal that is the property of the family member
 - (f) unreasonably denying the family member the financial autonomy that the member would otherwise have had
 - (g) unreasonably withholding financial support needed to meet the reasonable living expenses of the family member, or a child of the member, at a time when the member is entirely or predominantly dependent on the person for financial support
 - (h) coercing, threatening, or causing physical abuse, emotional or psychological abuse or financial abuse, in connection with demanding or receiving dowry, whether before or after any marriage
 - (i) preventing the family member from making or keeping connections with the member's family, friends or culture

(j) kidnapping, or depriving the liberty of, the family member, or any other person with whom the member has a family relationship

(k) distributing an intimate image of the family member without the family member's consent, or threatening to distribute the image.

The *Restraining Orders Act 1997* (WA) does not specifically identify elder abuse as a distinct form of family violence; however, the relevant definition of family violence, and the behaviours that constitute family violence in the Act, accommodates behaviour including in widely accepted definitions of elder abuse and the way in which it manifests.

- The *Family Violence Legislation Reform Act 2020* (WA) aims to improve the safety of victims of family violence, hold perpetrators of family violence to account and increase the responsiveness of the justice system, by making it easier for victims to obtain protection from violence, and less traumatic.
- The Request for Information identified that the National Elder Abuse Prevalence study informed the *WA Elder Abuse Strategy: 2019–2021*, Progress Report Summary and draft WA Seniors Strategy.

Alignment with or part of other jurisdiction-specific frameworks

Western Australia's Department of Communities (2020) *Path to Safety: Stopping Family and Domestic Violence Policy* prioritises older people amongst other minority groups, as potential victims of violence. It is a 10-year strategy that provides a framework for change with four focus areas, which include developing primary prevention to stop family and domestic violence and reforming systems to prioritise safety, accountability and collaboration. Implemented as part of this Policy is the Government of Western Australia North Metropolitan Health Service (2021) *Family and Domestic Violence Framework 2021–2026*, the policy provides the strategic direction for public health responses to family and domestic violence.

Also of relevance is the Government of Western Australia Department of Health's (2020) *Women's Health and Wellbeing Policy* that specifies that there should be a focus on healthy behaviours and healthy ageing in all women, including opportunities for age-friendly communities where older women are respected, valued and actively engaged in their community. In this way, the Department of Health's *Women's Health and Wellbeing Policy* takes a proactive, preventative stance against elder abuse, as research suggests that age discrimination facilitates cultures of 'othering' that have been associated with environments of violence and abuse. The policy also recognises the importance of responding to violence, trauma and/or abuse via adhering to best practice for routine, system-wide guidelines for screening, assessment and referrals, and ensuring that this is age appropriate for older women (WA Department of Health, 2020).

The Government of Western Australia released *An Age-Friendly WA, State Seniors Strategy 2023–2033* (State Seniors Strategy) and the first accompanying Action Plan in April 2023. This is a 10-year strategy providing guidance to Government and to the community, so that 'Western Australian seniors feel valued, safe, and empowered to lead happy and fulfilling lives in age-friendly communities' (Government of Western Australia, 2023). The Action Plan (2023–2027) sets out a number of actions for Government to undertake to enhance support for older people in Western Australia. The 2023–24 Budget included almost \$2 million over four years for the implementation of various initiatives of the State Seniors Strategy including a campaign to tackle ageism in WA and Age-Friendly Communities Connectivity Grants Programs. In addition, WA has committed to develop a WA Charter of Rights for the Older Person.

The Government of Western Australia's *Aboriginal Family Safety Strategy* was developed in response to extensive community feedback, and in recognition of the disproportionate impact of family violence on Aboriginal women, children, families, and communities (Government of Western Australia, Department of Communities, 2023).

The Government of Western Australia North Metropolitan Health Service's (2021) *Family and Domestic Violence Framework (2021–2026)* has been developed to provide strategic direction, leadership and best practice for the North Metropolitan Health Service (NMHS) in response to the public health issue of family and domestic violence (FDV), including elder abuse.

Addressing the needs of intersectional groups

The Government of Western Australia's Department of Communities (2019) *Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019–2029* references intersectionality, in the context of being responsive to the effects of intersectionality, multiple disadvantage and co-morbidity. Although detail regarding what constitutes responsiveness (e.g. action plans or service frameworks) was not identified in this desktop review, subsequent elements of the Evaluation will provide insight on this issue.

The Government of Western Australia's (2019) *Identifying, Preventing and Responding to Abuse of Older People Policy* recognises the importance of providing culturally appropriate support to older people from First Nations and Culturally and Linguistically Diverse backgrounds such as interpreter services. The Policy recognises that the lack of English language skills and cultural influences can mean that an older person is more vulnerable to abuse and that they are less likely to identify abuse or seek support. Similarly, the Policy recognises that people who identify as lesbian, gay, bisexual, transgender and intersex (LGBTI) require the same considerations due to compounding forms of discrimination they may experience, and which make them more susceptible to abuse. It also recognises that people with disability, mental health issues or cognitive impairment have an increased risk of experiencing abuse, neglect and exploitation. This is due to risk factors such as dependency on others for support and assistance, increased social isolation and having reduced social and financial resources. Loss of decision-making capacity, communication difficulties and high support needs may also impact help-seeking (Government of Western Australia, 2019).

The Government of Western Australia has produced 'Stop Elder Abuse' postcards in several languages including Arabic, Chinese, Italian and Vietnamese. These postcards, and a range of other elder abuse resources are available via the Government of Western Australia's website.

The *Mistreatment of Older People in Aboriginal Communities Project* (Office of the Public Advocate, 2005) was identified via the Request for Information and consultation process. This research into elder abuse and its impact on individuals and communities in WA will be a resource for organisations and professionals working with older First Nations people. Further, the Request for Information indicated that, in 2023, the Department of Communities entered into a Grant Agreement with GLBTI Rights in Ageing Inc. (GRAI) to facilitate intergenerational local groups with older lesbian, gay, bisexual, transgender, intersex (LGBTI) people and younger LGBTIQA+ adults (over the age of 25 years) to address community social isolation and loneliness for LGBTIQA+ older people.

Summary

Overall, there appears to be strong alignment between Western Australia's strategy and the National Plan. In particular, the Western Australian Government's Strategy to Respond to the Abuse of Older People (elder abuse) 2019–2029 provides detailed information about the initiatives, policy and action taken by the state to prevent and respond to elder abuse. A progress report is also available in the public domain, detailing whether or not the actions within the Strategy have been realised and how.

Additional insights in relation to the development and operation of the National Plan

The consultation process with Commonwealth, state and territory representatives also provided deeper insight into:

- the role played by organisations and jurisdictions in the development of the National Plan
- learnings identified by organisations and jurisdictions from their engagement in the National Plan process, including learnings from engagement with other organisations and jurisdictions
- what worked well in the process of developing the National Plan from the perspectives of organisations and jurisdictions
- what (if anything) did not work well in the process of developing the National Plan and any areas where planning processes could be improved from the perspectives of organisations and jurisdictions
- any actions or strategies not included in the National Plan that organisations and jurisdictions would like included in the next National Plan
- anything that could be done differently in relation to the next National Plan.

The role played by organisations and jurisdictions in the development of the National Plan

There were mixed perceptions from jurisdictional agencies and organisations that participated in the consultation process about the role they played in the development of the National Plan. Several Commonwealth agencies reported that they were actively involved in the development of the National Plan via working groups facilitated by the Commonwealth AGD. Some agencies specially remarked on how they proactively engaged with their

colleagues, other departments and community members to collect feedback about what should be included in the National Plan.

However, the majority of the state and territory agencies and organisations that engaged in the Request for Information and consultation process reported that they did not or were unsure about whether or not they played an active role in the development of the National Plan. These views appeared to stem from the way in which participants were engaged in the development of the National Plan, with many suggesting that they contributed in writing, rather than through face-to-face engagement.

Most state and territory representatives reported that it was important for the Commonwealth government to understand the unique context of each state or territory and the actions they had already performed to prevent and respond to elder abuse. Participants emphasised the diversity in culture, policy and service systems across Australia. This meant that some actions prescribed under the National Plan could not be generically applied on a national basis. Further, participants reported that in understanding the context relating to how states and territories had already responded to elder abuse prior to the National Plan, actions could be directed towards new initiatives that built on the lessons of actions previously implemented. This feedback suggests that a nuanced approach to elder abuse across the states and territories could help avoid mistakes and support the replication of positive outcomes. One respondent suggested that a similar approach to the one used to carry out this evaluation of the National Plan would have been useful prior to its development. For example, consulting with Commonwealth, states and territories individually to identify what would work well in developing and monitoring progress against the National Plan and what could be improved.

What worked well in the process of developing the National Plan from the perspective of organisations and jurisdictions?

Some agencies and organisations, particularly at Commonwealth level, reported that they valued the collaborative approach underpinning the National Plan's development. These participants suggested that the National Plan brought together all the jurisdictions across Australia to work on the common goal of understanding and responding to the abuse of older Australians. Further, the involvement of all jurisdictions in the development of the National Plan provided an opportunity to share insight into the elder abuse awareness, prevention and response activities facilitated by states and territories. Prior to the National Plan, participants indicated that this information remained held within state and territory jurisdictions. Frequent collaboration between jurisdictions and frontline services concerned with elder abuse, was also identified as a positive strength of the work completed under the National Plan. However, several jurisdictions commented that they had fostered long standing, strong relationships with organisations and the wider community within their region, long before the National Plan came into fruition.

Consultation data also indicate the significant way in which jurisdictional responses to elder abuse have encouraged interagency collaboration within Commonwealth, states and territories. For example, government departments often worked with or funded community organisations, health services, police and the wider justice and education sector to carry out initiatives and actions in response to, and to assist in the prevention of elder abuse.

Some agencies and organisations indicated that they particularly valued contributing to the development of the Implementation Plan, as this process shaped their priorities and actions towards meeting the National Plan's goals.

One participant reported that they appreciated the National Plan as it meant that elder abuse had been elevated to a matter of '*national importance – requiring a national response*'.

What (if anything) did not work well in the process of developing the National Plan and any areas where planning processes could be improved from the perspectives of organisations and jurisdictions?

Overall, findings from the consultation process suggest that agencies and organisations valued being consulted about the National Plan's development but would have preferred this consultation to be face-to-face rather than in writing (e.g. via email). Agencies and organisations indicated that they would be able to provide more context to the work already performed in their jurisdiction in response to elder abuse via face-to-face consultation, as well as clarify the actions expected of them.

Several agencies and organisations relayed that there was a tension between the actions they were expected to perform under the National Plan, and the available funding. In particular, most state-based agencies indicated that they did not receive any specific funding from the Commonwealth government to facilitate actions under

the National Plan, which limited the scope of what could be achieved. Further, several agencies and organisations highlighted that the actions included in the National Plan for their jurisdiction, had been performed by their state or territory before the National Plan came into fruition.

Several state and territory agencies and organisations remarked on the fact that they were unclear about the expectations surrounding the actions they were responsible for under the National Plan and how they should be realised (e.g. funding arrangements, business as usual actions versus new initiatives). Most representatives reiterated the importance of engagement and face-to-face consultation as a mechanism for verifying information, particularly during planning phases, and indicated that greater focus should be placed on this during future iterations of the National Plan.

Some participants stated that they would like to see a clear communication or engagement strategy attached to future National Plans that articulates how jurisdictional leads, agencies, community organisations and community members will be notified about the National Plan. Some agencies and organisations reported that neither they nor the staff they work with were aware of the National Plan or the actions their jurisdiction were responsible for. They indicated that a clear communication and engagement strategy stating who is responsible for what actions and how they should be implemented could be beneficial to maximise awareness of the National Plan and engage people in realising its goals. Some agencies suggested that they would like more help from the Commonwealth AGD in following up with other agencies or organisations to ensure agreed actions are completed. Nevertheless, these agencies acknowledged the operational and resourcing challenges such an approach would present for the AGD.

Any actions or strategies not included in the National Plan that organisations and jurisdictions would like included in the next National Plan

Several agencies and organisations across the various jurisdictions reported that they would like to see the next National Plan focus on the prevention of elder abuse, and on addressing the characteristics associated with its normalisation, including ageism. Suggestions were made by some agencies that future National Plans focus on the themes and issues highlighted in the Elder Abuse Prevalence Study, including how elder abuse manifests amongst diverse community members such as First Nations communities, people with disability and LGBTIQ+ people. Further, participants reported that they would like to see more exploration dedicated to the rising cost of living in Australia, and the effect that this may have on older Australians and their susceptibility to abuse. Other participants reported that they would like to see a focus on older carers and the unique stressors they encounter, which could contribute to elder abuse. These circumstances may include, for example, situations where an older person cares for their partner or spouse.

Several agencies and organisations reported that they would value the opportunity to share information about strategies and actions applied to services delivered in response to elder abuse. Representatives suggested that sharing this information may guide the delivery of services and implementation of actions under the National Plan towards the replication of strategies and actions that had been identified as yielding positive outcomes for people affected by elder abuse. Further, some agencies reported that they would also like frontline organisations responsible for service delivery to have more opportunity to share insights about the supports they delivered in response to elder abuse.

Some indicated that they would like to see more actions in the next National Plan that had a greater focus on safeguarding older people from abuse. This was identified as including a continuation of the work on the harmonisation of laws regarding enduring powers of attorney and reforms to the authorisation process for the use of restrictive practices in residential aged care services. Suggestions were also made about exploring the extension of supported decision making in each state and territory, with the view of developing national guidance, particularly for the family and domestic violence sector.

Proposals from other agencies and organisations for future National Plans include a commitment to building a shared data system across state, territory and Commonwealth agencies to collect and share relevant information related to elder abuse services and initiatives.

Suggestions were also made by participants about the need for the next National Plan to have a greater focus on self-determination, building individual capacity, evidence-based best practice on working with older people and person-centred approaches. Further, several participants raised the importance of reviewing criminal law in the context of elder abuse, including older peoples' access to justice, their experience of it and rights.

Representatives from several agencies and organisations reported that they would like to see a greater focus on intersectionality in future National Plans, including the compounding effects of elder abuse on people with cognitive disability, First Nations people, people from CALD backgrounds, and LGBTQI+ people.

Summary

Findings from the desktop analysis of policy and program documents, Request for Information and consultations with Commonwealth, state and territory jurisdictions showed strong alignment with the National Plan's objectives and priority areas. Findings demonstrated the significant contributions made across jurisdictions in achieving the National Plan's objectives. Further, findings revealed strong commitment on behalf of Commonwealth, state and territory governments to preventing and responding to the abuse of older Australians, both before and after the National Plan commenced. Consultations revealed that many collaborative works were performed under the National Plan between jurisdictions and frontline services concerned with elder abuse. However, several jurisdictions commented that they had fostered long standing, strong relationships with organisations and the wider community within their region, long before the National Plan came into fruition.

A great deal of innovation was identified, much of which focused on the prevention of elder abuse through raising awareness within the community about what elder abuse looks like and how help or support can be accessed. However, a substantial number of awareness-raising initiatives were delivered in online environments. Therefore, these initiatives may not have been accessible to all members of the community, such as individuals who are unable to access the internet or who have accessibility needs (e.g. vision or hearing impairments, intellectual or cognitive disability). Further, not all campaigns or materials were available in a range of languages, limiting their reach among Culturally and Linguistically Diverse members of the community. Consideration could be given to reviewing the way in which materials about elder abuse are produced, to ensure that they are as accessible as possible to all members of the community.

The desktop analysis, RFI data and consultations together indicate alignment between jurisdictional policy and program documents aimed at preventing and responding to elder abuse and the legislative and service landscape features of each jurisdiction. For example, alignment was sighted between documents detailing jurisdictional approaches to elder abuse and the initiatives targeting inequity and violence against other cohorts in the Australian community, including women, LGBTQI+ community members and First Nations peoples. However, information about how elder abuse manifests within these cohorts was often limited. The data suggest that further investment in research is needed to better understand how elder abuse manifests amongst specific cohorts, and how the needs of people within these cohorts can be appropriately responded to.

Findings from consultations with Commonwealth, state and territory jurisdictions revealed a strong commitment to the National Plan's goals and priority areas, with many commenting that the National Plan brought jurisdictions together for the first time to work on the common goal of preventing and responding to elder abuse. However, most state and territory representatives indicated that future National Plans should be developed in closer consultation with all jurisdictions, ideally via face-to-face engagement.

Several jurisdictions shared information about monitoring or evaluation mechanisms used to track and review progress against the strategies and frameworks used within their state or territory to respond to and prevent elder abuse, and the National Plan. However, most state and territory representatives indicated that future iterations of the National Plan would benefit from clearer communication strategies, with additional collaborative engagement directed towards monitoring progress against agreed objectives. Perceived benefits of working in this way include increased understanding about the individual context within which each jurisdiction operates, and better opportunities to share lessons and issues that arise, which could lead to the replication of positive outcomes and the avoidance of 'mistakes'.

Several agencies and organisations relayed that there was a tension between the actions they were expected to perform under the National Plan, and the available funding. In particular, most state-based agencies indicated that they did not receive any specific funding from the Commonwealth government to facilitate actions under the National Plan, which limited the scope of what could be achieved. Further, several agencies and organisations highlighted that the actions included in the National Plan for their jurisdiction, had been performed by their state or territory before the National Plan came into fruition. Regardless, state and territory jurisdictions welcomed the opportunity to participate in the next iteration of the National Plan but suggested that additional funding may be required, if they are to achieve additional outcomes, above and beyond 'business as usual'.

4 Synthesis of evaluations

This chapter presents the findings from a review of available evaluations of services, programs and initiatives progressed under the National Plan, together with data drawn from responses to the Request for Information and from the consultations with key officials regarding evaluation activities. The purpose of this chapter is to identify actions for replication and opportunities for improvement that can be applied to future initiatives and plans.

For the synthesis of evaluations, the rigour of the methodology applied to each evaluation and the nature of the services, programs and initiatives evaluated were assessed by the Research Team. Additionally, this process involved:

- assessing the common themes emerging across the evaluations of both like and diverse services, programs and initiatives, and whether there are core principles that can be extrapolated from these evaluations and
- considering whether the findings can be applied to inform the development of additional services, programs and initiatives and/or adjust existing programs.

In addition to the evaluation reports identified by the research team, this section refers to data from the Request for Information and consultations regarding:

- other evidence to assess the implementation and determine the impact of elder abuse services, programs, initiatives and actions that had been conducted or were underway at the time of the Request for Information and consultations
- information from organisations and jurisdiction officials regarding the services, programs, initiatives or actions yielding a positive impact and details of these benefits
- difficulties associated with the implementation of services, programs, initiatives or actions and
- information relating to the monitoring of outsourced services, programs, initiatives or actions that organisations and jurisdiction officials made available to the research team and any learnings in relation to these outsourced activities.

Evaluations in scope

The evaluations in scope are set out in Table 10.

Table 10: Evaluations in scope

Name of evaluation	Jurisdiction	Date of evaluation	Organisation that performed evaluation
Final evaluation of the Elder Abuse Service Trials: Final report	Commonwealth	2021	Inside Policy
Final and mid-term evaluation of Eastern Community Legal Centre's ROSE and ELSA service trials	Victoria (funded by the Commonwealth Attorney-General's Department)	2021	RMIT University's Social and Global Studies Centre (SGSC) in partnership with the National Ageing Research Institute (NARI). *Note: The NARI evaluation team that performed this evaluation is different to the team members involved in the current report.
Evaluation report Adult Safeguarding Unit: year one evaluation	South Australia	2020	Tetra Tech International Development
Raising awareness about ageing in rural and remote settings: An evaluation of an anti-ageism campaign in Pingelly	Western Australia	2021	The University of Western Australia's Social Care and Ageing (SAGE) Living Lab

The evaluations selected for analysis comprised a range of services, programs and initiatives within Commonwealth and state/territory jurisdictions that commenced or were completed under the National Plan (2019–2023). Evaluations considered to be out of scope, where those which were not publicly available at the time that this evaluation was performed. Other evaluations deemed to be out of scope included those which were similar to those already selected (e.g. similar jurisdictions or initiatives).

Outline of the in-scope evaluations – Commonwealth

Commonwealth evaluations were selected on the basis that they aligned with national initiatives or projects, or because they informed efforts to monitor progress against the National Plan.

Evaluation of the Elder Abuse Service Trials

The Evaluation of the Elder Abuse Service Trials – a project funded by Commonwealth AGD which took place in South Australia – showed that, overall, services involved in the trials appropriately met the needs of people affected by elder abuse. Further, many professionals who participated in education and awareness-raising activities through the service trials also benefited from increased knowledge and confidence towards supporting people affected by elder abuse. This evaluation also highlighted the importance of being flexible enough to meet the emerging needs of victim/survivors, particularly during unforeseen circumstances such as a pandemic. The importance of relationship building was another key finding of this evaluation, which many stakeholders indicated was the driving force behind reaching victim/survivors of elder abuse. Peak bodies, law enforcement, legal centres and community organisations all played a role in referring older people to the services involved in the trials.

Background

The Elder Abuse Service Trials are part of the More Choices for a Longer Life – Protecting Older Australians package announced in the 2018–19 Federal Budget. A total of \$17.2 million over four years (from 2018–2022) was distributed to selected service providers to provide three different models of service provision in a range of metropolitan, regional and remote locations across Australia:

- Specialist Elder Abuse Units
- Health–Justice Partnerships
- Case Management and Mediation Services. (Inside Policy, 2021).

The Final Evaluation of the Elder Abuse Service Trials was commissioned and funded by the Commonwealth AGD to assess the extent to which the service trials have achieved their ultimate outcomes, specifically for ‘older people (to) feel supported and services meet their needs’ (Inside Policy, 2021, p. 4). The final evaluation builds on findings of the mid-point evaluation providing additional insights into:

- how the service trials have been implemented and whether the service trials have been implemented as intended
- the extent to which the service trials outcomes have been achieved
- the extent to which each service trial type contributed to its immediate and intermediate outcomes (Inside Policy, 2021, p. 4).

There were 11 service providers delivering 12 service trials in a range of locations around Australia and the types of services trialled are summarised in Table 11. A further \$24.39 million over four years from 2022–23 to 2025–26 was committed to extend the specialist elder abuse services, following a positive evaluation outcome.

Table 11: Types of elder abuse service trials

Service trial type	Description	Service providers
Specialist Elder Abuse Units	Lawyers, social workers and other specialist and support staff work side by side with clients to develop a case plan and respond to the individual's needs.	Eastern Community Legal Centre (Vic) Kimberley Community Legal Services (WA) Uniting Communities (SA) Legal Aid Commission of NSW Legal Aid Commission of Tasmania
Health–Justice Partnerships	Older people in the health care system who are identified by health care workers and social workers as being at risk or potentially subjected to elder abuse can access specialised legal support services. These work in partnership with the health system and related referral agencies, such as community aged care services.	Eastern Community Legal Centre (Vic) Caxton Legal Centre (Qld) Justice Connect (NSW)
Case Management and Mediation Services	Case Management and Mediation Services work with the older person and their family to find solutions to the underlying problems driving abuse.	Relationships Australia Northern Territory Relationships Australia Queensland Relationships Australia Western Australia Relationships Australia Canberra and Region (ACT and Regional NSW)

Source: Inside Policy, (2021), *Final Evaluation of the Elder Abuse Service Trials: Final Report*, p. 8.

Methodology

The evaluation questions guiding the final evaluation were (Inside Policy, 2021, p. 11):

Process:

- How have the service trials been implemented?
- What features of the service trials are of most benefit to primary clients?
- Since the mid-point evaluation, how have achievements been built on and lessons learnt been applied?

Outcome:

- To what extent have the service trial outcomes been achieved?
- To what extent did each service trial type achieve immediate and intermediate outcomes?
- How well did each trial type meet the needs of older people at risk of elder abuse?

The Evaluation was based on:

- analyses of administrative data drawn from the Department of Social Services Data Exchange (DEX) and from data provided by service providers to the AGD
- an analysis of qualitative data from interviews with service providers and peak bodies
- an analysis of client survey results
- a review of case studies
- a review of updated program documentation since the mid-point evaluation.

Preliminary assessment of methodology

The methodology applied to the evaluation of the elder abuse service trials appeared robust in its mixed methods approach.

Access to administrative data is a strength of this evaluation, with the data from DEX supplemented by the collection of data from program records captured in separate spreadsheets designed to capture data relevant to the evaluation that was not recorded in DEX. One of the measures analysed via DEX assessed changes resulting from service provision related to client knowledge, their access to information, skills, behaviours, empowerment, choice and control: SCORE (Standard Client/Community Outcomes Reporting). A client SCORE assessment is recorded at least twice – towards the beginning of the client's service delivery and again towards the end of service delivery. During the final evaluation period, 213 of all service trial clients were fully assessed against the

SCORE domains. Of those assessed, 88% had an overall positive SCORE outcome and there was an average shift of +1.27 in SCORE outcomes, indicating that, on average, clients had 1.27 times more positive outcomes over time against the SCORE domains, as a result of the services they received (Inside Policy, 2021, p. 21).

The sample of survey participants comprised 188 clients. A range of participants were recruited to participate in the 16 semi-structured interviews with program managers, peak representatives and/or other relevant staff members with participation available by phone or via video conference (Inside Policy, 2021). A substantial sample of 67 cases comprised the case study sample provided by service managers (Inside Policy, 2021). It was not possible to assess the scope of the desktop review from the evaluation report, as a list of the documentation analysed during this process was not provided.

Key findings

The evaluation identified that the service trial outcomes had been 'achieved to a significant extent' and that while the extent of outcomes varied, each trial site had 'made a strong contribution to achieving its intended outcomes', with all service trial types appropriately meeting the needs of their clients (Inside Policy, 2021, p. 13).

The quantitative client survey data identified legal advice, the combined provision of both legal and social supports, and linkages with services as the most beneficial service trial features. The qualitative data from the client survey indicate that clients reported feeling supported and satisfied with the services received and with the resolutions achieved (Inside Policy, 2021, p. 13).

Growing demand for services

Since the mid-point evaluation, adaptations have been made to services aimed at improving effectiveness. Quantitative data captured between 1 July 2020 and 31 March 2021 show an increase in uptake of services involved in the trials ($n = 863$ cf. $n = 237$ in the previous period). It also showed that women are more likely to access the services than men. For example, of the 863 people who participated in the service trials, 67% were women and 33% were men (Inside Policy, 2021, p. 15).

Findings showed that specialist elder abuse units diversified their services in accordance with growing demand for specific types of support (e.g. guardianship and power of attorney). Additional case management and mediation services were needed in regional and remote locations to better meet the needs of First Nations populations (Inside Policy, 2021).

Focus on relationships

Providers of services involved in the trials stressed the importance of building and developing relationships with organisations in the broader 'service ecosystem', including primary health care, hospitals and allied health; legal and financial support services; police services; community support, social work and advocacy; emergency housing and refuge services; and church networks (Inside Policy, 2021, p. 20). Through these relationships, services involved in the trials were able to increase organisations understanding and awareness of elder abuse, resulting in increased referrals (Inside Policy, 2021).

Peak bodies have played a role in developing relationships by supporting or coordinating communities of practice (Inside Policy, 2021).

Awareness-raising works

Providers or services involved in the trials indicated that those relationships developed through awareness raising and educational activities translated into increased referrals. Awareness raising was targeted towards police, hospitals, legal community services, financial support services, social workers and refuges (Inside Policy, 2021).

Professionals and provider organisations also communicated that the education and awareness-raising activities they participated in to develop their practical skills to engage with older people and identify elder abuse, created a 'common language', making it easier to support clients across a variety of service settings and contexts (Inside Policy, 2021).

Legal services prioritised

The survey data indicate that clients rated legal advice as the most valuable (70%) followed by access to other support services including counselling (38%), financial services (18%) and mediation services (15%) (Inside Policy, 2021).

Combined services most beneficial

Overall, older people valued the combined services involved in the trials (e.g. specialist elder abuse units consisting of lawyers, social workers and other specialist staff) more than traditional standalone services (e.g. a lawyer in the community).

Not a one size fits all approach

Stakeholders involved in the service trials emphasised that a 'one size fits all' approach is not effective or appropriate for older people experiencing elder abuse. Flexibility and innovation in service design and delivery were identified as essential. Stakeholders reflected on the significant variations in the type and intensity of elder abuse clients had experienced, as well as their capacity and propensity to take action.

The evaluation also indicates that during the COVID-19 pandemic, service providers involved in the trials were able to pivot to online engagement with victim/survivors of elder abuse and other key stakeholders to maintain responsive service provision.

Outline of state/territory evaluations

Evaluation of Eastern Community Legal Centre's ROSE and ELSA service trials – Victoria

The mid-term and final evaluation reports for the Eastern Community Legal Centre's ROSE and ELSA service trials in Victoria highlighted the value that integrated 'one stop shop', multidisciplinary practice models hold for victim/survivors of elder abuse and the wider community. They require less coordination on the part of older people and make accessing legal advice less intimidating, as they are supported by social workers and other specialist staff. Opportunities for improvement were identified for educating the perpetrators of violence, as many stakeholders indicated that they were missing from the current service model. Other opportunities for improvement related to practice, including how staff can better support individuals with declining cognitive health.

Background

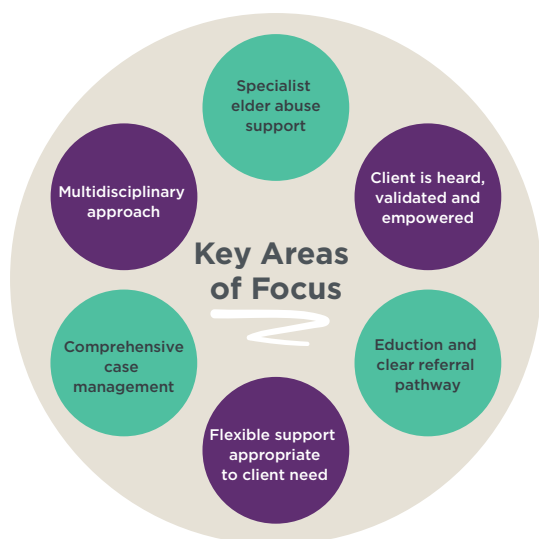
As part of the Elder Abuse Service Trials, funded by Commonwealth AGD, which were detailed in the previous section, the Eastern Community Legal Centre (ECLC), Victoria, established two Elder Abuse Response Programs, both using an integrated, multidisciplinary practice model combining lawyers, community service professionals, advocates and financial counsellors (Figure 4). The ECLC's Elder Abuse Response Program has two integrated practice teams:

- Engaging and Living Safely and Autonomously (ELSA) – a Health Justice Partnership with Eastern Health
- Rights of Seniors in the East (ROSE) – a Specialist Elder Abuse Unit in partnership with Oonah Belonging Place (formerly Healesville Indigenous Community Services Association).

Both services provide:

- legal advice
- psychosocial support and assistance
- financial counselling
- secondary consultations (e.g. information and referrals)
- education about elder abuse and related topics.

ELSA provides legal, financial counselling and social work support to older people experiencing or at risk of abuse within Eastern Health hospitals and health services throughout the eastern suburbs and Yarra Valley.

Figure 4: Key areas of focus for integrated practice model

Source: *Elder Abuse Response Trial: The First Two years*, (2021), p. 4.

ECLC commissioned an evaluation a mid-term and final evaluation of its two integrated practice teams: 'ELSA' and 'ROSE'. The final evaluation was completed by RMIT University's Social and Global Studies Centre (SGSC) in partnership with the National Ageing Research Institute (NARI) and La Trobe University. The evaluation aimed to determine the effectiveness, efficiency and sustainability of the response programs in their first three years (Maylea et al., 2021).

Methodology

Key evaluation questions were adapted from the 'Preparation for the Evaluation of the Elder Abuse Service Trials' prepared by Inside Policy for the Commonwealth AGD. These questions apply to three key areas as follows:

Table 12: Key evaluation questions – Elder Abuse Service Trials

Process	Outcome	Economic
1. How are the service trials implemented? 1a. How are the health-justice partnerships implemented? 1b. How are the specialist elder abuse units implemented? 1c. What were key features of the partnership and how did these contribute to client outcomes? 1d. How effective is the integrated, multi-disciplinary service delivery?	6. To what extent have the service trials outcomes been achieved? 6a. Older people feel supported and services meet their needs. 6b. Older people receive justice and legal restitution. 6c. Older people are satisfied their issues have been resolved appropriately. 6d. Older people respect and trust services.	11. To what extent did the service trials provide value for money?
2. To what extent are the service trials reaching the desired cohort?	7. To what extent did each service trial type achieve its immediate and intermediate outcomes?	12. Are the service trials the best use of resources?
3. What are the barriers or challenges to implementing the service trials?	8. How well did each service trial type meet the needs of older people at risk of experiencing elder abuse? Including: 8a. older people from CALD backgrounds 8b. older Aboriginal and Torres Strait Islander people 8c. older people experiencing cognitive decline 8d. older people experiencing social isolation 8e. older people with disabilities 8f. older people experiencing or at risk of homelessness 8g. older LGBTIQ+ people.	

Process	Outcome	Economic
4. How are barriers to implementing the service trials being addressed?	9. What (if any) were unintended outcomes resulting from the service trials?	
5. What are the features of the service trials that are of most benefit to primary clients?	10. What were the lessons learnt?	

Source: RMIT University's SGSC & the National Ageing Research Institute, (2021), *Midterm Evaluation of Eastern Community Legal Centre's Rose and Elsa Service Trials*, pp. 6–7, & RMIT University's SGSC, the National Ageing Research Institute & La Trobe University (2023), *Final Evaluation of Eastern Community Legal Centre's Elder Abuse Response Programs: Rose and ELSA Service Trials*, p. 45.

The mixed method evaluation comprised:

- analyses of administrative data collected about ROSE and ELSA in DEX
- a desktop review of policy, protocols and procedural documentation from the ECLC
- analysis of qualitative data collected from interviews conducted during mid-term and final evaluations, with people who used ROSE AND ELSA services ($n = 20$)
- analysis of interview data with ECLC staff ($n = 23$)
- analysis of interviews with professionals external to ECLC ($n = 26$).

Assessment of methodology

The evaluation of Eastern Community Legal Centre's ROSE and ELSA service trials appeared rigorous. Methodological rigor was assured via the methods employed to assure reliability of findings, and the credibility of the instruments used for data collection and analysis (e.g. NVIVO).

The evaluation team reviewed a range of operational instruments and documents including policies, protocols and procedures, data collection tools and accompanying documentation, promotional materials, referral guidelines and relevant reports. Quantitative data collected by ROSE and ELSA staff primarily based on the Data Exchange Framework (DEX) was also analysed, including SCORE results pertaining to client circumstances, client goals and client satisfaction. Quantitative data from client exit surveys and community education session surveys were also analysed.

A reasonable sample of people who used ROSE and ELSA services were interviewed during the midterm and final evaluation of the service trials ($n = 20$); as were staff who worked within the ECLC ($n = 23$). Sample sizes for external stakeholders across both evaluations were also of reasonable size ($n = 26$). External stakeholders represented a range of relevant organisations, including Eastern Health, Oonah Belonging Place, both private and community legal services, community organisations and statutory bodies (Maylea et al., 2023).

Other techniques employed during the evaluation suggest that adequate methods were used for data collection and analysis. For example, all interviews and focus groups were audio-recorded, professionally transcribed and loaded into NVivo for analysis.

There was careful attention given to ensuring that qualitative data was analysed to explicitly address the key evaluation questions. Overall, the evaluation methods to collect and analyse data appeared rigorous due to the measures employed to assure accuracy (e.g. using a mixed method approach to collect both quantitative and qualitative data). The reasonable sample sizes of clients, ECLC staff and external stakeholders participating in interviews across the midterm and final evaluations, allowed for a broad mix of insights into the impact, adequacy and reach of the service trials. However, some limitations associated with the evaluations of ROSE and ELSA services were identified, which include the fact that the evaluation team relied on referrals for participants from ECLC, so participants are not a random sample. Further, all available service data was routinely collected by service delivery professionals and not cross-checked by the evaluation research team, so likely contain incidental errors. Finally, all client satisfaction and outcome data are self-reported by clients or staff and not able to be confirmed by another source (Maylea et al., 2023).

Key findings

The evaluation of the ECLC, ROSE and ELSA service trials identified that services had been successfully implemented, were reaching the desired cohort and achieving successful outcomes (as defined in Table 12). Overall, nearly all participating clients reported that they valued the services they received highly, even in situations where the abuse was ongoing or issues unresolved (Maylea et al., 2023, p. 7). ELSA and ROSE have been shown to be very

effective at addressing and responding to elder abuse in roughly half of cases (Maylea et al., 2023, p. 7). Evaluation findings showed that where ELSA and ROSE were not able to resolve the abuse or other issues experienced by clients, it was due to system gaps, failures in the broader health and welfare sectors, and/or clients not being able to take up advice due to the complexity of their experience (Maylea et al., 2023). Further, the multidisciplinary service design was one of the significant strengths of the ECLC's Rose and ELSA service trials. However, some barriers to access were identified, particularly for First Nations communities and people with disability. For First Nations people, these barriers include cultural norms that prevent them from coming forward (such as a lack of trust for legal systems and how they may treat perpetrators who are also family members). Few people with intellectual or learning disabilities accessed ROSE or ELSA services, and it is not clear why.

A different take on outcomes

The evaluation findings suggest a marked difference between the way staff interpret positive outcomes in cases involving elder abuse, and clients' perceptions of outcomes. For older people accessing ROSE or ELSA, there was a commonly expressed reluctance to take formal action to address elder abuse (e.g. through legal action) due to the complexity of their relationship with the perpetrator of that abuse (e.g. child or grandchild). The data indicate that nearly all ROSE and ELSA clients were experiencing abuse by a close family member or an intimate partner (Maylea, 2023, p. 39). The dynamics of power and control that characterise intimate partner violence were often present for clients who participated in the evaluation, but additional, more complex dynamics emerged when the perpetrators were adult children (Maylea, 2023, p. 39). Participants consistently showed more concern for their adult children than for themselves (Maylea, 2023, p. 39). Despite this, as noted nearly all participating clients valued the services they received highly, even in situations where the abuse was ongoing or issues unresolved (Maylea et al., 2023, p. 7). The tension between clients needing help for abuse they were experiencing and their choices not to take action against it due to their relationship with the perpetrator, was often described as frustrating for staff (Maylea et al., 2023).

Responsive, timely and holistic services

One of the critical success factors identified within the final evaluation of ECLC's service trials, was that ROSE and ELSA staff were able to provide responsive, timely and holistic services. Staff were provided with reasonable caseloads and allowed time to build trust and, thus, provide a trauma-informed service that could support informed decision making (Maylea et al., 2023, p. 16).

Reaching diverse communities

Demographic data pertaining to people who accessed ECLC's ROSE and ELSA services suggest that ROSE was accessible for people who speak languages other than English at home at rates that reflect Victorian major cities' prevalence data but not population-level data (Maylea et al., 2014). ELSA was found not to be providing services to a representationally diverse client group. Therefore, a recommendation from the final evaluation was for ELSA, which relies on referrals from Eastern Health, to work with them to increase accessibility for people who speak languages other than English (Maylea et al., 2023). First Nations people and older people identifying as LGBTIQ+ were not represented in the data. However, qualitative data indicated that some First Nations people who accessed service trials did not give consent for their data to be used in the evaluation. The best available estimates indicate that 3% of Australians aged over 65 are LGBTIQ+, so the absence of LGBTIQ+ older people in the data does not necessarily indicate underrepresentation or service inaccessibility (Maylea et al., 2023, p. 29). The Final Evaluation revealed that many First Nations people knew about ECLC and had positive regard for its services. However, cultural norms limited older First Nations people from coming forward to access services. The impact on the broader community and family relationships with perpetrators, is a factor for many older First Nations people, which may be particularly true where the older person does not trust the legal systems to treat their perpetrators fairly (Maylea et al., 2023, p. 20). Consideration should be given to ECLC continuing to build rapport with first nations communities and LGBTIQ+ people to ensure awareness of and use of their services.

Barriers for people with disability

The final evaluation of ECLC's ELSA and ROSE services show that they are working with people with physical and psychosocial disabilities at or above population-level rates (Maylea et al., 2023). However, the evaluation showed that people with sensory and/or speech disabilities, including hearing and sight impairment, are significantly underrepresented for both services. People with intellectual and learning disabilities are also not accessing ROSE at all. Neither ROSE nor ELSA are accessed by people with acquired brain injuries.

A recommendation from the final evaluation, was that ELSA and ROSE develop and implement an accessibility plan to ensure people with a communication disability, learning and intellectual disability, or acquired brain injury know about and access services.

Understanding cognitive decline and supported decision making

The final evaluation report identified that many of the people accessing ECLC's ROSE and ELSA services are, due to age, more likely to experience cognitive decline or dementia. However, legal practitioners working with ROSE and ELSA can only work with people who are able to exercise decision making. Qualitative data indicated concern that referrers to ROSE and ELSA may not be aware of the complexities associated with supporting individuals with impaired capacity, or that they can exercise decision making with the support of a guardian or power of attorney. Further, neither ROSE nor ELSA had a documented approach to supported decision making to assist people with impaired capacity. Recommendations from the final report suggest that ELSA and ROSE should develop a comprehensive, consistent and evidence-based approach to supporting decision making to promote the ability of clients to make their own decisions wherever possible (Maylea et al., 2023, p. 32).

Integrated practice model builds capacity

Professionals that responded well to this model needed to be able to work with other disciplines and be flexible enough to work in an integrated interdisciplinary practice approach (Maylea et al., 2023). Staff identified having learned and grown as professionals as a result of the integrated practice model (Maylea et al., 2023, p. 7). Clients consistently appreciated the integrated practice model, largely because it meant they could access appropriate tailored, responsive, and free support immediately, rather than waiting for another referral which brought the added challenge of having to navigate different service systems whilst also experiencing abuse (Maylea et al., p. 7).

Engaging with people who are socially isolated

Hospitals were identified as ideal locations for the identification of people at risk of or affected by elder abuse. However, data from stakeholders raised concerns about socially isolated older people and that they should not have to be admitted to hospital to get the help they need.

Educating perpetrators

Many stakeholders indicated that efforts to resolve cases of elder abuse should focus on targeting services toward perpetrators to address the underlying factors contributing to the abuse. This is not something that ROSE or ELSA are designed to do but many recognised the opportunity for such a service.

Coordinated services

The model of integrated practice used by ROSE and ELSA has informed ECLC's Better Practice Principles. This approach was rated highly by both clients and professional stakeholders, who described a service that was not only more effective due to integration but also more efficient. Stakeholders also commented on the way in which the model removed the need for older people to coordinate multiple appointments with different services and navigate complex service systems.

Family and in-house education

In addition to direct work with clients, both ROSE and ELSA provided secondary consultation to a wide range of stakeholders. The ROSE secondary consultation approach also provided a space for family members and friends of the older person to learn how to best support and encourage them to use the service or other options.

Eastern Health social workers identified an improved understanding of elder abuse issues following secondary consultation with ELSA staff as well as through the education sessions and working with clients together. These findings suggest that integrated models are a good platform for increasing awareness amongst professional staff in frontline service settings and among family and community members.

Contextual knowledge

A common theme emerging in data from both Eastern Health social workers and ECLC staff was that a key element of the success of this partnership was the secondment of an Eastern Health social worker to the ELSA Partnership Coordinator role. This secondment allowed the partnership to navigate the complexities of health and legal systems with much more ease than would otherwise have been the case. This is a key learning from this service trial and the secondment should be repeated in other health-justice or community partnerships.

Evaluation report: Adult Safeguarding Unit – Year One Evaluation, South Australia

The evaluation of the Adult Safeguarding Unit in South Australia, the first of its kind in Australia, showed how services with an investigatory function can also be simultaneously and successfully involved in the prevention of abuse through community awareness raising and education. However, issues were raised about the accessibility and inclusiveness of the materials used by ASU, with reference to how 'jargonistic' they were and how this might deter older people from engaging with them. Furthermore, concerns were raised about the ASU's ability to reach rural, Aboriginal and CALD communities. In particular, concern was raised about the lack of Aboriginal or CALD staff within the ASU team, and how this might affect people from these communities' willingness to engage with the service.

Background

The Office for Ageing Well, within the South Australian Department for Health and Wellbeing, commissioned a year one evaluation of the Adult Safeguarding Unit' (the ASU) (Tetra Tech, 2020). The ASU was established under the *Ageing and Adult Safeguarding Act 1995* (Cth) (the Act), to address recommendations made by the Australian Law Reform Commission Inquiry into Protecting the Rights of Older South Australians from Abuse (ALRC, 2017) and the Final Report of the Joint Committee on matters relating to Elder Abuse (Parliament of South Australia, 2017). Recommendations included the South Australian Government developing adult safeguarding legislation and creating a specific unit to focus on the prevention of elder abuse (Tetra Tech, 2020).

The ASU (the first of its kind in Australia) has responsibility for responding to reports of abuse or neglect of older Australians. The Act provides a legal framework for the ASU to safeguard the rights of adults experiencing abuse or vulnerable to abuse.

The ASU works in collaboration with other government bodies and the South Australia Police. It is charged with coordinating and leading the response of multiple agencies, such as the Office of the Public Advocate and Legal Services Commission. The ASU develops support for victim/survivors of elder abuse and engages in community awareness. The ASU also works within the broader policy remit of the Office for Ageing Well to address elder abuse.

The Year One Evaluation of the ASU focused primarily on assessing the ASU's internal operations, processes and administrative systems. In particular, the evaluation reviewed the extent to which the ASU's processes were effective, efficient and relevant in assisting the ASU to fulfil its functions and responsibilities.

Methodology

A sequential mixed methods approach to data collection and analysis was employed for the evaluation.

Themes were explored through qualitative research, including:

- salesforce statistical data (client management software) including the volume of calls and resultant action and percentage of calls resulting in reports
- desktop review of key program documents and case notes (which had been deidentified)
- consultations with ASU staff
- semi-structured interviews and focus groups with 15 stakeholders from relevant partner organisations.

The data from these sources were then triangulated to inform the findings and recommendations of the evaluation.

Key evaluation questions included (Tetra Tech, 2020, p. 3):

1. To what extent has the ASU discharged its legal functions and responsibilities under the Act?
2. How efficient are the internal operating procedures and processes – have they been implemented as intended?
3. To what extent has the ASU worked in partnership with key organisations to strengthen adult safeguarding approaches?
4. What is the client and referrer experience relating to accessibility, flexibility and responsiveness of the ASU?
5. To what extent is the ASU upholding the rights and autonomy of at-risk adults?
6. How effective have the ASU's activities been to raise community awareness and contribute to the prevention of abuse?

Preliminary assessment of methodology

The evaluation of the Adult Safeguarding Unit employed a mixed method approach that was best suited to examine the research questions from a range of perspectives. The quantitative and qualitative data for analysis regarding the operation of the ASU were collected from multiple sources, including operational documents guiding service provision ($n = 44$), salesforce statistical data, data from case notes and insights from consultations and qualitative interviews. Organisations included referral partners, non-profit organisations, state authorities and public bodies, and members of the ASU's Advisory Group (Tetra Tech, 2020).

However, there were a number of limitations. A key limitation was that clients of the ASU were only represented in a secondary capacity (i.e. not in person via interviews or focus groups). Therefore, past or present clients of the ASU were not able to directly contribute their feedback on matters relevant to the research questions, such as their lived experience of accessing services and whether or not services were flexible and responsive to their needs. The absence of clients in interviews and focus groups was recognised as a limitation by the evaluation team, which they aim to address in future evaluations. Further limitations include the absence of participants from organisations representing First Nations communities.

A lack of outcome data was also identified as a limitation of ASU's current systems and practices and, therefore, it was difficult for the evaluation team to determine the adequacy and impact of interventions and services for clients. The evaluation team hope to overcome this limitation during future evaluations.

Overall, the evaluation of the ASU in its first year provided a solid basis for future evaluations and service improvements; however, engagement with clients and with Aboriginal and Torres Strait Islander communities and access to outcomes data will be critical for future evaluation activity.

Key findings

Approval processes

Most staff working within the ASU reported that they were able to discharge their responsibilities adequately and in a timely fashion. However, many reflected on the challenges that current delegations under the legislation imposed on the ASU in terms of approval processes needing to go through senior leaders. Staff identified the process of seeking senior leadership approval as potentially causing delay in responses to elder abuse, particularly as caseloads increased. Staff suggested that this issue could be better managed if certain approvals requirements were delegated to the Chief Adult Safeguarding Practitioner, who may have more flexibility when responding to matters that were not of a very complex nature.

Variation in records

The evaluation identified some variation between the documented case notes recording assessments and reasons for recommendations within the databases and software platforms used by the ASU staff (e.g. Salesforce). How these platforms were designed were suggested as potential reasons for these variations.

Practice ambiguity

The ASU's governing legislation and associated operational documents (Code of Practice and Standard Operating Procedures) were identified as requiring more specific guidance on important practices staff perform, such as making assessments about alleged elder abuse. Options identified included the provision of clear and well-documented guidance about making assessments and clarity regarding the need to consistently record the rationale behind assessments and information-gathering processes. Consistency in decision making and practice was identified as important, particularly with an increasing workload.

Safeguarding vs autonomy and choice

Many stakeholders external to the ASU reported that the ASU respected clients' views and autonomy, including when consent was not provided to pursue an assessment or investigation pertaining to abuse. The program data reviewed during the evaluation indicated that 72 cases were closed in the first year of operation because consent had not been provided or had been withdrawn, with this representing 19% of the 371 cases closed in this period. A small proportion of cases were identified where assessments or investigations were pursued in the absence of consent, usually due to health and safety risks or because the client's ability to make decisions was impaired ($n = 24$; Tetra Tech, 2020).

Some stakeholders reported that the ASU should apply a stronger approach, employing their unique legislative powers to safeguard individuals from abuse. Some stakeholders indicated concern that a perceived failure of ASU to exercise its powers could potentially leave some victim/survivors of elder abuse to 'fall through the cracks' (Tetra Tech, 2020, p. 13).

Although the legislation required a vulnerable adult to be presumed to have decision-making capacity, unless there was evidence to suggest they did not, in practice it appeared difficult for staff to balance risk and uphold rights, especially when decision-making capacity was unclear.

Assessing risk

Commonly cited risks of elder abuse were social isolation; carer or family stress or conflict; cognitive impairment; physical health or disability; mental health; lack of appropriate services; living with alleged abusers and language or cultural challenges; and financial stress (Tetra Tech, 2020). However, significant variations that were cited related to the volume of information provided by staff in records pertaining to risk. These records underpinned the outcomes of investigations and were the basis upon which determinations about abuse are made. In addition to the inconsistency in recordkeeping, the evaluation data indicated that the ASU's Standard Operating Procedure did not provide adequate practical guidance for staff undertaking investigations.

Coordination of sector agencies

The evaluation data identified that many stakeholders reported having a good working relationship with the ASU and regarded the ASU as having a consultative approach and being accessible and responsive to requests. A number of stakeholders indicated they were always able to contact the ASU and receive a timely response when seeking advice or making a referral. However, stakeholders commented that the ASU could be better at 'closing the loop', and sometimes they did not hear back about matters such as how to make a report, unless they themselves followed up (Tetra Tech, 2020, p. 20).

Outcome-focused data

Data the ASU provided to partner organisations and working groups responsible for monitoring progress with the National Plan (the Implementation Working Group) included the number of contacts they received, as well as a profile of the alleged abuse and the victim/survivors of it. However, stakeholders representing a broad range of organisations operating within the sector including referral organisations, State authorities and other public bodies, identified gaps in these data and suggested that there was not a clear picture of how the ASU interacts with vulnerable adults and the outcomes of those interactions. Stakeholders indicated that more robust data are required about how the ASU operate in practice, how they discharge their legislative powers, and to what extent, and the outcomes they achieve for vulnerable adults. In particular, a need for 'outcome-focused' data was mentioned by stakeholders.

Better materials

Feedback about ASU awareness-raising activities was generally very positive. Stakeholders remarked on how relevant the information was and the positive communication style of ASU staff. However, many stakeholders fed back that the materials used by ASU staff were too 'jargony'. Many stakeholders indicated that the 'government' type language might deter people from approaching the ASU for help. For example, there was a perception that words like 'investigation' had a very punitive feel that some may find discouraging.

Resource limitations

Some concern was raised about the capacity of ASU staff to work with rural populations. Safeguarding adults in rural locations often requires physical engagement. Two staff are usually required for home visits for safety, which means that staff are absent for long periods due to travel. For cost effectiveness, it was reported that ASU staff wait to undertake trips to rural areas until they can coordinate multiple visits with different people. In urgent cases, this could pose a significant risk to the person at risk of or experiencing elder abuse.

Cultural divide

While ASU staff partnered with organisations with specialist understanding or experience in working with Aboriginal and Culturally and Linguistically Diverse communities, they themselves indicated that they were not diverse as a workforce, and that potentially limited their capacity to reach and work with diverse individuals and communities. Staff expressed a need for specific CALD and First Nations experience to be added to the ASU team to ensure they reach people from diverse cultural backgrounds.

ASU staff reflected on the apparent incompatibility of the current model to work with certain diverse groups in its current form. Several external stakeholders also noted that ASU staff were not diverse in themselves, potentially limiting their capacity to effectively reach and work with diverse clients. It was suggested that specific CALD or First Nations expertise be added to the ASU staff to better reach and work with vulnerable adults from diverse backgrounds.

Raising Awareness About Ageing in Rural and Remote Settings: An evaluation of an anti-ageism campaign in Pingelly, Western Australia

Background

The Pingelly Anti-Ageism campaign, Living the Life in Pingelly and Giving Ageism the Boot formed part of a broader project *The Pingelly Project: Staying in Place and Virtual Village* that aimed to address the challenges associated with the provision of aged care in rural and remote settings by supporting older people to remain living in their local community.

Informed by findings of the Department of Local Government and Communities' *Age-friendly Communities Local Government Grants Program*, the Pingelly Project campaign was delivered by the Pingelly Somerset Alliance, the Shire of Pingelly, the Pingelly Community Resource Centre and the UWA Social Care and Ageing (SAGE) Living Lab. Its aims were to (p. 6):

1. build community awareness and understanding about ageism and its negative effects
2. promote community identity and belonging through intergenerational engagement, recognising the critical importance of social and community support in combating ageism and creating a climate for positive ageing
3. share, grow and develop plans for *The Pingelly Project: Staying in Place and Virtual Village*, to support older people to live as independently as possible in their local community until end of life (Pingelly Somerset Alliance, 2023)
4. provide a model and resources for other regional and remote towns to deliver their own anti-ageism and positive ageing campaigns to build capacity across Western Australia.

The Pingelly Project campaign comprised community consultations, community engagement events and activities, awareness-raising communications in media and social media and a community survey.

Methodology

The evaluation applied a process evaluation methodology and a co-designed community survey and involved the following components:

- co-designed community consultation
- program documentation and participatory evaluation of campaign events and activities and media engagement
- a strategy evaluation based on mapping activities against the planned outcomes
- pre- and post-campaign surveys with the general community.

Assessment of methodology

The community consultation process involved four workshops, each with specific aims, designed collaboratively with the community. These workshops were instrumental in shaping the campaign, ensuring it resonated with various groups and their needs. The workshop programs were thoughtfully designed, offering a wide range of activities to meet specific goals and engage a diverse set of participants. The project reference group, along with invited individuals possessing relevant experience, actively took part in each workshop. Thorough thematic analyses were conducted.

Although local Aboriginal people had engaged in relevant workshops, a gap was identified in the implementation of the consultation process due to the absence of a dedicated community consultation workshop to consider older Noongar residents experience ageing and ageism. To address this gap, the research team commissioned a community development professional to consult directly with local elders and report to the research team.

Limitations were also acknowledged in relation to the survey elements of this evaluation. The surveys were co-designed with the project reference group and community members from a range of age cohorts and interest groups. However, the small sample sizes of the pre- and post-campaign surveys, and particularly the post-campaign survey ($n = 39$; cf. $n = 66$ pre-campaign survey), are limitations that are relevant to the assessment of this

evaluation. A further limitation arising from the anonymity of participants in both the pre- and post-campaign surveys is that aggregated data from both surveys may include duplicated responses if individual participants participated in both surveys. The absence of a representative sample is also reflected in the nearly three-quarters of the participants who were female and with older participants more likely to undertake the survey. As such, any indications of change based on comparison of pre- and post-survey responses should be treated with caution.

Key findings

There were eight planned outcomes for the Pingelly Project campaign, and the evaluation report indicates that each of these outcomes were achieved. These outcomes were to (Baldassar et al., 2017, pp. 6–7):

1. develop and coordinate a sustainable calendar of event and activities
2. host a series of community consultations and workshops to raise community awareness and understanding of the negative impact of ageism and how it contributes to elder abuse and isolation
3. conduct information sessions about the rights of older people and cultural awareness training workshops
4. apply for funding for digital literacy programs to support digital inclusion of older people
5. establish a dementia-friendly café to foster social inclusion
6. host an event in collaboration with local Aboriginal people to support cultural appreciation for older people in the Pingelly community
7. undertake community events that acknowledge diversity and facilitate purposeful activity among older people
8. evaluate the project and its outcomes, which will contribute to an evidence base of replicable interventions that support older people to continue to live independently in their local community.

The key findings highlighted in the evaluation report are set in the following paragraphs.

Ongoing collaborative approaches to combat ageism

The process evaluation data identified collaborative and ongoing approaches that provided a range of opportunities for engagement in different settings and were more suited to addressing the negative images of ageing in the community and among older people themselves. The survey data identified this 'self-ageism' as one of the most common forms of ageism and was linked to persistent negative portrayals of older people. The development of positive images and perceptions of ageing was identified as a means of combating ageist attitudes (Baldassar et al., 2017, p. 69). The survey data also indicated that positive attitudes towards ageing were influenced by the frequency of contact people of all ages had with older people (Baldassar et al., 2017, pp. 61 and 71).

Raising awareness about ageism

The survey data identified the Pingelly Project campaign as helping to address the identified lack of awareness about the nature of ageism and the stigma associated with the term in Western Australia (p. 69). Given this general lack of awareness, some concern was expressed by community members in relation to location-based campaigns as potentially stigmatising particular locations as having a problem with ageism.

Addressing community needs in rural and remote areas

The process evaluation identified the campaign as highlighting the need to design interventions that accommodated both the challenges and strengths of rural and remote communities (Baldassar et al., 2017, p. 77). The identified strengths included established regional networks and connections in the community. The challenges included limited local services, lack of public transportation, complex Aboriginal histories, small populations dispersed across large geographical areas, and a reticence to accept outside engagement.

Acknowledging diversity and the need for targeted responses

Data from the community consultations and workshops together with survey data identified a diversity in experiences of ageing and the need for targeted responses to increase opportunities for intergenerational exchange.

Clear messaging and consistent branding

The community engagement elements identified the benefits of clear and consistent messaging. The Pingelly Project campaign motif and slogan were identified in the consultation data as facilitating the recognition of the events and activities that formed part of the campaign (Baldassar et al., 2017, p. 72).

Based on these findings, a range of recommendations were made. Some were specific to Pingelly and some had broader applicability for campaigns in rural and remote locations.

Common themes and emerging core principles based on the evaluations

The evaluations reviewed reflect the unique and innovative nature of the services, programs and initiatives facilitated across a range of jurisdictions in response to the abuse of older Australians. The evaluations were concerned with a diverse range of initiatives in focus and scale. However, some common themes and core principles were identified across each of them. These core themes and emerging core principles may provide insight into the positive practices and outcomes to improve current services, programs and initiatives. These could be replicated and further developed in future services, programs and initiatives to better prevent and respond to the abuse of older people in Australia.

Improving points of engagement

A common theme that emerged from the analysed evaluations was that the services, programs and initiatives required improvements in communication materials for people experiencing elder abuse, professionals working with older people and the broader community. It was identified that with some initiatives (e.g. ASU, South Australia) material was too 'jargonistic' and could benefit from 'plainer, less punitive language'. Further, other evaluations identified that 'consistency of messaging' was an issue that required improvement (e.g. the anti-ageism campaign in Pingelly). Clear and consistent messaging that is adapted for the range of contexts and delivered in a range of formats emerged from the evaluations as critical to effective communication strategies.

Engagement with Culturally and Linguistically Diverse communities

Evaluations highlighted the importance of engaging Culturally and Linguistically Diverse communities in services in ways that are accessible and culturally sensitive. Materials and information should represent people from a diverse set of backgrounds, use plain language and be available in a variety of languages. Further, Culturally and Linguistically Diverse communities should be actively engaged in initiatives and campaigns, to ensure that people are aware of services and how to seek help.

Engagement with First Nations communities

The evaluations highlighted the importance of building relationships with First Nations peoples and investing the time and resources in meaningful engagement. Evaluations for some services, programs and initiatives (e.g. the ASU in South Australia and the anti-ageism campaign in Pingelly) identified that in order to reach First Nations communities, recruitment of staff who identify as members of these communities, themselves, is required. Representation from the communities that services, programs and initiatives are attempting to reach may improve the way those services, programs and initiatives are perceived and received by them.

Integrated services

The elder abuse service trials (Commonwealth), the ASU in South Australia and the Midterm evaluation of Eastern Community Legal Centre's ROSE and ELSA service trials – Victoria highlighted the importance of multidisciplinary, combined and integrated service models for older people, professionals delivering services and the general community. Accessibility was facilitated in these models as the trials allowed individuals to access multiple services from one location, such as legal advice and social support, resulting in victim/survivors of elder abuse having to coordinate less services themselves. Further, integrated service models were perceived by victim/survivors as less intimidating, as they could access legal advice alongside social workers who could offer them emotional support as required.

Educating professionals

Evaluations including the Midterm evaluation of Eastern Community Legal Centre's ROSE and ELSA service trials and the ASU in South Australia placed great importance on educating professionals who have regular contact with older people, and how this can lead to increased confidence on the part of these professionals to better identify and respond to elder abuse. Improved education about the nature and presentation of elder abuse and referral options was identified in these evaluations as supporting professionals to respond appropriately, including by making referrals to specialist organisations. Professionals such as police officers, health care workers, professionals working in advocacy organisations and aged care professionals were identified as benefiting from the increased knowledge and guidance that they received through educational activities forming part of the services, programs and initiatives under the National Plan.

Staff training

The evaluations of the ROSE and ESLA service trials and the ASU evaluation identified the challenges for staff in relation to individuals experiencing cognitive decline. Findings in relation to staff self-assessments indicated that a substantial proportion of staff were unsure about how to support individuals with cognitive decline and, in some cases, communicated that they would refer them onto specialist services (VCAT, Public Guardian), as they were unable to engage in supported decision making themselves. These data illustrate that it was important to better guide and upskill professionals in their risk assessment protocols, including their assessments of circumstances where they may be able to assist older people to exercise supported decision-making options and to refer clients to specialist services where required.

Findings relevant to the development or adjustment of additional services, programs and initiatives

The following preliminary findings from the synthesis of evaluations raise considerations in relation to how services, programs or initiatives could be developed or adjusted to achieve better outcomes in response to the abuse of older people.

Furthering reach

Several of the analysed evaluations identified the importance of developing and fostering relationships with a wide variety of organisations as key to the success of the services or initiatives they represented. For example, the Commonwealth elder abuse service trials and the anti-ageism campaign in Pingelly, Western Australia, both recognised the importance of building networks in the community to connect with victim/survivors of elder abuse and to facilitate referrals from other services.

Consideration could be given to how more sectors and organisations across Australia could be engaged in conversations about elder abuse, beyond the, often, localised initiatives involved in the National Plan. For example, independent allied health professionals, frontline service professionals (e.g. paramedics and patient transfer officers) and therapeutic services in contact with older people may need to support the effects of abuse but may fail to acknowledge it without an understanding of the unique ways in which it manifests. Allied health professionals may include counsellors, psychiatrists and psychologists, dentists and physiotherapists. Older victim/survivors of abuse may also intersect with drug and alcohol services and disability services (Lewis et al., 2019).

Educating professionals about supported decision making and consent

Several evaluations (Eastern Community Legal Centre's ROSE and ELSA service trials in Victoria and the ASU in South Australia) identified the difficulties professionals faced in relation to supporting older people with decision making and determining what constituted consent for services. Consideration could be given to the provision of training for professionals within specialist elder abuse services, including health justice partnerships, community organisations and advocacy services. Training may involve providing professionals with specific, practical examples of how abstract concepts in legislation and policy manifest in practice and how professionals can appropriately respond.

Engaging people who are socially isolated

All of the evaluations showed that services for victim/survivors of elder abuse are widely accessed, with demand likely to grow. However, the Eastern Community Legal Centre's ROSE and ELSA service trials in Victoria highlighted a key issue – how can more people who are socially isolated be reached about elder abuse, outside the confines of primary health care services such as hospitals? Consideration could be given to exploring how jurisdictions could reach more socially isolated older people, outside the confines of hospitals or other health care settings.

Educating perpetrators

The Eastern Community Legal Centre's ROSE and ELSA service trials in Victoria identified education for the perpetrators of violence against older people as a key gap in the services they provided. While other evaluations did not raise education for perpetrators as an issue specifically, it did not appear to be a focal point of any of the services they provided. Rather, services orientated their efforts primarily towards older people, the general community and

professionals who frequently work with older Australians. Consideration could be given to exploring how perpetrator education could be integrated into the elder abuse service landscape and, if so, how it would work in practice.

Specialists in diversity

Several evaluations raised concern over the challenges that were associated with reaching and engaging First Nations people and other diverse communities. For example, the Eastern Community Legal Centre's ROSE and ELSA service trials in Victoria and the Adult Safeguarding Unit in South Australia. Consideration could be given to identifying how more people from diverse communities could be employed within specialist elder abuse services to ensure that they are adequately represented and reached.

Simplifying processes and materials

The Adult Safeguarding Unit in South Australia highlighted the need for materials about elder abuse (e.g. to raise awareness) to use plainer, less jargonistic language. Further, issues were raised about the decision-making processes and whether or not all matters needed to be approved by executives. Consideration should be given to exploring the extent to which materials used by specialist elder abuse services are accessible for older people in Australia, especially those that are available online. Further investigation could also be undertaken specific to how specialist elder abuse services screen for and assess risk, with a view to identifying best practice approaches for triaging services and internal approval processes.

Summary

Evaluations selected for analysis were based on initiatives that were experimental, in that they were new service models being trialled or a new approach to changing culture or behaviour thought to normalise elder abuse (e.g. directed at addressing ageism).

The evaluations were assessed as methodologically sound, employing rigorous methods and systems for data collection and analysis. The rigour in the Commonwealth Evaluation of the Service Trials and the evaluation of the Victorian Health Justice partnership (ELSA) and specialist elder abuse unit (ROSE) is reflected in their mixed method approaches with components based on DEX data, program data, as well as quantitative data from a survey of clients and qualitative case studies, interviews with relevant service providers and peak bodies. The findings in these evaluations were drawn from strong sample sizes in both the quantitative and qualitative components, although it is noted that more modest samples were achieved in some of the evaluations' quantitative components. The rigour of the analyses of data in these evaluations was also demonstrated in the data analysis methods and the data collected addressing the research questions. The evaluation of the anti-ageism campaign in Pingelly involved a comprehensive co-designed community consultation process that supported engagement from a broad range of participants, with direct consultation with older Noongar residents to support consideration of their experience with ageing and ageism.

However, methodological limitations were identified in relation to the absence of data from clients and in data measuring outcomes. These were a result of database and software platform issues in the evaluation of the Adult Safeguarding Unit and the nature of the survey samples in the evaluation of the anti-ageism campaign in Pingelly, where the samples were small and had the potential to include duplicated responses where individuals participated in both surveys.

Common themes emerging across the evaluations of both like and diverse services, programs and initiatives were:

- the need for improved communication materials for people experiencing elder abuse, professionals working with older people and the broader community
- the need for building relationships with First Nations peoples
- the need to invest time and resources in meaningful engagement with Culturally and Linguistically Diverse groups and address barriers to accessing services, programs and initiatives
- the importance of multidisciplinary, combined and integrated service models for older people, professionals delivering services and the general community
- the importance of education and training for professionals who engage with older people to better identify and respond to elder abuse
- the co-design of services and initiatives, which was identified as a strength in services and initiatives
- respecting and supporting the autonomy and decision-making capacity of older people in the delivery of services and programs.

Core principles extrapolated from these evaluations as central to the success of services, programs and initiatives were:

- the importance of building and developing relationships across the service ecosystem
- the benefits of collaborative, coordinated and multi-disciplinary service provision, with professionals and sector agencies sharing knowledge and reducing the provision of services in silos
- the critical role played by education and awareness-raising activities to support the building and developing of these relationships
- the importance of providing this holistic service provision in a timely and responsive way
- the importance of services, programs and initiatives that are appropriate for and accessible to older people from diverse communities, including Culturally and Linguistically Diverse people, First Nations peoples, LGBTIQ+ older people and people with disability, as well as older people experiencing cognitive decline and socially or geographically isolated older people
- the need for clear and consistent messaging and materials that avoid 'government' type language and jargon
- the acknowledgement of diversity – that the one size fits all approach is not appropriate or effective for people experiencing elder abuse, emphasising the need for targeted responses.

Key findings from these evaluations provide important learnings to support the development of additional services or to inform amendments to existing ones. For example, findings highlighted the importance of developing and fostering relationships with a wide variety of organisations, and found it to be key to the success of the services, programs and initiatives. These findings suggest the importance of resourcing time for building relationships and forging partnerships when considering new initiatives, or improving those which already exist.

Education and training for professionals about supported decision making and consent were critical issues for professionals involved in the services evaluated. Given that the evaluations raised concerns about reaching and engaging older people from diverse communities, recruiting staff from these communities was identified as a means of addressing these concerns. More generally, facilitating socially and geographically isolated people to engage with the services, programs and initiatives and simplifying processes and communication materials were critical learnings identified in the evaluations. Expanding efforts to educate people who abuse older people and to educate the general community about elder abuse and ageism were identified as important considerations in the development of services, programs and initiatives in this sector.

Each of the evaluations raise important issues for consideration when planning future initiatives and policy development. The evaluations examined in this chapter indicate that further consideration is needed regarding whether or not specialist 'standalone' services are as effective as multidisciplinary teams. Consideration could be given to exploring evaluations of experimental initiatives in multi-jurisdictional forums to ensure that the lessons and risks associated with them are known and can be used for informing future National Plans and benchmarking.

5 Insights from the Survey of Community Members

The following chapter presents preliminary findings based on quantitative and qualitative data from a national survey of community members. The voluntary, opt-in survey was conducted online, and people aged 18 years and over were invited with the circulation of our project information sheet through a broad range of key stakeholders and relevant community organisations and via AIFS e-newsletters and social media channels. A total of 228 stakeholders, community services, associations and organisations were contacted in each Australian state and territory to support recruitment across the general population. These included seniors' rights and advocacy services, legal services, health services, counselling services, charitable organisations, local and state governments, legal aid commissions, TAFEs and universities.

Specific recruitment activities were also undertaken to target male participants, given the challenges of attracting this demographic to research. These efforts included sharing the survey information with a range of sporting associations, men's support groups, men's health services, trade unions and professional organisations. Targeted social media advertising was also used to reach male participants. The survey of approximately nine weeks in duration was available between 7 February and 15 April 2023.

As noted in Chapter 1, the purpose of the survey is to assess whether general members of the community:

- are aware of elder abuse across the core subtypes identified within the National Elder Abuse Prevalence Study (Qu et al. [AIFS], 2021), namely financial, physical, sexual and psychological abuse and neglect, and abuse in relation to language and culture
- have been exposed to any awareness-raising activities in relation to elder abuse
- would know what to do if they either experienced elder abuse directly (for those aged 65 and over) or were concerned about someone they knew who was experiencing elder abuse
- are aware of any services in relation to elder abuse
- have accessed any information or service resources in relation to elder abuse
- have views on how awareness of and responses to elder abuse can be improved.

In this chapter, the sample characteristics and demographic findings will be presented, together with findings relating to the general community's awareness of the National Plan, and exposure to awareness-raising activities and services in relation to elder abuse.

Findings relating to community members' awareness of the specific core subtypes of elder abuse are included, together with qualitative data collected in relation to each survey domain, including views on how awareness of and responses to elder abuse can be improved. Qualitative data were collected from optional open text response options in the survey, and therefore response rates differed between open text questions.

The quantitative data presented in this report have been analysed using descriptive analysis techniques, including the presentation of one-way frequencies and cross-tabulations. Bivariate analysis compared outcomes between different characteristics and whether differences between groups were statistically significant (assessed using Pearson's *chi-square* test). Unless otherwise indicated, survey items were asked of all participants. Where participants did not answer a survey question, these missing values have not been included in the reported findings. Qualitative responses to the survey were analysed based on theoretical coding approaches, with the core themes the focus of the analyses presented in this report.

Sample

The online survey was completed by 836 participants and an additional 194 participants provided partially completed survey responses. Of these partially completed survey responses, 73 were completed to a sufficient extent to be included in the final sample of 909 participants.

The sample was comprised of 83% women, 16% men and 1% of participants who were non-binary or preferred not to disclose their sex or gender.

Most participants were aged 50 years or older:

- 27% were aged 50–59 years
- 12% were aged 60–64 years
- 30% were aged 65 years or older.

Of the younger age groups, 5% were aged 18–29 years, 10% were aged 30–39 years and 17% were aged 40–49 years.

Nearly one-quarter (24%) of participants aged 65 years or older were male, with this being greater than the proportion of males aged 18–64 years participating in the survey (12%) to a statistically significant extent.

Participants were asked to report their state/territory of residence:

- more than half of participants resided in New South Wales (31%) and Victoria (29%)
- there were 16% of participants from Queensland, 9% from South Australia and 8% from Western Australia
- of the remaining jurisdictions, a further 3% resided in each of the Australian Capital Territory and Tasmania and 1% in the Northern Territory.

Most participants (56%) reported living in a suburban area and nearly one-third (30%) reported residing in a regional area. Of the remaining participants, 10% reported residing in a rural area and 4% reported residing in a CBD in their state or territory.

Most participants reported speaking only English at home (91%) and 4% reported being of either Aboriginal or Torres Strait Islander or both.

The data in relation to marital status indicate that:

- nearly half of all participants (48%) reported that they were married
- 11% reported living in a de facto relationship
- 14% reported that they were never married
- 13% reported that they were divorced
- 10% of participants reported that they were separated (5%) or widowed (5%).

Compared to participants in the 65+ years age group, a greater proportion of participants in the 18–64 year age group reported:

- being married (49% cf. 44%)
- being in a de facto relationship (14% cf. 5%)
- never being married (17% cf. 8%).

On the other hand, a greater proportion of participants in the 65+ age group reported being divorced (24% cf. 8.5% 18–64 years).

High rates of participants reported having post-graduate qualifications (42%: 18–64 years; 38%: 65+ years).

However, slightly higher proportions of participants in the older age group reported that their highest level of education was:

- year 9 or below (2% cf. 1%)
- year 10 (6% cf. 1%)
- year 11 (5% cf. 2%)
- a trade or apprenticeship (2% cf. 1%)
- a TAFE certificate (8% cf. 6%).

A substantially greater number of participants in the 18–64 year age group reported being in full-time employment compared to participants aged 65+ years (59% cf. 8%).

A greater proportion of participants in the 18–64 year age group were also employed part-time (24% cf. 13%). Older participants were more likely to report working on a casual basis (8% cf. 6%) and undertaking voluntary employment (9% cf. 2%).

Unsurprisingly, greater proportions of older participants reported being retired (43%) or not in paid employment (20%) compared to participants in the 18–64 years category (2% and 5% respectively).

More than half of the participants in the 65+ years age group (57%) reported an annual income of under \$65,000 per annum compared to 23% of participants in the 18–64 years age group, with 63% in this younger age group reporting an income of \$65,000 or higher.

Findings

Awareness of elder abuse

Participants in the Survey of Community Members were asked a range of questions intended to provide insight into community awareness of the abuse of older people in the Australian community. These questions were asked of both the 18–64 years and 65+ years age groups. The data indicate that although most participants identify elder abuse as common and that people turn a blind eye to it, younger participants were more likely to do so, and also to disagree that the abuse of older people is a private matter:

- Strong majorities of participants in the 18–64 years age group either strongly agreed or agreed (83%) that the abuse of older people is common in our community and that most people turned a blind eye or ignore elder abuse (79%).
- Smaller but still strong majorities of participants in the 65+ years age group either strongly agreed or agreed (75%) that the abuse of older people is common in our community and that most people turned a blind eye or ignore elder abuse (78%) (data not shown).
- More than 90% of participants in the 18–64 years age group strongly disagreed or disagreed that the abuse of older people is a private matter to be handled in the family (96%); is understandable if the abuser is under a lot of stress in their lives (95%); and can be understandable if the older person is a difficult person (93%) (data not shown).
- Smaller but still strong majorities of participants in the 65+ age group strongly disagreed or disagreed that the abuse of older people is a private matter to be handled in the family (92%); is understandable if the abuser is under a lot of stress in their lives (85%); and can be understandable if the older person is a difficult person (82%) (data not shown).

When we compare the findings of the 18–64 years age group in this evaluation to the data collected from the nationally representative sample of 18–64 year old people in the Survey of the General Community (SGC) component of the National Elder Abuse Prevalence Study, notable differences are apparent:

- Figure 5 shows that 18–64 year old participants in the evaluation survey were substantially more likely to consider the abuse of older people to be common in the community.
- Figure 6 indicates that they were also substantially more likely to express agreement that most people turn a blind eye or ignore elder abuse.

Figure 5: Community Members Survey, those aged 18–64 years, level of agreement with the statement: 'Abuse of older people is common in our community'

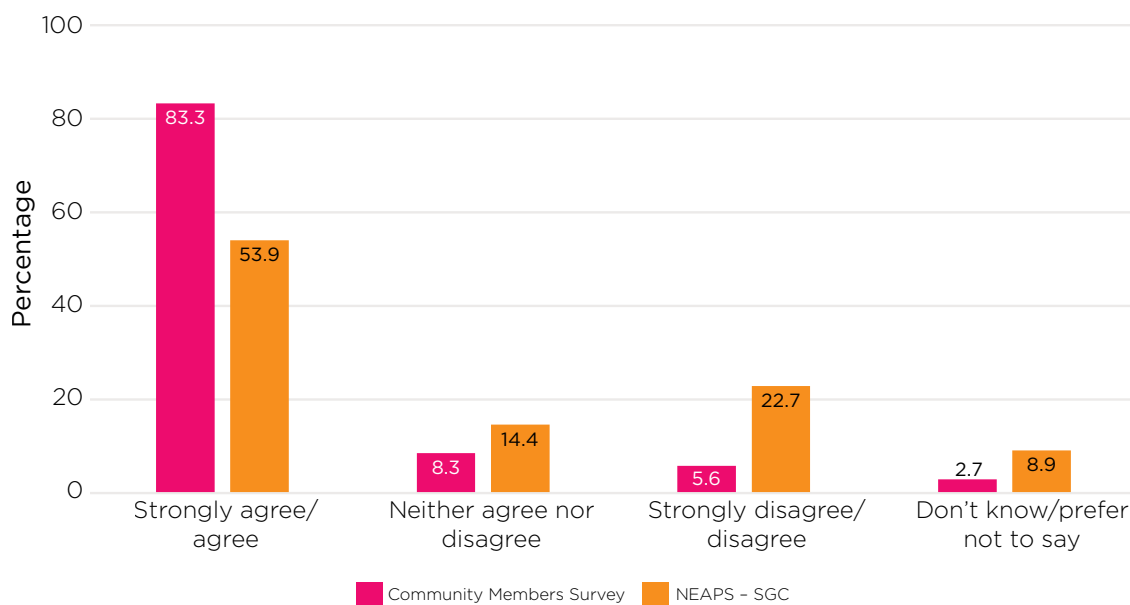
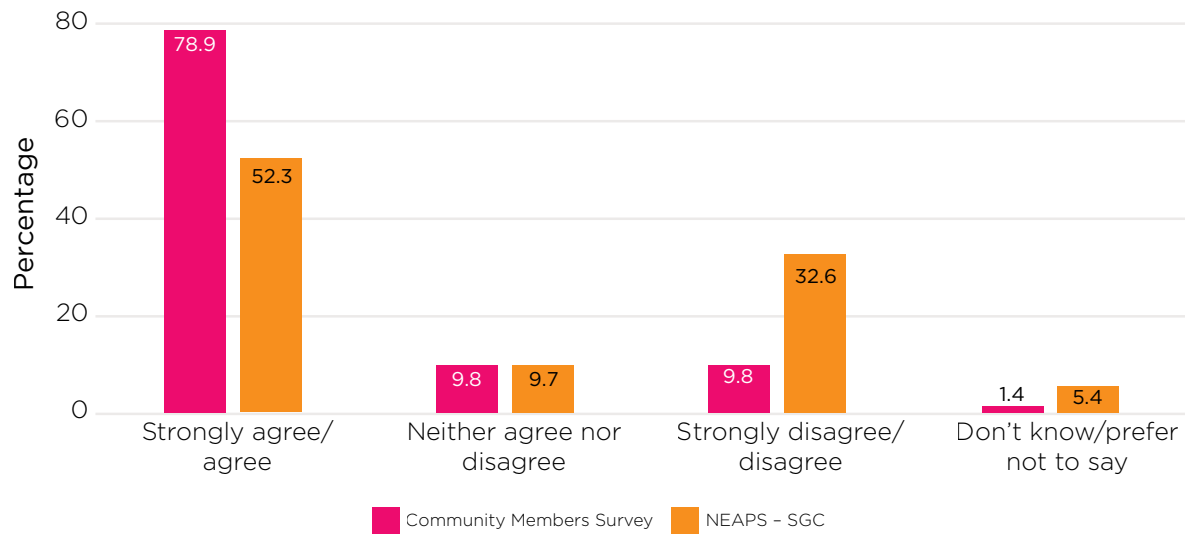


Figure 6: Community Members Survey, those aged 18–64 years, level of agreement with the statement: 'Most people turn a blind eye to, or ignore abuse of older people'



Similarly, when comparing the findings of the 65+ years age group in this evaluation to the data that was collected from the nationally representative sample of people aged 65+ years in the Survey of Older People (SOP) component of the National Elder Abuse Prevalence Study, marked differences again arise in the responses:

- Figure 7 shows that older people participating in the evaluation survey were substantially more likely to consider the abuse of older people to be common in the community.
- Figure 8 indicates that they were also substantially more likely to express agreement that most people turn a blind eye or ignore elder abuse.

Figure 7: Community Members Survey, those aged 65 years or over, level of agreement with the statement: 'Abuse of older people is common in our community'

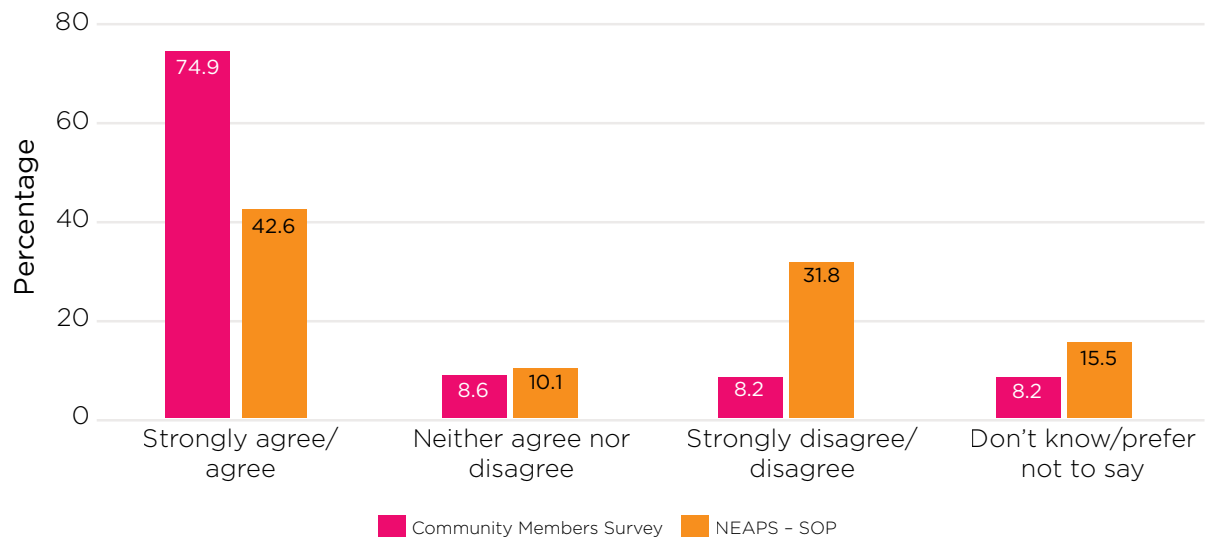
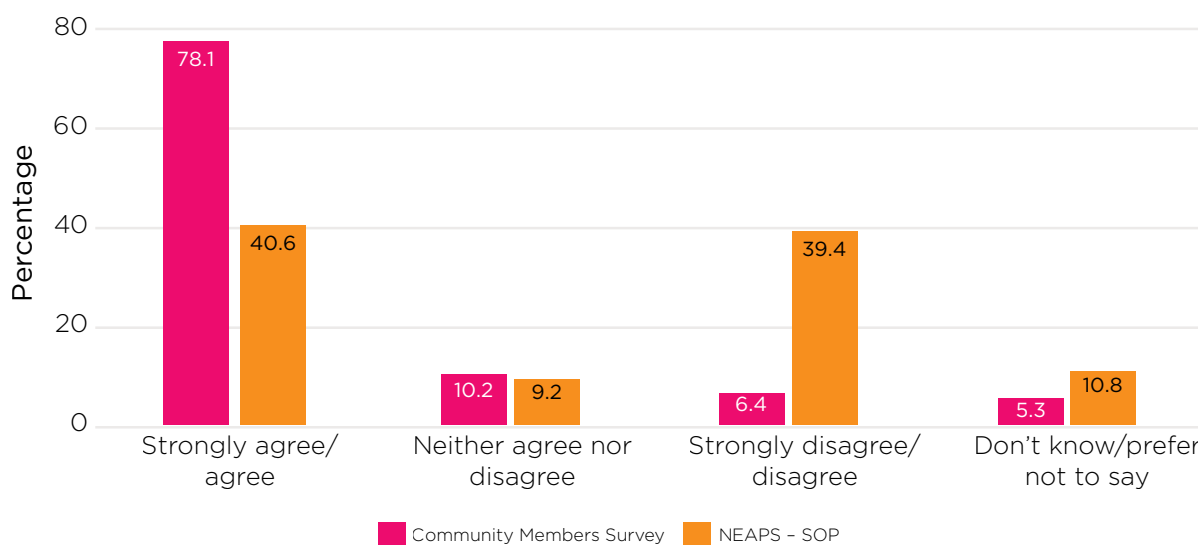


Figure 8: Community Members Survey, those aged 65 years or over, level of agreement with the statement: 'Most people turn a blind eye to or ignore abuse of older people'



It is important to note when considering these data that unlike the samples for the National Elder Abuse Prevalence Study (which were selected using a Random Digit Dialling methodology) the Survey of Community Members for this evaluation does not involve a sample that is representative of the population. Rather, this survey is based on a sample of participants drawn from recruitment activities through a range of stakeholders and service providers, including those working with or representing the interests of older people. Participants in this survey are therefore more likely to have engaged with or have awareness of the issues in older people's lives. This evaluation survey sample is nevertheless a large sample and with the timing being more recent than the Survey of the General Community for the Prevalence Study, which was conducted in 2019. There is the potential that the general public now have more awareness of elder abuse in the Australian community.

Identification of the different forms of elder abuse

The Survey of the General Community collected data on participants' views on whether a range of behaviours constituted abuse of an older person.

Financial abuse

The vast majority of participants in the Survey of the General Community reported that they regarded the following behaviours to 'always' constitute abuse of an older person (data not shown):

- selling an older person's home without their consent: 74% (cf. 18–64 years: 74%; 65+years: 75%)
- taking money from an older person without their consent: 83% (cf. 18–64 years: 83%; 65+years: 83%)
- not paying bills on the older person's behalf when you said you would: 84% (cf. 18–64 years: 81%; 65+years: 90%, with older participants more likely to consider this to always be abuse than participants aged 18–64 years)
- not contributing to household expenses such as rent, food or aged care/home service fees where it was previously agreed with the older person: 82% (cf. 18–64 years: 81%; 65+years: 84%)
- deliberately preventing an older person from accessing or using their money, possessions or property: 82% (cf. 18–64 years: 83%; 65+years: 80%)
- pressuring the older person to make or change their will: 91% (cf. 18–64 years: 92%; 65+years: 89%)
- making financial decisions for the older person without their permission: 72% (cf. 18–64 years: 72%; 65+years: 73%).

Physical abuse

The vast majority of participants in the Survey of the General Community also reported that they regarded the following behaviours to 'always' constitute the abuse of an older person (data not shown):

- pushing or shoving an older person: 94% (cf. 18–64 years: 96%; 65+years: 90%, with this difference between age groups statistically significant)
- threatening to harm an older person in any way: 97% (cf. 18–64 years: 98%; 65+years: 96%)
- hitting, punching, kicking or slapping an older person: 98% (cf. 18–64 years: 98%; 65+years: 97%)
- threatening an older person with a weapon: 98% (cf. 18–64 years: 98%; 65+years: 99%)
- tying, holding down or restraining an older person in any way, or locking up an older person: 84% (cf. 18–64 years: 85%; 65+years: 81%)
- giving an older person drugs or too much medicine in order to control or make an older person docile: 84% (cf. 18–64 years: 86%; 65+years: 78%, with the younger cohort more likely to identify this behaviour as abuse to a statistically significant extent)
- injuring an older person with a weapon: 99% (cf. 18–64 years: 99%; 65+years: 99%).

Psychological abuse

Most participants in the Survey of the General Community reported that they regarded the following behaviours to 'always' constitute the abuse of an older person (data not shown):

- calling an older person hurtful names: 90% (cf. 18–64 years: 90%; 65+years: 91%)
- insulting an older person, calling them names or swearing at them in a way they found offensive or aggressive: 95% (cf. 18–64 years: 95%; 65+years: 94%)
- excluding or repeatedly ignoring an older person: 84% (cf. 18–64 years: 84%; 65+years: 85%)
- undermining or belittling an older person: 93% (cf. 18–64 years: 93%; 65+years: 93%)
- preventing an older person from seeing or contacting family members or their doctor/nurse: 94% (cf. 18–64 years: 94%; 65+years: 94%)
- threatening to harm an older person: 98% (cf. 18–64 years: 98%; 65+years: 99%)
- threatening to send an older person to a residential aged care facility: 86% (cf. 18–64 years: 86%; 65+years: 86%)
- threatening to harm an older person if they don't do what they are asked to: 98% (cf. 18–64 years: 98%; 65+years: 97%)
- deliberately embarrassing an older person: 92% (cf. 18–64 years: 92%; 65+years: 93%).

Sexual abuse

Almost all participants in the Survey of the General Community reported that they regarded the following behaviours to 'always' constitute the abuse of an older person (data not shown):

- talking to an older person in a sexual way when they do not want to: 98% (cf. 18–64 years: 99%; 65+years: 97%)
- touching an older person in a sexual way against their will: 99% (cf. 18–64 years: 99%; 65+years: 99%)
- forcing an older person to engage in sexual acts against their will: 99% (cf. 18–64 years: 99%; 65+years: 99%).

Neglect

Most participants in the Survey of the General Community reported that they regarded the following behaviours to 'always' constitute the abuse of an older person (data not shown):

- not providing help with personal activities such as dressing, washing, feeding when this is normally expected/ provided: 82% (cf. 18–64 years: 83%; 65+years: 81%)
- preventing an older person from having contact with the outside world: 85% (cf. 18–64 years: 85%; 65+years: 83%).

Note that comparatively fewer participants identified limiting contact with grandchildren to be a form of abuse (62%), with statistically significant differences between the participants aged 18–64 years (58%) and participants aged 65+ years (71%). Older participants were more likely, to a statistically significant extent, to identify the limitation of contact with grandchildren as always elder abuse.

Abuse in relation to language and culture

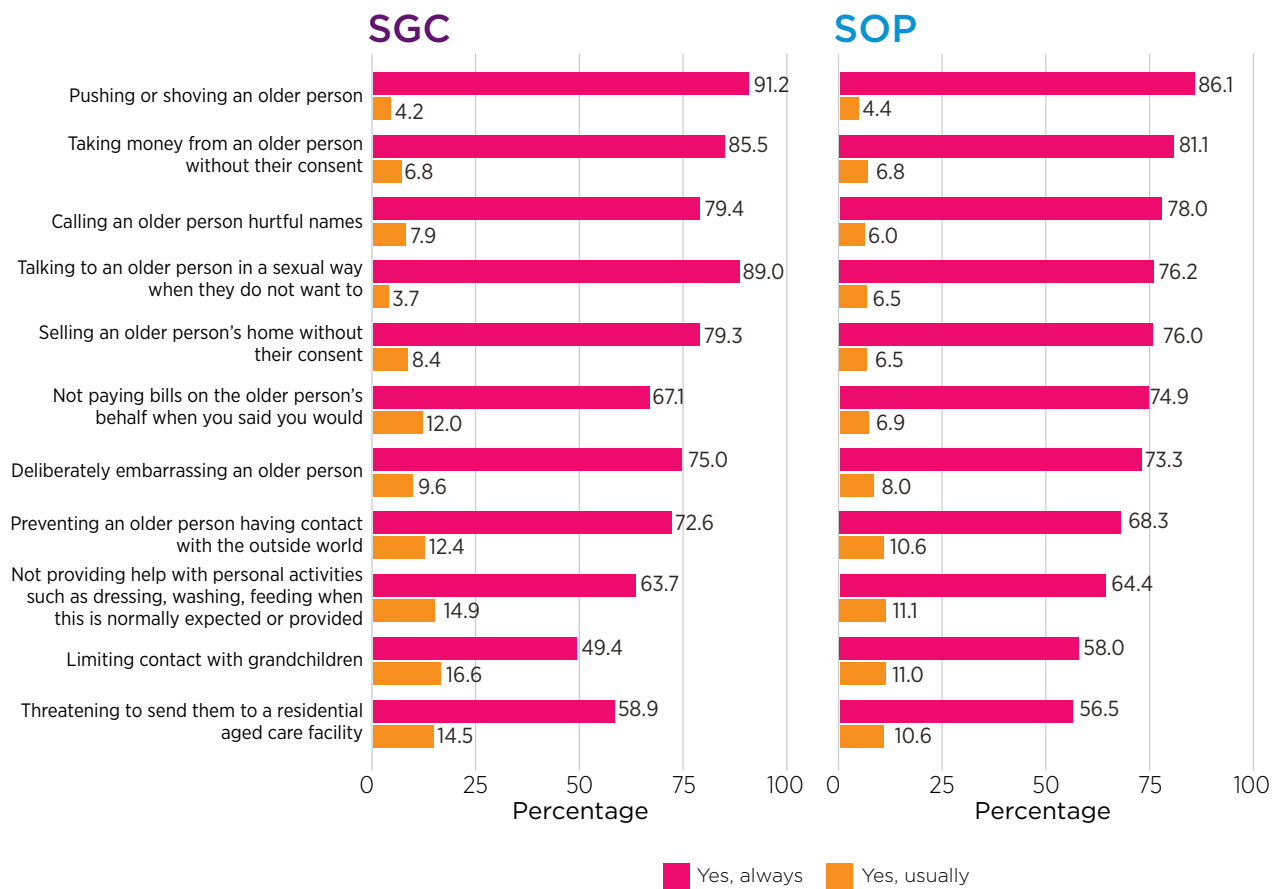
Strong majorities of participants in the Survey of the General Community reported that they regarded the following behaviours to 'always' constitute the abuse of an older person (data not shown):

- not respecting an older person when talking to them because of their culture, race or ethnicity: 90% (cf. 18–64 years: 90%; 65+years: 90%)
- mistranslating between English and the older person's preferred language on purpose, when talking about financial or legal documents: 95% (cf. 18–64 years: 96%; 65+years: 95%)
- denying the older person access to important information in their preferred language: 92% (cf. 18–64 years: 92%; 65+years: 91%)
- limiting or restricting the older person's contact with friends or others from the same cultural background, including friends and relatives overseas: 88% (cf. 18–64 years: 89%; 65+years: 85%), noting that participants aged 18–64 years more likely to identify this to be elder abuse than older participants, to a statistically significant extent.
- limiting or restricting the older person's access to culturally familiar activities (e.g. attending certain events, watching or listening to shows in your preferred languages): 83% (cf. 18–64 years: 85%; 65+years: 79%), noting that participants aged 18–64 years were again more likely to identify this to be elder abuse than older participants, to a statistically significant extent.

Figure 9 presents comparative data from the National Elder Abuse Prevalence Study (NEAPS) in relation to a range of abusive behaviours and the extent to which participants identified these behaviours as 'always' constituting elder abuse. Keeping in mind the limitations associated with comparing the current evaluation survey data with the NEAPS data, it may be observed that substantially greater proportions of participants in each age group in the current evaluation survey identified a range of behaviours as elder abuse compared to participants in NEAPS in these age groups:

- calling an older person hurtful names: 18–64 years: 90% compared to 79% in NEAPS Survey of the General Community (SGC) and 65+years: 91% compared to 78% NEAPS Survey of Older People (SOP)
- talking to an older person in a sexual way when they do not want to: 18–64 years: 98% compared to 89% in NEAPS SGC and 65+years: 97% compared to 76% in NEAPS SOP
- not paying bills on the older person's behalf when you said you would: 18–64 years: 81% compared to 67% in NEAPS SGC and 65+years: 90% compared to 75% in NEAPS SOP
- deliberately embarrassing an older person: 18–64 years: 92% compared to 75% in NEAPS SGC and 65+years: 93% compared to 73% in NEAPS SOP
- preventing an older person from having contact with the outside world: 18–64 years: 85% compared to 73% in NEAPS SGC and 65+years: 83% compared to 68% in NEAPS SOP
- not providing help with personal activities such as dressing, washing, feeding when this is normally expected/ provided: 18–64 years: 83% compared to 64% in NEAPS SGC and 65+years: 81% compared to 67% in NEAPS SOP
- limiting contact with grandchildren to be a form of abuse: 18–64 years: 58% compared to 49% in NEAPS SGC and 65+ years: 71% compared to 58% in NEAPS SOP
- threatening to send an older person to a residential aged care facility: 18–64 years: 86% compared to 59% in NEAPS SGC and 65+years: 86% compared to 57% in NEAPS SOP.

Figure 9: Participants' views on various abusive behaviours in the NEAPS Survey of Older People and Survey of the General Community



Qualitative insights in relation to identifying elder abuse

Survey participants who indicated that they do not feel confident recognising the signs and symptoms of elder abuse were asked an open text question about what would better support them to identify it. Of the 34 responses to this question, some participants were seeking more education and training ($n = 14/34$), for example:

Better education. Clear messaging. Useful information on how to effectively deal with the challenging conversations when confronting it. (Woman, Qld, 30–39 years)

Education session on what and how. (Woman, NSW, 50–59 years)

Similarly, receiving information about what elder abuse 'looks like', including types and case studies, was a strategy some participants nominated as being potentially helpful to identify elder abuse ($n = 13/34$):

Greater awareness of different types of abuse, more public conversations around physical, sexual, and financial abuse and how to identify warning signs. (Woman, Vic, 30–39 years)

Specific information about where to get advice and help was also identified by a few participants:

I would not claim to recognise the symptoms in someone else, if I had concerns I would consult someone who has more experience in the area, so better support would be knowing who best to contact. (Woman, Vic, 30–39 years)

However, some participants indicated that they were unsure as to what could help them identify elder abuse better ($n = 13/34$).

Awareness of the National Plan

Participants in the Survey of Community Members were asked whether they were aware of the National Plan to Respond to the Abuse of Older Australians prior to this evaluation and these data are presented in Table 13.

More than half of all participants (55%) and more than half of participants in each age group (18–64 years: 55%; and 65+ years: 54%) reported that they were not aware of the National Plan prior to their engagement with this evaluation.

Table 13: Awareness of the National Plan to Respond to the Abuse of Older Australians prior to the evaluation by age group

Before hearing about this evaluation, were you aware of the National Plan to Respond to the Abuse of Older Australians?	18–64 years		65 years or older		Total	
	N	%	N	%	N	%
Yes	249	41.4	105	40.2	354	41.1
No	329	54.7	141	54.0	470	54.5
Do not know	22	3.7	13	5.0	35	4.1
Prefer not to say	1	0.2	2	0.8	3	0.3
Total	601	100.0	261	100.0	862	100.0

Note: Percentages may not total 100.0% due to rounding.

The 354 participants who reported being aware of the National Plan prior to the evaluation were asked how they became aware of the National Plan. These data are presented in Table 14. The data show that the most common way these participants heard about the National Plan was through an advocacy group (examples provided included COTA, Carers Australia, OPAN or EAAA (40%), with older people more likely to nominate this option (52% of participants aged 65+ years cf. 35% aged 18–64 years).

One-quarter (25%) of the participants already aware of the National Plan reported hearing about it in the news or general media, with older people again more likely to nominate this response option (36% of participants aged 65+ years cf. 20% aged 18–64 years). This variation in reports between the two age groups represents a statistically significant difference.

Advertising or awareness campaigns were also specified by a substantial proportion of those aware of the National Plan (17%). The Every Age Counts campaign was specified as an example in this survey question and older people were more likely to select this response option also (21% of participants aged 65+ years cf. 15% aged 18–64 years).

Participants specified their workplace or education as another common means of hearing about the National Plan (15%), with younger participants indicating this method to a great extent (21%) compared to 2% of those aged 65 years or older.⁴

Social media or the internet more generally were also nominated by 14% of participants who reported awareness of the National Plan, with 17% of participants aged 65+ years and 12% of people aged 18–64 years reporting that they heard about the National Plan in this way.

Support services and helplines for older people were also identified as a source of knowledge for those aware of the National Plan (12%; 11%: participants aged 65+ years; 13%: participants aged 18–64 years).

Community groups such as a neighborhood house were nominated by 6% of participants with awareness of the National Plan (8%: participants aged 65+ years; 6%: participants aged 18–64 years).

Small proportions of participants reported hearing about the National Plan through:

- their doctor, chemist or other health care professional (4%)
- a family member or friend (5%)
- through their local library or bank (1%).

⁴ Workplace/education was not an original response option to this survey question. This category and associated proportions reported here have been derived from the open text responses.

Table 14: How participants became aware of the National Plan by age group

How participant became aware of the National Plan	18–64 years		65 years or older		Total	
	N	%	N	%	N	%
Advocacy group (e.g. Council on the Ageing, Carers Australia)***	88	35.3	55	52.4	143	40.4
News or in the general media**	50	20.1	38	36.2	88	24.9
Advertising or awareness raising campaign (e.g. Every Age Counts campaign)	38	15.3	22	21.0	60	16.9
Through my workplace/education***	51	20.5	2	1.9	53	15.0
Social media/the internet	30	12.0	18	17.1	48	13.6
Support service/helpline for older people (e.g. a seniors' rights service)	32	12.9	11	10.5	43	12.1
Community group in my local area	14	5.6	8	7.6	22	6.2
From a family member/friend	11	4.4	6	5.7	17	4.8
Through my doctor, chemist or other health professional	9	3.6	4	3.8	13	3.7
Local library (e.g. at an information session or seeing a poster)	2	0.8	1	1.0	3	0.8
Local bank (e.g. at an information session or seeing a poster or pamphlet)	1	0.4	2	1.9	3	0.8
I heard about the National Plan in another way (other)	14	5.6	2	1.9	16	4.5
Do not know	5	2.0	1	1.0	6	1.7
Prefer not to say	5	2.0	1	1.0	6	1.7

Notes: Proportions based on participants who responded 'yes' to being aware of the National Plan before hearing about the evaluation. * $p < .05$; ** $p < .01$; *** $p < .001$ statistically significant based on *chi-square* test. Percentages may not total 100.0% due to rounding.

Awareness of information and material about elder abuse

Significantly, more than two-thirds of participants (68%) overall (64% of people aged 65+ years and 70% of people aged 18–64 years) reported that they had seen other information or material raising awareness about elder abuse in Australia before hearing about this evaluation.

Noting that participants could refer to one or more sources of information, Table 15 shows that those participants who reported being aware of this information or material were most likely to report that the format of this information was:

- a government publication or pamphlet (49%; cf. 46%: participants aged 65 years and older and 51%: participants aged 18–64 years)
- information sheets or pamphlets about elder abuse from a community organisation (49%; cf. 45%: participants aged 65 years and older and 51%: participants aged 18–64 years).

The next most commonly reported sources of information reported by participants who reported seeing information or material raising awareness about elder abuse before hearing about this evaluation were:

- public advertising campaigns (34%; cf. 29% participants aged 65 years and older; 36%: participants aged 18–64 years)
- television programs (25%; cf. 37%: participants aged 65 years and older; 21%: participants aged 18–64 years)
- newspaper or magazine articles (23%; cf. 40% participants aged 65 years and older; 16%: participants aged 18–64 years).

The difference between categories of participants were statistically significant for television programs and newspaper and magazine articles.

Table 15 also shows that online information sessions (8%) and radio programs (11%) were also nominated, together with other specified information or material including internet searches and social networks.

Table 15: Format of information or material raising awareness by age group

Format of information or material raising awareness of the National Plan	18–64 years		65 years or older		Total	
	N	%	N	%	N	%
Government publication or pamphlet about elder abuse	215	50.7	75	45.7	290	49.3
Information sheet or pamphlet about elder abuse from a community organisation	215	50.7	73	44.5	288	49.0
Public advertising campaign	153	36.1	47	28.7	200	34.0
Television program***	89	21.0	60	36.6	149	25.3
Newspaper or magazine article***	69	16.3	65	39.6	134	22.8
Helpline pamphlet or bookmark	51	12.0	18	11.0	69	11.7
Radio program	40	9.4	22	13.4	62	10.5
Information session (online)	38	9.0	10	6.1	48	8.2
Publication from bank or other corporate entity	31	7.3	5	3.0	36	6.1
Podcast	15	3.5	4	2.4	19	3.2
Other (specify)	49	11.6	19	11.6	77	11.6
Do not know	6	1.4	0	0.0	6	1.0
Prefer not to say	4	0.9	1	0.6	5	0.9

Notes: Proportions based on participants who responded 'yes' to being aware of the National Plan before hearing about the evaluation. * $p < .05$; ** $p < .01$; *** $p < .001$ statistically significant based on *chi-square* test. Percentages may not total 100.0% due to rounding.

The participants who reported seeing information or material raising awareness about elder abuse before hearing about this evaluation were also asked about how they became aware of this information or material. Table 16 presents these data and notable findings include:

- One-third of these participants reported awareness of this information and material through an advocacy group (examples provided again included COTA, Carers Australia, OPAN or EAAA (36%; aged 65+ years: 45%; 18–64 years: 33%).
- Nearly one-third of participants reporting awareness of information or material about elder abuse reported hearing about information or material relating to elder abuse in the news or general media (31%), with a statistically significant difference between the reports of the two age-groups: 48% of those aged 65+ compared to 25% of those aged 18–64 years.
- Social media or the internet more generally were also nominated by nearly one-quarter of participants with awareness of information or materials (24%; 25% of participants aged 65+ years cf. 24% of people aged 18–64 years).
- Advertising or awareness campaigns were also specified by a substantial proportion of participants with awareness of information or materials about elder abuse (21%; 22% of participants aged 65+ years cf. 21% of participants aged 18–64 years).
- Social media or the internet more generally were also nominated by nearly one-quarter of participants with awareness of information or materials (24%; 25% of participants aged 65+ years cf. 24% of people aged 18–64 years).
- Support services and helplines for older people were also identified as a source of knowledge about the existence of information and material about elder abuse (18%; 16% of participants aged 65 years and older cf. 19% of participants aged 18–64 years).
- Around one-in-seven participants (14%) indicated they became aware of this information through their workplace/education (17% for those aged 18–64 years cf. 7% of those aged 65 years or older).⁵

⁵ Workplace/education was not an original response option to this survey question. This category and associated proportions reported here have been derived from the open text responses.

- Doctors, chemists or other health care professionals were nominated by 9% of participants with awareness of information or materials about elder abuse.
- Community groups such as a neighborhood house were nominated by 8% of participants with this awareness (9% of participants aged 65 years and older cf. 7% of participants aged 18–64 years).
- A small proportion of participants reported receiving information or materials about elder abuse through a family member or friend (7%) or through their local library (3%) or bank (2%). Of note, a higher proportion of participants in the 65+ years age group reported accessing information through their local library (6%) compared to participants in the 18–64 years age group (2%), with this difference statistically significant.

Table 16: Participants who reported 'yes' they were aware of information or material raising awareness about elder abuse, how participants became aware of information or material raising awareness about elder abuse by age group

How participant became aware of information or material raising awareness about elder abuse	18–64 years		65 years or older		Total	
	N	%	N	%	N	%
Advocacy group (e.g. Council on the Ageing, Carers Australia)**	139	32.8	73	44.5	212	36.1
News or in the general media***	106	25.0	78	47.6	184	31.3
Social media/the internet	100	23.6	41	25.0	141	24.0
Advertising or awareness raising campaign (e.g. Every Age Counts campaign)	89	21.0	36	22.0	125	21.3
Support service/helpline for older people (e.g. a seniors' rights service)	81	19.1	26	15.9	107	18.2
Through my workplace/education**	71	16.7	12	7.3	83	14.1
Through my doctor, chemist or other health professional	38	9.0	14	8.5	52	8.8
Community group in my local area	32	7.5	15	9.1	47	8.0
From a family member/friend	27	6.4	14	8.5	41	7.0
Local library (e.g. at an information session or seeing a poster)*	9	2.1	9	5.5	18	3.1
Local bank (e.g. at an information session or seeing a poster or pamphlet)	7	1.7	2	1.2	9	1.5
I became aware another way (other)	21	5.0	6	3.7	27	4.6
Do not know	16	3.8	2	1.2	18	3.1
Prefer not to say	3	0.7	1	0.6	4	0.7

Notes: Proportions based on participants who responded 'yes' to being aware of elder abuse before hearing about the evaluation. * $p < .05$; ** $p < .01$; *** $p < .001$ statistically significant based on *chi-square* test. Percentages may not total 100.0% due to rounding.

Qualitative insights in relation to what helped to identify elder abuse

Participants were asked to provide an open text response to a question seeking reflections on what has helped them to identify elder abuse. A substantial proportion of participants ($n = 560$) provided a response. The importance of accessibility of information and resources through participants' workplaces, reflected in the quantitative data presented in Table 16, was a focus of more than one-third ($n = 240/560$) of these open text responses. These participants described forms of education, training or knowledge acquired through their professional experience and how this had helped them to identify elder abuse. For example:

[I know how to identify elder abuse via] my training in elder abuse prevention and response, and my participation in various networks. (Man, Vic, 50–59 years)

Training both specifically for elder abuse but also family and domestic violence, which interconnects with elder abuse [has helped me to identify elder abuse]. (Woman, NT, 40–49 years)

Professional development and training opportunities through my workplace. (Woman, Vic, 30–39 years)

Training through my work and from working with older persons who have experience[d] abuse [has helped me to identify elder abuse]. (Woman, SA, 40–49 years)

These learnings were identified in relation to participants working in a range of sectors, including in the health and human services sectors and the financial sector, as well in the context of service provision specifically for older people, with this work identified as helping them to identify elder abuse:

I work in an area at a bank that works towards assisting people with vulnerabilities, including elder abuse, specifically financial abuse. (Woman, NSW, 30–39 years)

I am a social worker, worked in family and domestic violence sector. Elder abuse is a form of DFV with similar patterns of behaviour and categories of abuse. (Woman, Qld, 50–59 years)

I work and train in the domestic and family violence area and some of our learning has been around elder abuse. (Woman, Qld, 40–49 years)

... many, many experiences including managing a community-based aged care service [has helped me to identify elder abuse]. (Woman, Qld, 60–64 years)

I work in the human services sector and have a good understanding of abuse and violence in general. (Woman, Qld, 18–29 years)

I nursed for many, many years and sadly have witnessed every facet of abuse from babies to the elderly. (Woman, SA, 65+ years)

[I learned to identify elder abuse through] 20+ years in the aged and disability sector, along with family and clients experiencing abuse by people [with] whom there was a relationship of trust. (Man, WA, 50–59 years)

As illustrated in the quote directly above, open text responses indicated that the 'hands on' experience of working with or caring for older people, on a paid or volunteer basis, was one of the other ways participants reported learning to identify elder abuse.

Personal contact – listening to person talk about self and situation; observing their behaviour/willingness to participate in activities that they have done so regularly; person expressing that they are unhappy or don't feel 'normal self'; appear depressed or anxious. (Woman, SA, 65 years+)

[I learned about elder abuse via] exposure to a lot of volunteer work with the ageing population. (Woman, NSW, 65+ years)

I learned about elder abuse via volunteering with Advocare, elderly parent in aged care. (Woman, WA, 65+ years)

Some participants described in their open text responses ($n = 76/560$) how they obtained information from public information sessions, seminars or other materials including online networks and forums:

[I received help to identify elder abuse via] information session held by legal aid helpline. (Woman, Tas, 18–29 years)

Information campaigns and websites such as Compass [helped me to identify elder abuse]. (Man, Qld, 50–59 years)

My own professional skills/knowledge base (as a social worker); professional research, including information available through COMPASS (EAAA) [helped me to identify elder abuse]. (Woman, NT, 60–64 years)

[The] Older Women's Network (OWN) information and performances by the Older Women's Network Theatre Group [helped me to identify elder abuse]. (Woman, NSW, 65+ years)

Many participants providing an open text response to this question ($n = 220/560$) identified their personal experience and knowledge of what constituted elder abuse, including their engagement with and awareness of the signs of elder abuse in their own families and social circles. For example:

... hearing about my grandmother and knowing that was morally wrong so I googled and found information to help me better understand and identify what was happening. (Woman, Qld, 18–29 years)

[My] own experiences with elder relatives and friends [has helped me to identify elder abuse]. (Woman, Vic, 60–64 years)

Because I am currently experiencing long-term, ongoing elder abuse myself! (Woman, NSW, 65+ years)

Some open text responses (n = 82/560) described a reliance on an 'inner' or ethical or 'moral compass' or sense of 'right and wrong', or on their 'common sense' to identify elder abuse. For example: [My] perceptiveness of others' behaviour and natural compassion and concern for others means I am switched on to mistreatment of others. (Woman, WA, 30–39 years)

Having good morals and knowing when someone is not being treated within their human rights [has helped me to identify elder abuse]. (Woman, NSW, 40–49 years)

Common sense and life experience [has helped me to identify elder abuse]. (Man, Qld, 65+ years)

[I identified elder abuse through a] strong belief that older people should have same rights as everyone else. (Woman, Tas, 50–59 years)

Participants who indicated they had not seen any other information or material raising awareness about elder abuse in Australia before hearing about this evaluation were asked how they think material about elder abuse could have reached them better. A total of 174 participants provided an open text response and most nominated multiple ways material about elder abuse could have reached them better. Most frequently these suggestions involved advertising via mainstream media (n = 81/174) and social media (n = 54/174):

Via the press, TV and social media. (Man, NSW, 65+ years)

ABC news story/7 30 Report, etc. Interviews on radio. (Woman, NSW, 65+ years)

Fully fledged ad campaign; posters around the community; social media; reports about elder abuse in paper, radio, TV. (Woman, Vic, 50–59 years)

In addition to media, some participants emphasised the potential reach of services who have direct contact with older people (n = 48/174) as well as having educational material about elder abuse available in more general community services (n = 11/174) such as council services and housing and medical services.

Seniors newsletters, newspapers & other hard copy & online media readings, U3A, libraries, seniors community centres and day care, retirement villages, GP practices, social media. (Unidentified, demographic information not provided)

Information regarding elder abuse should be displayed and made available in residential aged care facilities such as where I live. (Woman, Qld, 65+ years)

Being more readily displayed in primary care and community settings to bring attention and raise awareness about the matter. (Woman, NSW, 30–39 years)

Knowledge of information, resources and services for those experiencing elder abuse and how to access them

Participants in the Survey of the General Community were asked whether they were aware of a range of sources of information, resources and services for those experiencing or at risk of experiencing elder abuse, and these data are presented in Table 17.

Participants most commonly reported awareness of the following sources of information, resources and services:

- police (91%; cf. 86%: participants aged 65 years and older and 93%: participants aged 18–64 years)
- doctors, chemists or other healthcare professionals (81%; cf. 73%: participants aged 65 years and older and 84%: participants aged 18–64 years)
- lawyers or legal services (75%; cf. 64%: participants aged 65 years and older and 79%: participants aged 18–64 years).

It is notable that participants aged 18–64 years were more likely to report these sources to a statistically significant extent as compared to participants aged 65+ years.

More than two-thirds of participants (68%) nominated advocacy services or networks as a source of information, resources and services for those experiencing or at risk of experiencing elder abuse.

Of note, participants aged 65 years and older were more likely to report advocacy services and networks as a source of this information, resources and services than were participants aged 18–64 years, with this difference being statistically significant (74% cf. 66%).

Just over half of participants (52%; cf. 41%: participants aged 65 years and older; 56%: participants aged 18–64 years) nominated banks or financial institutions.

Table 17 also shows that close to half of participants reported awareness of the following sources of information, resources and services for those experiencing or at risk of experiencing elder abuse:

- a seniors rights service (45%; cf. 42%: participants aged 65 years and older; 46%: participants aged 18–64 years)
- the National Helpline 1800 ELDERHelp (47%; cf. 45%: participants aged 65 years and older; 47%: participants aged 18–64 years)
- a state or territory elder abuse helpline or prevention unit (45%; cf. 40%: participants aged 65 years and older; 46%: participants aged 18–64 years).

Nearly one-quarter of participants who nominated an 'other' response ($n = 246$), reported other sources of information, resources and services, with these including service providers delivering services to older people such as aged care providers and not-for-profit community service providers, family violence services and social networks.

Table 17: Awareness of sources of information, resources and services for people experiencing or at risk of experiencing elder abuse by age group, proportion answering 'yes' to each response

How participant became aware of information or material raising awareness about elder abuse	18–64 years		65 years or older		Total	
	N	%	N	%	N	%
Police**	516	93.1	193	85.8	709	91.0
Doctor, chemist or other healthcare professional**	456	84.0	163	73.4	619	80.9
Lawyer or legal service***	433	79.0	143	63.8	576	74.6
Advocacy service/network (e.g. COTA, OPAN or EAAA*)	371	65.5	179	73.7	550	68.0
Bank/financial institution**	301	56.1	86	41.0	387	51.8
1800 ELDERHelp (National Helpline)	264	47.4	104	44.8	368	46.6
A seniors rights service	256	46.1	97	42.2	353	45.0
Elder abuse helpline or prevention unit in your state or territory	257	46.3	90	40.0	347	44.5
Other (specify) ^a	36	20.5	12	17.4	49	19.9

Notes: Proportions based on participants who responded 'yes' to being aware of the type of information, resource or service. * $p < .05$; ** $p < .01$; *** $p < .001$ statistically significant based on *chi*-square test. Percentages may not total 100.0% due to rounding. ^a Proportion for other specify category based on $n = 246$ who selected this option. Other response options based on larger sample sizes ranging from $n = 747$ to $n = 809$ responses.

Participants in the survey were asked if they knew when and how to access these sources of information, resources and services or to refer someone to them who has experienced or is at risk of experiencing elder abuse. Participants could select one of the following response options:

- Yes, I know when to access or to refer someone to this organisation or service AND I know how to access it.
- I know when to access this organisation or service or to refer someone BUT I do not know how to access it.
- I do not know when to access this organisation or service or to refer someone OR how to access it.
- Do not know/Prefer not to say.

Table 18 presents these data and notable findings which include:

- More than half of participants (53%) reported that they knew when and how to access an advocacy service/network.
 - Although similar proportions of participants in the two age range categories reported knowing when and how to access these services/networks, participants aged 18–64% (28%) were more likely to a statistically significant extent to report not knowing when or how to access them compared to participants aged 65+ years (21%).

- A substantial proportion of participants reported knowing how and when to access a state/territory based elder abuse helpline or prevention unit (56%).
 - It is again notable that participants aged 18–64 years were more likely than people aged 65+ years to report knowing when and how to access a state/territory based elder abuse helpline or prevention unit (59% 18–64 years cf. 48% 65+ years).
- One-quarter of participants reported that they knew when and how to access other services, with these services including public advocates and guardianship services and protection units, My Aged Care service providers, not-for-profit community service providers and family violence services.
- Just over half of participants reported that they knew when and how to access banks or financial institutions in this context.
 - 55% of participants aged 18–64 years and 42% of participants aged 65+ years selected this response option, with this difference between age range categories being statistically significant.
- More than half of participants (56%) reported they knew when or how to access the 1800 ELDERHelp National Helpline.
 - However, it is notable that participants aged 18–64 years were more likely to report knowing when or how to access this helpline as compared to participants in the 65+ years age group (59% cf. 48%) to a statistically significant extent.
- A substantial proportion of participants reported knowing how and when to a seniors rights service (41%).
- Participants were most likely to report that they knew when to access or to refer someone to the police and knew how to access the police (83%). Participants aged 18–64 years more likely than people aged 65+ years to select this response option (86% cf. 75%) to a statistically significant extent.
- The next most commonly reported sources of information, resources and services that participants know when and how to access were:
 - doctors, chemists and other healthcare professionals (72%)
 - lawyers or legal services (65%).
 - Of particular note, participants aged 18–64 years were more likely than people aged 65+ years to select these response options to a statistically significant extent (75% cf. 63% and 69% cf. 55% respectively).

Table 18: Participants knowledge of when and how to access sources of information, resources and services or to refer someone to them who has experienced or is at risk of experiencing elder abuse by age group

Participant's knowledge of when and how to access or refer someone to sources of info, resources and services	18–64 years		65 years or older		Total	
	N	%	N	%	N	%
Police**						
Yes, I know WHEN to access or to refer someone to this organisation or service AND I know HOW to access it	471	85.8	167	75.2	638	82.7
I know WHEN to access this organisation or service or to refer someone BUT I do not know HOW to access it	19	3.5	16	7.2	35	4.5
I do not know WHEN to access this organisation or service or to refer someone OR HOW to access it	47	8.6	31	14.0	78	10.1
Do not know/Prefer not to say	12	2.2	8	3.6	20	2.6
Total	549	100.0	222	100.0	771	100.0
Doctor, chemist or other healthcare professional						
Yes, I know WHEN to access or to refer someone to this organisation or service AND I know HOW to access it	410	75.4	140	62.5	550	71.6
I know WHEN to access this organisation or service or to refer someone BUT I do not know HOW to access it	43	7.9	30	13.4	73	9.5

Participant's knowledge of when and how to access or refer someone to sources of info, resources and services	18-64 years		65 years or older		Total	
	N	%	N	%	N	%
I do not know WHEN to access this organisation or service or to refer someone OR HOW to access it	70	14.5	40	17.9	119	15.5
Do not know/Prefer not to say	12	2.2	14	6.3	26	3.4
Total	544	100.0	224	100.0	768	100.0

Lawyer or legal service***

Yes, I know WHEN to access or to refer someone to this organisation or service AND I know HOW to access it	377	68.5	122	54.7	499	64.6
I know WHEN to access this organisation or service or to refer someone BUT I do not know HOW to access it	57	10.4	32	14.3	89	11.5
I do not know WHEN to access this organisation or service or to refer someone OR HOW to access it	102	18.5	51	22.9	153	19.8
Do not know/Prefer not to say	14	2.5	18	8.1	32	4.1
Total	550	100.0	223	100.0	773	100.0

Elder abuse helpline or prevention unit in your state or territory**

Yes, I know WHEN to access or to refer someone to this organisation or service AND I know HOW to access it	327	59.2	111	48.1	438	55.9
I know WHEN to access this organisation or service or to refer someone BUT I do not know HOW to access it	62	11.2	34	14.7	96	12.3
I do not know WHEN to access this organisation or service or to refer someone OR HOW to access it	138	25.0	65	28.1	203	25.9
Do not know/Prefer not to say	25	4.5	21	9.1	46	5.9
Total	552	100.0	231	100.0	783	100.0

Advocacy service/network (e.g. COTA, OPAN or EAAA)

Yes, I know WHEN to access or to refer someone to this organisation or service AND I know HOW to access it	298	53.2	122	51.3	420	52.6
I know WHEN to access this organisation or service or to refer someone BUT I do not know HOW to access it	81	14.5	48	20.2	129	16.2
I do not know WHEN to access this organisation or service or to refer someone OR HOW to access it*	158	28.2	51	21.4	209	26.2
Do not know/Prefer not to say	23	4.1	17	7.1	40	5.0
Total	560	100.0	238	100.0	798	100.0

Bank/financial institution**

Yes, I know WHEN to access or to refer someone to this organisation or service AND I know HOW to access it	297	55.0	89	41.6	386	51.2
--	-----	------	----	------	-----	------

Participant's knowledge of when and how to access or refer someone to sources of info, resources and services	18–64 years		65 years or older		Total	
	N	%	N	%	N	%
I know WHEN to access this organisation or service or to refer someone BUT I do not know HOW to access it	83	15.4	40	18.7	123	16.3
I do not know WHEN to access this organisation or service or to refer someone OR HOW to access it	141	26.1	65	30.4	206	27.3
Do not know/Prefer not to say	19	3.5	20	9.3	39	5.2
Total	540	100.0	214	100.0	754	100.0
1800 ELDERHelp (National Helpline)						
Yes, I know WHEN to access or to refer someone to this organisation or service AND I know HOW to access it	259	46.6	94	41.8	353	45.2
I know WHEN to access this organisation or service or to refer someone BUT I do not know HOW to access it	103	18.5	43	19.1	146	18.7
I do not know WHEN to access this organisation or service or to refer someone OR HOW to access it	167	30.0	68	30.2	235	30.1
Do not know/Prefer not to say	27	4.9	20	8.9	47	6.0
Total	556	100.0	225	100.0	781	100.0
A Seniors Rights Service						
Yes, I know WHEN to access or to refer someone to this organisation or service AND I know HOW to access it	233	42.0	87	38.2	320	40.9
I know WHEN to access this organisation or service or to refer someone BUT I do not know HOW to access it	100	18.0	46	20.2	146	18.6
I do not know WHEN to access this organisation or service or to refer someone OR HOW to access it	191	34.4	75	32.9	266	34.0
Do not know/Prefer not to say	31	5.6	20	8.8	51	6.5
Total	555	100.0	228	100.0	783	100.0
Other (specify)*						
Yes, I know WHEN to access or to refer someone to this organisation or service AND I know HOW to access it	53	28.3	10	15.9	63	25.2
I know WHEN to access this organisation or service or to refer someone BUT I do not know HOW to access it	8	4.3	3	4.8	11	4.4
I do not know WHEN to access this organisation or service or to refer someone OR HOW to access it	27	14.4	20	31.7	47	18.8
Do not know/Prefer not to say	99	52.9	30	47.6	129	51.6
Total	187	100.0	63	100.0	250	100.0

Notes: * $p < .05$; ** $p < .01$; *** $p < .001$ statistically significant based on *chi-square* test. Percentages may not total 100.0% due to rounding.

Participants in the survey were also asked whether they had in fact accessed these sources of information, resources and services or referred someone who had experienced or was at risk of experiencing elder abuse to these sources.

Table 19 shows that:

- participants were most likely to report that they had accessed:
 - an advocacy service or network (22%)
 - lawyers or legal services (20%)
 - police (19%)
 - doctors, chemists or other healthcare professionals (17%)
- more than one in ten participants also reported accessing a seniors rights service (14%), or an elder abuse helpline or prevention unit in their state or territory (13%) or a relevant bank or financial institution (13%)
- a slightly smaller proportion of participants reported accessing the National Helpline 1800 ELDERHelp (11%).

The data in Table 19 also shows that participants were most likely to report referring another person to:

- lawyers and legal services (14%)
- doctors, chemists or other healthcare professionals (14%)
- elder abuse helplines or prevention units (13%)
- a seniors rights service (12%)
- the 1800 National Helpline 1800 ELDERHelp (12%)
- an advocacy service or network, including COTA, OPAN or EAAA (11%).

Of particular note, Table 19 shows that participants in the 18–64 years age group were more likely to report accessing the listed sources of information, resources and services compared to participants aged 65 years and older.

- This difference was statistically significant in relation to accessing lawyers and legal services, doctors, chemists or other healthcare professionals and banks and financial institutions.
- Older people aged 65+ years were more likely to report not accessing or referring to the police or banks and financial institutions to a statistically significant extent.

Table 19: Whether participants had accessed the sources of information, resources and services or referred someone who experienced or was at risk of experiencing elder abuse by age group

Have you assessed any of the following sources of information, resources and services or referred someone who is at risk of experiencing or has experienced abuse?	18–64 years		65 years or older		Total	
	N	%	N	%	N	%
Advocacy service/network (e.g. COTA, OPAN or EAAA)						
Yes, I have accessed this organisation or service	121	22	47	20.3	168	21.5
No, I have not accessed this organisation or service BUT I have referred someone to it	65	11.8	21	9.1	86	11.0
No, I have not accessed OR referred anyone to it	358	65.0	160	69.0	518	66.2
Do not know/Prefer not to say	7	1.3	4	1.7	11	1.4
Total	551	100.0	232	100.0	783	100.0
Lawyer or legal service**						
Yes, I have accessed this organisation or service	117	21.8	34	15.5	151	20.0
No, I have not accessed this organisation or service BUT I have referred someone to it	84	15.7	18	8.2	102	13.5
No, I have not accessed OR referred anyone to it	325	60.6	164	74.5	489	64.7
Do not know/Prefer not to say	10	1.9	4	1.8	14	1.9
Total	536	100.0	220	100.0	756	100.0

Have you assessed any of the following sources of information, resources and services or referred someone who is at risk of experiencing or has experienced abuse?	18–64 years		65 years or older		Total	
	N	%	N	%	N	%
Police***						
Yes, I have accessed this organisation or service	120	22.3	22	10.1	142	18.8
No, I have not accessed this organisation or service BUT I have referred someone to it	69	12.8	22	10.1	91	12.1
No, I have not accessed OR referred anyone to it	337	62.8	168	77.4	505	67.0
Do not know/Prefer not to say	11	2.0	5	2.3	16	2.1
Total	537	100.0	217	100.0	754	100.0
Doctor, chemist or other healthcare professional**						
Yes, I have accessed this organisation or service	101	19.1	22	10.2	123	16.5
No, I have not accessed this organisation or service BUT I have referred someone to it	80	15.2	26	12.0	106	14.2
No, I have not accessed OR referred anyone to it	338	64.0	161	74.5	499	67.1
Do not know/Prefer not to say	9	1.7	7	3.2	16	2.2
Total	528	100.0	216	100.0	744	100.0
A seniors rights service						
Yes, I have accessed this organisation or service	79	14.5	27	12.2	106	13.9
No, I have not accessed this organisation or service BUT I have referred someone to it	68	12.5	25	11.3	93	12.2
No, I have not accessed OR referred anyone to it	386	71.1	167	75.6	553	72.4
Do not know/Prefer not to say	10	1.8	2	0.9	12	1.6
Total	543	100.0	221	100.0	764	100.0
Bank/financial institution**						
Yes, I have accessed this organisation or service	80	15.2	15	7.1	95	12.9
No, I have not accessed this organisation or service BUT I have referred someone to it	62	11.8	16	7.6	78	10.6
No, I have not accessed OR referred anyone to it	373	71.0	175	82.9	548	74.5
Do not know/Prefer not to say	10	1.9	5	2.4	15	2.0
Total	525	100.0	211	100.0	736	100.0
Elder abuse helpline or prevention unit in your state or territory						
Yes, I have accessed this organisation or service	74	13.6	23	10.4	97	12.7
No, I have not accessed this organisation or service BUT I have referred someone to it	77	14.2	23	10.4	100	13.1
No, I have not accessed OR referred anyone to it	384	70.6	173	78.3	557	72.8
Do not know/Prefer not to say	9	1.7	2	0.9	11	1.4
Total	544	100.0	221	100.0	765	100.0

Have you assessed any of the following sources of information, resources and services or referred someone who is at risk of experiencing or has experienced abuse?	18–64 years		65 years or older		Total	
	N	%	N	%	N	%
1800 ELDERHelp (National Helpline)						
Yes, I have accessed this organisation or service	62	11.6	22	9.9	84	11.1
No, I have not accessed this organisation or service BUT I have referred someone to it	73	13.6	21	9.4	94	12.4
No, I have not accessed OR referred anyone to it	393	73.3	178	79.8	571	75.2
Do not know/Prefer not to say	8	1.5	2	0.9	10	1.3
Total	536	100.0	223	100.0	759	100.0
Other (specify)*						
Yes, I have accessed this organisation or service	23	9.9	3	3.1	26	7.9
No, I have not accessed this organisation or service BUT I have referred someone to it	14	6.0	3	3.1	17	5.2
No, I have not accessed OR referred anyone to it	132	56.7	69	71.9	201	61.1
Do not know/Prefer not to say	64	27.5	21	21.9	85	25.8
Total	233	100.0	96	100.0	329	100.0

Notes: * $p < .05$; ** $p < .01$; *** $p < .001$ statistically significant based on *chi-square* test. Percentages may not total 100.0% due to rounding.

Qualitative insights regarding improvements to awareness of and access to information, resources and services

An open text question was asked of survey participants regarding suggestions to improve awareness of and access to information, resources or services for people at risk of or who have experienced elder abuse ($n = 379$). More advertising through mainstream media (e.g. television, radio and newspapers) was identified as a strategy that would increase their awareness of how to access help ($n = 69/379$). For example: More on media – television, radio. (Woman, Vic, 50–59 years)

[Promote elder abuse] information on television shows such as A Current Affair/ABC News, 7.30 Report on ABC. (Woman, NSW, 65+ years)

Some responses to this question suggested that their understanding of elder abuse, and when and how to access services, could be improved through promotion on social media. These participants described how social media could be a good way of promoting awareness of elder abuse as well as information about when and how to access services across the life course, with particular attention focused on reaching young people. For example:

It needs campaigns targeting younger age groups through the social media channels. (Man, Vic, 60–64 years)

Many participants ($n = 128/379$) who responded to this open text question indicated that they would like to see more information about elder abuse and about how they could access help and support in community settings, including information sent to their homes or provided to them via a service they used (e.g. a doctor, community organisation, allied health professional or government service). For example:

[Elder abuse material should be sent via] email, and contact from services providing direct support. (Woman, NSW, 50–59 years)

[Information should be] sent via Centrelink. (Woman, NSW, 65+ years)

[Information should be sent] via financial services and MyGov. (Woman, NSW, 30–39 years)

Participants also highlighted the importance of education as a way of increasing awareness about elder abuse, and when and how to seek help ($n = 53/379$). Education included workplace training, and community seminars in libraries, schools and universities were identified as playing a crucial role in this regard:

[Elder abuse should be a] compulsory part of all work place education. (Woman, NSW, 60–64 years)

Discuss in community groups, in schools, at university (especially in courses that otherwise solely focus on intimate partner violence. (Woman, ACT, 18–29 years)

[Provide] seminars in libraries about elderly abuse. (Woman, Vic, 65+ years)

Participants who indicated that they had accessed or referred someone to the identified sources of information, resources and services were also asked whether they found them helpful.

Table 20 shows that:

- More than three-quarters of participants who had accessed or referred to these sources reported advocacy services or networks (80%) and seniors rights services to be helpful (79%).
- More than three-quarters of the participants accessing services or referring someone also reported lawyers and legal services (79%) and the 1800 ELDERHelp National Helpline (76%) to be helpful.
- Over two-thirds of these participants reported the state/territory based elder abuse helplines or prevention units (70%), the relevant bank or financial institution (70%) and doctors, chemists or healthcare professionals (69%) to be helpful.
- Less than one-third of participants accessing the police reported that they were helpful (31%).

Table 20 also shows that participants aged 65 years and older were more likely indicate that Advocacy services, seniors rights service, and an elder abuse helpline or prevention unit in their state were helpful, whereas this age group less frequently rated police and doctors, chemist or other healthcare professionals as helpful compared to participants 18–64 years old. However the differences were not to a statistically significant extent.

Table 20: Whether the sources of information, resources and services were helpful by age group

Were the information, resources or services you accessed or referred someone who is at risk of experiencing or has experienced abuse helpful?	18–64 years		65 years or older		Total	
	N	%	N	%	N	%
Advocacy service/network (e.g. COTA, OPAN or EAAA)						
Yes, it was helpful	91	77.8	40	87.0	131	80.4
No, it was not helpful	20	17.1	3	6.5	23	14.1
Do not know/Prefer not to say	6	5.1	3	6.5	9	5.5
Total	117	100.0	46	100.0	163	100.0
Police						
Yes, it was helpful	39	33.1	5	22.7	44	31.4
No, it was not helpful	9	7.6	2	9.1	11	7.9
Do not know/Prefer not to say	118	100	22	100	140	100
Total	70	59.3	15	68.2	85	60.7
Lawyer or legal service						
Yes, it was helpful	91	79.1	27	79.4	118	79.2
No, it was not helpful	19	16.5	4	11.8	23	15.4
Do not know/Prefer not to say	5	4.3	3	8.8	8	5.4
Total	115	100.0	34	100.0	149	100.0
A seniors rights service						
Yes, it was helpful	60	76.9	23	85.2	83	79.0
No, it was not helpful	12	15.4	3	11.1	15	14.3
Do not know/Prefer not to say	6	7.7	1	3.7	7	6.7
Total	78	100.0	27	100.0	105	100.0

Were the information, resources or services you accessed or referred someone who is at risk of experiencing or has experienced abuse helpful?	18–64 years		65 years or older		Total	
	N	%	N	%	N	%
1800 ELDERHelp (National Helpline)						
Yes, it was helpful	46	78.0	15	71.4	61	76.3
No, it was not helpful	10	16.9	3	14.3	13	16.3
Do not know/Prefer not to say	3	5.1	3	14.3	6	7.5
Total	59	100.0	21	100.0	80	100.0
Bank/financial institution						
Yes, it was helpful	54	70.1	10	71.4	64	70.3
No, it was not helpful	18	23.4	3	21.4	21	23.1
Do not know/Prefer not to say	5	6.5	1	7.1	6	6.6
Total	77	100.0	14	100.0	91	100.0
Elder abuse helpline or prevention unit in your state or territory						
Yes, it was helpful	47	66.2	16	84.2	63	70.0
No, it was not helpful	17	23.9	3	15.8	20	22.2
Do not know/Prefer not to say	7	9.9	0	0.0	7	7.8
Total	71	100.0	19	100.0	90	100.0
Doctor, chemist or other healthcare professional						
Yes, it was helpful	71	71.0	13	61.9	84	69.4
No, it was not helpful	24	24.0	5	23.8	29	24.0
Do not know/Prefer not to say	5	5.0	3	14.3	8	6.6
Total	100	100.0	21	100.0	121	100.0
Other (specify)						
Yes, it was helpful	15	71.4	2	100.0	17	73.9
No, it was not helpful	4	19.0	0	0.0	4	17.4
Do not know/Prefer not to say	2	9.5	0	0.0	2	8.7
Total	21	100.0	2	100.0	23	100.0

Notes: Proportions based on participants who assessed information, resources and services or referred someone who is at risk of experiencing or has experienced abuse. Percentages may not total 100.0% due to rounding.

Qualitative insights regarding improvements to material about elder abuse

Survey participants who had previously seen material about elder abuse were also asked an open text question about how that material could be improved. Of the participants who responded to this question, some ($n = 49/308$) suggested that information, resources and services where they accessed material about elder abuse could be improved by being more available within more community contexts. For example, doctors' surgeries, community centres, hospitals and allied health offices were identified by these participants as sites to improve access to material about elder abuse:

It needs to be in more places including medical centres, Centrelink, Medicare, etc. (Woman, NSW, 40–49 years)

More information in different forums, doctors surgery, GP, community notice boards, dentists, hospitals. (Woman, NSW, 40–49 years)

Elder abuse is a whole of society issue. Therefore campaigns should be everywhere, Early childhood, schools, hospitals, shopping centres, libraries etc. (Woman, SA, 65+ years)

Some participants ($n = 50/308$) responding to this open text response also suggested that material about elder abuse should be more targeted, including providing specific information about what abuse looks like. In particular, some participants sought information about less visible acts of abuse, such as coercive control and

emotional abuse. Participants also emphasised the importance of providing specific information about how to access help in response to elder abuse. For example:

Material also needs to include very subtle and covert forms of elder abuse. What I see available are very obvious ones to me. (Woman, SA, 40–49 years)

[We] need more information about what to do about abuse. (Woman, Vic, 60–64 years)

Participants also expressed a need for information, resources and services to target particular cohorts, including young people, people with disability and people from Culturally and Linguistically Diverse backgrounds:

Target teenagers and young adults in their language on social media to educate prior to learned negative attitudes. (Woman, Vic, 65+ years)

More of it would be helpful and families seeking information about enduring guardian and power of attorney while older people still have capacity. (Woman, NSW, 40–49 years)

Some participants suggested that access information about elder abuse could be improved by making the materials, themselves, more accessible by using plainer language and providing information in a wider variety of languages ($n = 48/308$). Participants' responses also suggested that information could be made to be more culturally inclusive, especially for First Nations communities. For example:

I think it should be produced in languages other than English and in a variety of formats. Written guides and pamphlets are not always helpful, particularly if English literacy is low. (Woman, NSW, 30–39 years)

Make it easier to read and understand for those with literacy issues. (Woman, NSW, 40–49 years)

Survey participants who had accessed information, resources or services in response to elder abuse previously were asked an open text question about the extent to which the information, resources or services were helpful or unhelpful. Of the participants who responded to this question, half ($n = 113/216$) indicated their experience was helpful overall. In particular, many participants described how they found information about informed decision making and about how to respond to elder abuse in practical ways to be helpful ($n = 75/216$). These participants described, for example, how they had found the information accessed and advice received supported informed decision making, acknowledged and validated the experiences of the older person and provided practical support beyond the provision of information. For example:

The information was presented in an easily accessible format, and we were treated with respect and dignity. (Woman, Qld, 40–49 years)

They provided more information and options to the person so they were more confident to take actions and ensure their safety and the safety of others. It was also a good way for the person to know they were not alone, to recognise allies and friends who they could share things with. We can't underestimate the emotional toll of elder abuse and the importance of peer support for older people. There is shame attached to this and so a safe, facilitated place to have support from others is crucial. Funding places like Neighbourhood Centres to do this is vital – local, community-based organisations. (Woman, Qld, 50–59 years)

The information I received was helpful because it was about the older person's rights, and normalised that seeking legal support and/or support from police is important to achieve safety. (Woman, Vic, 30–39 years)

The information was clear, they listened to me about my concerns about my mother, they assisted me in keeping my mother safe from my brother. (Woman, Qld, 50–59 years)

[The professional was] very supportive. Understanding and gave fabulous guidance. (Woman, Vic, 65+ years)

[The professional] helped the person to have a decision maker that had their best interests at heart. (Woman, WA, 50–59 years)

Palliative care team at the hospital was very supportive and explained where help was available to help with mother's care needs. Chemists very helpful in setting up for medications and monitoring. Doctors also helpful in making sure quality of life is maintained. (Woman, Qld, 50–59 years)

A substantial number of open text responses to this question described how the information, resources and support had been unhelpful ($n = 99/216$). Specifically, participants described how it was difficult to gain assistance in identifying the abuse or practical support to stop the abuse ($n = 89/216$). For example, some

participants described how the advice and action from professionals or services were ineffective, too generalist or too costly, including referral processes to services.

My own mother was being taken advantage of by a neighbour of hers due to her declining mental capacity. I tried to coordinate with her financial institution about how much and how often she was making bank withdrawals, but they refused to assist. I ended up having to create a 'secret' bank account and move as much money across as possible to protect her. (Woman, Vic, 50-59 years)

Senior rights have limited resources and were unable to respond in a timely manner, referring us to a general family violence organisation who also did not have the resources to provide the support needed. (Woman, Vic, 50-59 years)

Legal advice can be expensive and often can't go anywhere because of the prohibitive cost of going to court. Also a family member is unable to get the info they need to take things further and, once a person has died, their medical records are sealed and complaints go nowhere. I know the aged care home was guilty of many, many breaches when it came to Mum's care and I was pretty much powerless to do much about it. (Woman, NSW, 65 years+)

More specifically, some participants described services that relied on victim/survivors consenting to assistance or intervention to be unhelpful ($n = 17/216$). Participants described how victim/survivors were often reluctant to take action against the perpetrator of their abuse, and relying on their consent made it difficult to take action to stop the abuse:

There was nothing that could be done to help my father as he wanted to stay in abusive relationship and not get his partner in trouble. (Woman, NSW, 50-59 years)

I was advised that unless the elderly person made a complaint against their carer we could do nothing. (Woman, Tas, 60-64 years)

When you look at criminal neglect, abuse, sexual assault, etc., a third party cannot report. The older person is scared. The quality safety commission is too overwhelming and community's perception is that they are in pocket of providers. Police don't want to know, not a crime to lock older person up. Can't prosecute if victim has dementia. Not helpful to give the community all this information that just leads to a dead end for us. (Woman, NSW, 50-59 years)

As foreshadowed in the response quoted directly above, the complexity associated with securing the required advice and support was also mentioned by participants, who described how the information, resources and support were unhelpful:

I went around in circles trying to access help. Everyone wanted to help, but it was in the too hard basket. I kept being referred to someone else! Twice when I called the Elder Abuse line, they could not take my call, nor could I leave a voicemail for a call back! Very frustrating and worrisome! (Woman, NSW, 60-64 years)

Police attended address but elderly person confirmed they were ok, so nothing was done. (Woman, NSW, 50-59 years)

The provided info and support and didn't immediately act as per request of older person involved, took it slowly and carefully. (Woman, SA, 50-59 years)

Participants describing how the information, resources and supports were unhelpful also identified some as disbelieving or dismissing the concerns of older people:

[The older person was] not believed by police, dismissed before an investigation happened. (Woman, Qld, 40-49 years)

I referred a lady to the police once in our small rural community as she had been physically abused by her son. The police told her to go to her doctor, who told her that it was 'private matter' and that he could not get involved. There is a very outdated idea about abuse of older people amongst doctors, police and some other community providers in our area. The best avenue would be to go to OPAN or another similar service who know the current requirements and where the best person is for that to go. Small communities are difficult because everyone knows everyone and generally there is a perception that it is better to 'keep quiet' and keep to yourself (even doctors and police prefer sometimes to 'not get involved'). (Woman, NSW, 50-59 years)

Gaps in knowledge and information

Participants were also invited to provide an open text response to a question exploring what information and services that participants were less aware of and wanted to know more about, with 224 responses provided to this question. More information about recognising what elder abuse looks like, especially to help identify the types and how prevalent these are, was the most common area participants identified they want to know more about ($n = 103/224$).

Statistics – how common is it? Does it affect different cultures or groups more of less? Where should we be looking for it? (Woman, Vic, 40–49 years)

How to identify the lines between someone making undesirable but non-abusive decisions and abusive decisions. (Man, Vic, 18–29 years)

What to look out for and how best to ask older people if they are ok and well cared for. (Woman, NSW, 50–59 years)

How to recognise the symptoms and effects of abuse. (Man, NSW, 65+ years)

Within this theme, some participants also wanted to understand how elder abuse manifested amongst diverse communities and people with cognitive impairments. For example:

[I would like to know more about] older people who are LGBTIQ+ and how it's different than heterosexual, gender conforming older people. (Woman, Vic, 40–49 years)

How to recognise elder abuse when the older person has a cognitive disability like dementia. (Woman, NSW, 50–59 years)

Abuse of people with dementia or other cognitive impairment. Particularly those who are in residential aged care and are separated from family or friends. (Woman, Qld, 60–64 years)

Some participants reported that they would like to know more about services available ($n = 35/224$), particularly training that could help them to better understand and respond to elder abuse, including the location and availability of training services. Specifically, participants showed interest in training that explored the signs of less visible forms of abuse, such as emotional abuse or coercive control:

More education should be provided on social emotional abuse. (Woman, Vic, 50–59 years)

[I would like to know] how to pick up subtle signs of abuse. (Woman, NSW, 65+ years)

[I'd like to know more about] psychological and emotional abuse as often difficult to detect. (Woman, SA, 65+ years)

[I would like to know more about] coercive control involving children or extended family members. (Woman, NSW, 30–39 years)

A substantial proportion of the participants providing an open text response indicated that they wanted to be more aware of how they could take action in response to abuse ($n = 77/224$). More specifically, participants described wanting to know how to report abuse in a way that led to investigation or which prevented the abuse from recurring.

[I would like to know more about] action that can be taken if I suspect elder abuse. (Man, NSW, 40–49 years)

[I would like to know more about] how to intervene when you see it? Who can help. (Woman, Vic, 50–59 years)

[I would like to know more about] protecting older people from online scams and online abuse. (Unidentified, Qld, 65+ years)

A small proportion of participants who provided a response indicated that they wanted to be more aware of their legal obligations and options in relation to elder abuse or of the rights of a loved one and how to exercise them ($n = 39/224$):

What are reasonable expectations of police involvement, when it is not yet clear if a crime has been committed or where the elder person is very concerned/worried about police involvement? (Woman, NSW, 60–64 years)

How to go about dealing with the power of attorney when the aged care provider won't speak to you about medications, cleanliness, and general welfare of the resident. (Woman, Vic, 65+ years)

[I need to know more about] safeguarding laws and approaches to protect older Australians. (Woman, WA, 40–49 years)

An open text survey question also invited participants to make suggestions about how to improve awareness of elder abuse ($n = 426$). Participants most frequently suggested raising awareness of elder abuse more through different forms of media ($n = 145/426$). These suggestions included local media, television, radio and online:

Currently elder abuse is something that is not much spoken about/people are unaware of it/topic or presence avoided due to discomfort. I suggest continuing to work to make it a common discussion in society in order to remove/reduce stigma so people are more inclined to talk about it and recognise it, which will result in people feeling able to ask for help. Build awareness in the community of elder abuse, what it is, how to recognise it, the fact that it is NOT acceptable, and the support services available through more community education and the introduction of ads on television/online/streaming services and trains/billboards, etc. (Woman, WA, 30–39 years)

More information on TV and radio. (Woman, Qld, 40–49 years)

More media. Leaflets in the mail with contact information on it. (Man, Qld, 65+ years)

Of the participants who responded to this question, many indicated that improving education is a priority ($n = 100/426$), especially for professionals in aged care and community services to receive more education and training about elder abuse and how to provide good care to older people. In particular, participants suggested that additional focus should be placed on education in aged care and community services that support people from cultural and linguistically diverse backgrounds and people with disability. For example:

Aged care facilities and community services should provide mandatory training for all staff on how to identify and report elder abuse. We know it is severely underreported. (Woman, WA, 30–39 years)

More training within community organisations, community groups, service clubs. (Woman, WA, 65+ years)

Among people from CALD and First Nations – we need to raise awareness, as cultural background sometimes demands that we accept certain behaviours/treatments, so as to keep good family relationships. (Woman, Qld, 65+ years)

Some participants also observed that education and awareness about elder abuse needed to start sooner to ensure that younger generations did not engage in elder abuse or use behaviours known to be associated with abuse. For example:

I think conversations and knowledge has to start younger. Elderly need to know it's not ok and where to turn but so do the younger generations if they see something and so that they don't ignore the signs of elder abuse. (Woman, NSW, 30–39 years)

Start with child education on abuse and what to do when witnessing it. Education compulsory for all employees like child protection and work place safety. (Woman, NSW, 60–64 years)

Try to target younger people through social media and advertising perhaps so they know the signs. (Woman, Vic, 18–29 years)

Some of these participants providing an open text response indicated that systemic change was needed to improve information, resources and services related to elder abuse ($n = 72/426$). Participants described systemic change as including changes to legislation, policy and the way in which services were delivered and monitored:

[Elder abuse] should be criminalised in its own right and therefore there would be more redress when such vulnerable people are being manipulated by close family. (Woman, Qld, 65+ years)

Regulate the aged care industry and provide education, higher wages and conditions for all aged care workers. (Woman, NSW, 65+ years)

New legislation to impose severe penalties (including jail time) for any person who perpetrates elder abuse. (Woman, Qld, 40–49 years)

Addressing ageism as a preventative mechanism was also highlighted by participants providing an open text response as a systemic way in which elder abuse information, resources and services could be improved. For example:

Tackle ageism in every service/system level. With more respect, comes more awareness. (Woman, Vic, 30–39 years)

Systems approach to addressing the underlying issues, e.g. ageism, low social expectations of older people and not valuing the roles and contribution they can make. (Woman, Vic, 50–59 years)

As foreshadowed in the discussion of a separate open text question, some participants providing a response to this question suggested that information, resources or services about elder abuse could be improved by focusing on what constitutes abuse. For example:

Physical abuse or verbal abuse is well recognised; however, financial, emotional and other more subtle forms of abuse are often not considered to be elder abuse. A public campaign, be it advertising, literature/posters in public spaces such as libraries, hospitals, banks, etc., educational programs delivered through partnership with existing organisations for the elderly and carers regarding the various forms of abuse to at least start the conversation and questioning may be of benefit. (Woman, Vic, 50–59 years)

More information sessions about what it [elder abuse] looks like directed at everyone, not just seniors. (Woman, WA, 30–39 years)

Education campaigns that speak about all types of abuse, not just physical abuse. (Woman, Vic, 40–49 years)

Many participants suggested that information and resources could be provided to the community in more practical, yet innovative ways ($n = 108/426$):

Create easy English brochures/flyers to include with rates notices on what elder abuse is and who to contact. (Woman, Vic, 40–49 years)

Council rate notices or newsletters, local library, health and allied care waiting rooms, major and local newspapers, TV. (Woman, NSW, 65+ years)

Information must be continued to be widely circulated in community forums, shopping centres, GP practices and chemists. (Woman, NSW, 65+ years)

A small proportion of participants providing an open text response to this question also suggested that information, resources and services about elder abuse could be improved through the inclusion of older people's voices ($n = 34/426$):

Persons involved in elder abuse prevention to actually come out to meet with elders on home care packages and really listen to their stories. (Woman, WA, 65+ years)

Listen and ask questions of the elderly. (Woman, Vic, 65+ years)

Talk to people; ask them questions about their lives and living conditions. (Woman, NSW, 65+ years)

Go to groups/organisations/activities where older people gather and provide info through sharing stories of change for those with a lived experience. (Woman, Qld, 50–59 years)

Priorities for next National Plan

Participants were asked to provide open text responses to a question seeking their views on what should be prioritised by governments in the next National Plan, with 419 providing a response. Many described how they would like to see efforts in the National Plan directed towards systemic change, including changes to legislation ($n = 126/419$). For example:

[Change] legislation – making elder abuse a crime punishable by law. (Man, Qld, 65+ years)

Make the offence of abuse civil criminal action. (Woman, Qld, 65+ years)

Investment in preventative measures, advertising case studies and consequences, how the abuse is reported and what the outcomes are for the whistleblower, the h and the victim. (Woman, Tas, 50–59 years)

Participants suggesting systemic change also thought that the next National Plan should focus on reducing stigma associated with becoming older, as a mechanism for preventing abuse:

It would be good if the community placed a greater appreciation of older people ... their knowledge ... their time they have available to be effectively employed and valued for their input. (Woman, NSW, 65+ years)

Address ageism: it needs a lot of creative ideas to promote positive attitudes towards ageing through public education campaigns and initiatives. (Woman, NSW, 50–59 years)

Another suggestion frequently raised by participants in the open text response to this question was that the next National Plan focus on education and awareness about elder abuse, particularly amongst professionals who interact with and support older people but also within the wider community ($n = 127/419$). For example:

[The next plan should focus on] education and awareness raising to address ageism, which is a significant driver of elder abuse. (Woman, Vic, 60–64 years)

All staff who work with residents with dementia [should] be required to attend an educational facility to do studies relating to dementia/Alzheimer's to attain a diploma in dementia studies. The majority of carers working at aged care facilities only do training for dementia over 3 months, which is not long enough and is not providing the care these residents need. (Woman, WA, 65+ years)

Campaigns in both primary and high school. I believe education not punishment is the key. (Woman, Vic, 40–49 years)

Maybe spread more awareness and actually require students or other people in their institutions to attend seminars about this. (Woman, Vic, 18–29 years)

Some participants described a need for the next National Plan to focus on reviewing and improving existing services for older people, including increasing funding and availability of existing services ($n = 72/419$). For example:

Greater funding for aged care would probably reduce strain on carers and instances of elder abuse. (Woman, Vic, 18–29 years)

Additional budget to increase resources within senior rights and family violence organisations, with a preference of having a dedicated elder abuse program included. (Woman, Vic, 40–49 years)

More funding in aged care facilities for more workers so they don't get overworked, stressed and exhausted and are therefore less likely to abuse elders. (Woman, NSW, 65+ years)

Participants also suggested changes that reduce conditions that exacerbate elder abuse in the context of the provision of aged care services should be prioritised:

Better pay and conditions for staff working in residential care. Protection for whistleblowers legislation improved. (Woman, SA, 65+ years)

Better staff to resident ratios in aged care. Better staff training and vetting of staff. (Woman, unidentified, 65+ years)

More robust reporting mechanisms and provider requirements to improve staff training and education in Community setting and residential care. Increase provider's obligations to prevent [abuse] where possible, e.g. more staff and better education. (Woman, NSW, 65+ years)

[We need] closer monitoring and accountability of aged care facilities. (Woman, NSW, 40–49 years)

Educate police and fund police to investigate aged care providers. (Woman, NSW, 50–59 years)

Some participants suggested that more investment should be made in the next National Plan towards creating and funding services that can take practical and prompt steps to investigate and take action against elder abuse ($n = 55/419$). For example:

Respond to the growing need to provide practical assistance to seniors experiencing abuse. (Woman, WA, 40–49 years)

The government needs to fund services that can work with older people to address their safety needs and trauma. (Woman, Vic, 30–39 years)

Funding for services to provide support in response to cases of elder abuse. At the moment, services are mainly only offering information and referral. (Woman, Qld, 30–39 years)

More generally, some participants suggested that the next National Plan focus on reducing stigma associated with becoming older as a mechanism for preventing abuse:

It would be good if the community placed a greater appreciation of older people ... their knowledge ... their time they have available to be effectively employed and valued for their input. (Woman, NSW, 65+ years)

Address ageism: it needs a lot of creative ideas to promote positive attitudes towards ageing through public education campaigns and initiatives. (Woman, NSW, 50–59 years)

Some participants suggested that the next National Plan should focus on creating additional resources and information to raise awareness about elder abuse and the action that can be taken in response to it ($n = 28/419$). In particular, these participants stressed the importance of information and resources being accessible for CALD communities and people with disability:

[There needs to be] more hard copy educational materials in different languages. (Woman, Vic, 40–49 years)

[Need] information that is accessible to people of all ages and abilities. (Woman, NSW, 40–49 years)

Some participants suggested that the next National Plan should invest in further research, with particular focus on the underlying causes of elder abuse:

[The next National Plan should] determine what are the common denominators, i.e. carer stress, financial crisis, inability to deal with behaviours, etc. (Woman, Vic, 65+ years)

Perhaps looking at what support can be provided to the abusers. Depending on the situation, some carers are unable to provide appropriate care to their elderly parents and on occasion the elderly person may be the true perpetrator. (Woman, Tas, 60–64 years)

A focus on community engagement in the next National Plan was also identified by some participants ($n = 17/419$), especially engagement with older people, themselves, to ensure their perspectives and voices are represented in the information, resources and services that affect them:

Encourage Local Government to engage with older Australians. (Man, WA, 65+ years)

More spending on communication with the elderly. (Man, WA, 65+ years)

Governments need to be more closely connected to the communities they serve. Bi-lingual or bi-cultural staff should be out in the community attending social groups and also out in GP clinics and hospitals where people can reach out and have a confidential conversation about their experience and receive an immediate reply and support. (Woman, NSW, 40–49 years)

Summary

This chapter presented the quantitative and qualitative findings from the national Survey of the General Community ($n = 909$, 88% female).

The quantitative data from the survey indicate that strong majorities of participants in both the 18–64 years age group (83%) and the 65+ years age group (75%) considered that elder abuse was common in the community, with more than three-quarters indicating that they considered most people turned a blind eye to it. More than 80% of participants in both age categories indicated their disagreement with the proposition that elder abuse was a private matter to be dealt with in the family, that elder abuse was understandable if the abuser was under a lot of stress or if the older person was difficult. More specifically, the data showed that strong majorities of participants in both age categories also identified the range of behaviours constituting financial abuse, physical abuse, sexual abuse and abuse relating to an older person's language and culture and most also identified the range of behaviours constituting psychological abuse and neglect.

A bare majority of participants were not aware of the National Plan, with more than half of the participants in each age group (54%–55%) reporting that they were not aware of the National Plan prior to their engagement with this evaluation. However, as mentioned on page 103, it is important to note that the sample of participants for the Community Members Survey is not representative of the broader population. Rather, this survey is based on a sample of participants drawn from recruitment activities through a range of stakeholders and service providers, including those working with or representing the interests of older people. Of those who were aware of the National Plan before hearing about our evaluation, they most commonly reported hearing about it through an advocacy group (40%), with substantial proportions also reporting that they became aware of the National Plan

through the news and general media and through advertising and awareness campaigns, and support services and helplines, albeit to a lesser extent.

Significantly, more than two-thirds of participants reported that they had seen other information or material raising awareness about elder abuse in Australia before hearing about this evaluation. Participants who reported being aware of this information or material were most likely to report that the format of this information was through a government publication or pamphlet and from information sheets or pamphlets about elder abuse from a community organisation. Most of these participants reported becoming aware of this information through advocacy groups, followed by the news and general media, and then by advertising or awareness campaign and social media and the internet more generally. Education and workplaces were another source of information, particularly for people in the 18–64 years age category.

In relation to sources of information, resources and services for those experiencing elder abuse or at risk of experiencing abuse, participants most commonly reported awareness of the police (91%), doctors, chemists or other healthcare professionals (81%) and lawyers or legal services (75%), closely followed by advocacy services and networks (68%) as sources of this information, resources and services. Notably, however, participants aged 18–64 years were more likely to nominate police, doctors or lawyers (to a statistically significant extent) and people aged 65+ years were more likely to nominate advocacy services or networks to a statistically significant extent.

Participants were most likely to report that they knew when to access or to refer someone to the police and knew how to access the police, doctors, chemists and other healthcare professionals and lawyers or legal services. More than half of participants also reported that they knew how to access advocacy services and networks and the 1800 ELDERHelp National Helpline. Fewer participants (56%) reported knowing when and how to access the state/territory-based helplines or prevention units, particularly those aged 65 years and older (48%). Once again, of particular note, participants in the 18–64 years age group were more likely to report that they knew when to access or to refer someone to the police and advocacy services and networks, as well as to the Elder Helpline, as compared to participants aged 65+ years to a statistically significant extent.

The survey data presented in this chapter also show that participants were most likely to report that they had accessed an advocacy service or network, lawyers or legal services, or police, followed by doctors, chemists or other healthcare professionals. Once again, participants aged 65 years and older were less likely to report accessing the listed sources of information, resources and services compared to participants in the 18–64 years age group. These differences were statistically significant in relation to accessing lawyers and legal services, doctors, chemists or other healthcare professionals and banks and financial institutions. The qualitative open text responses regarding how to improve access to these information resources and services were most likely to suggest increased advertising through mainstream media as well as social media. Participants also suggested greater provision of information in community settings, including material sent to their home or provided to them through a service provider.

In relation to whether the sources of information, resources and services were helpful, more than three-quarters of participants reported advocacy services or networks and seniors rights services to be helpful when they accessed them. A slightly lower proportion, but still more than three-quarters of the participants accessing services, reported lawyers and legal services and the 1800 ELDERHelp National Helpline to be helpful. Of particular note, the data show that participants aged 65 years and older were more likely to report that these sources of information, resources and services were helpful than were participants aged 18–64 years, except for those who received help from the 1800 ELDERHelp National Helpline.

Qualitative data indicated that participants were seeking information about elder abuse that was more targeted, including specific information about what less visible forms of elder abuse looks like, as well as expressing a need for more information, resources and services targeting the needs of specific cohorts, including young people, people with disability and people from CALD backgrounds. Improvements were suggested in relation to the format of the information, suggesting plainer language and materials in a wider variety of languages, as well as more culturally inclusive materials for First Nations communities. Participants described how the advice or actions of professionals or services could be ineffective, too generalist or too costly, with some participants highlighting services that relied on victim/survivors consenting to assistance or intervention to be unhelpful.

More generally, participants described a need for education and training opportunities to better understand and identify elder abuse and in regard to the options for action in response to instances of elder abuse. Suggestions also included the provision of information and resources in practical and innovative ways, with improvements in the provision of information resources and services through the inclusion of older people's voices. Some participants noted the need for this education and training to commence at a young age. Systemic change was

also identified including in relation to relevant legislation and policy and in the way that services are delivered and monitored, including addressing ageism as a preventative mechanism.

Many participants also referred to the need for systemic change when reflecting on the priorities for the next National Plan, including changes to legislation and reducing the stigma associated with becoming older. A substantial proportion of participants suggested a focus on education and awareness about elder abuse, particularly among professionals interacting with and supporting older people, and in the wider community. Some participants suggested that the next National Plan highlight the need to create more accessible resources and information about elder abuse, particularly for people from varying cultural backgrounds and for people with a disability. Reviewing and improving existing services, including by increasing funding for and the availability of services, were also identified as areas of focus for the National Plan. Participants called for changes that prioritise a reduction in the conditions that exacerbate elder abuse in the context of aged care services, and for the next National Plan to direct attention toward implementing services that take practical and prompt steps to take action and respond to elder abuse. Of particular note, some participants suggested the National Plan direct attention toward government and service providers improving their connections to the communities they are engaging with, as acknowledging the contributions of those with lived experience of elder abuse can make towards a better understanding of, and response to, elder abuse.

6 Findings from the focus groups

This chapter presents the findings from focus groups conducted by the National Ageing Research Institute (NARI) research team with a cross-section of representatives from services and organisations concerned with protecting the rights of older people. The focus groups explored participants' views on the development, appropriateness and immediate impact of the National Plan, and opportunities for further action. Issues explored with focus group participants include:

- how the National Plan was developed
- how the National Plan's Priority Areas have been realised and how they could be better realised in future and
- considerations for future iterations of the National Plan.

Ten focus groups were conducted with 52 stakeholders from 44 agencies. All focus group participants were asked the same questions related to the previous issues. Participants from national, state and territory jurisdictions across Australia attended, representing the following service types:

Table 21: Service type of focus group participants by number of agencies and total participants

Service type	Number of agencies	Number of participants
Crisis and emergency	5	5
Legal	9	11
Advocacy	14	14
Counselling and mediation	4	9
Health and community care	8	9
Government agencies	4	4
Total	44	52

Interview recordings were transcribed and thematically analysed according to the key priority areas of the National Plan and the evaluation research questions, while allowing for new themes to arise from the data. The findings are presented in this chapter.

The development of the National Plan

Participants indicated that there should have been greater opportunities to contribute to the National Plan.

Most participants (47 out of 52 consulted) reported that they or their agencies, to the best of their knowledge, were not consulted in the development of the National Plan and indicated that there was a distinct lack of consultation. Two of the five participants who did take part in consultations as part of the development process indicated that even those opportunities had limitations:

It's hard to get the voices of a lot of people ... our sector tried to pull together the priorities, a list of priorities, and contribute that, I think that was good, but when they first developed [the National Plan] there wasn't this type of opportunity that we're having right now. (Participant 16 – Legal)

I felt it was too short, I felt that we were just given a short amount of time in small groups to throw stuff back and stick things on – I think it should have taken a little longer and been a little bit thorough. Some of the things I was concerned about I think were perhaps there somewhere. (Participant 22 – Counselling and mediation)

Perceived lack of consultation with diverse communities

Some participants (five) reported that there was a lack of consultation with LGBTQI+ and CALD communities. Participants noted that consultations may have resulted in greater focus on awareness raising for culturally diverse and digitally excluded people and plans for the development of culturally appropriate responses

If there had've been proper consultation ... there would've been areas [of the National Plan] that were pretty different. (Participant 41 – Health and community care)

[There are] issues with digital exclusion for older people from migrant and refugee backgrounds ... think about diversity. (Participant 14 – Advocacy)

Lots of hidden abuse within our migrant and refugee populations ... hasn't been addressed, hardly. (Participant 32 – Health and community care)

Uncertainty about the intended role or purpose of the National Plan

Many participants (13) expressed that they were unsure what the role of the National Plan is, particularly what the theory of change is, and/or who are the intended agents of change:

What's the purpose of the Plan? ... It hasn't really impacted very much at all ... You have these great priority areas, but ultimately what's the goal? (Participant 5 – Health and community care)

The other part of the Plan needs to be 'What is the government going to input into this and what is expected of the service sector?' (Participant 4 – Counselling and mediation)

Some were confused by the inclusion of actions and initiatives that were already being undertaken

Four participants noted that some of the National Plan's actions and initiatives were already being undertaken prior to the National Plan and were not clearly delineated as such:

That was already being done, like, we've been doing this stuff, sharing information ... we didn't need a Plan for that. (Participant 5 – Health and community care)

It looks like things were done because of the Plan, but really the Plan confirms things that were being done ... [it] said out loud what was already happening. (Participant 16 – Legal)

If you look at the actual plan, they rolled in some of the things that they were already doing. (Participant 13 – Government agencies)

A minority suggested that the National Plan was not well or widely disseminated

Three participants reported a lack of awareness of the National Plan within organisations as well as the wider community:

I have to admit, my knowledge of the fact that there is a National Plan is very limited, which might sort of in itself say a lot about the effectiveness of the communication strategy. (Participant 39 – Legal)

My organisation includes a counselling service, a homeless service, a queer service, an aged care service ... they probably don't even know that it [the National Plan] exists. (Participant 21 – Crisis and emergency)

Priority Area 1: Enhancing our understanding

Since the implementation of the National Plan, understandings of elder abuse have improved – particularly due to the National Elder Abuse Prevalence Study (NEAPS)

Since the implementation of the National Plan, thirteen participants indicated that they are better informed about elder abuse, particularly:

- forms of elder abuse and their prevalence
- the definition and scope of elder abuse
- protective factors.

Those [prevalence] results have given us insights ... in terms of the extent of different types of abuse. (Participant 48 – Legal)

The National Prevalence Study, I think, has been hugely significant ... framing how we view family violence and elder abuse. (Participant 6 – Health and community care)

Two workers reported that the results of the prevalence study revealed rates of some types of abuse much higher than was expected on the basis of their day-to-day work experiences. In response to prevalence figures, three organisations reflected on their practices and considered how they may improve them with regards to providing a safe space for disclosure of all forms of elder abuse. Participants have also shared the results of the prevalence study with the public, by working the figures into their educational resources and conversations with clients:

I think the National Prevalence study helped our understanding of elder abuse as an organisation ... I think that was absolutely essential ... it was very helpful for us to see the differences in what we're seeing on the ground as a community legal centre compared to the findings of the Prevalence study ... we see a lot more financial abuse ... what can we be doing to try and facilitate disclosures of other forms of abuse or to increase awareness of other forms of abuse? (Participant 2 – Legal)

If we were considering the ten people you've seen in that day, you know [based on the prevalence figures] there's a high probability that your instincts are true, that this is something that needs to be dealt with a bit more. (Participant 32 – Health and community care)

The National Prevalence Study has also aided advocacy efforts and bids for funding

Across jurisdictions and sectors, organisations have referenced the prevalence figures in:

- encouraging organisations to improve their practices
- advocating for reform of policies and laws
- supporting bids for funding of programs to help address forms of elder abuse in light of prevalence.

A National Prevalence Study ... has given us an incredible opportunity to argue in Queensland for more state-based funding. (Participant 16 – Legal)

We can use it [the NEAPS], in a way, to convince people to take a step further with their practice. (Participant 32 – Health and community care)

It [the NEAPS] certainly impacts on what I am trying to do ... to persuade a lot of people to agree to look at a new law. (Participant 17 – Legal)

The prevailing definition of elder abuse, adopted for the National Elder Abuse Prevalence Study, sparked debate around what should be considered elder abuse

NEAPS included the following definition of elder abuse:

A single or repeated act or failure to act, including threats, that results in harm or distress to an older person. This occurs where there is an expectation of trust and/or where there is a power imbalance between the party responsible and the older person (AIFS, 2021).

However, there was recurrent debate between participants that showed regional and inter-agency differences in interpretation of what is and is not elder abuse. For example, in Victoria, government-led responses to elder abuse come under the umbrella of family violence and therefore abuse that is perpetrated by a neighbour or friend or other trusted individuals would not be classified as elder abuse. In other states, which did not define elder abuse as a form of family violence, the NEAPS definition was accepted. Similarly, in the aged care sector, abuse by paid care workers was considered by some to be an imbalance of power and therefore elder abuse, while others maintained that perpetration by paid workers should be classified in terms of the relevant crime rather than described as elder abuse.

This [the definition of elder abuse included in the NEAPS] is a positive move ... Elder abuse happens more broadly than only those relationships with an expectation of trust. (Participant 23 – Advocacy)

If we're going to talk about, like, abuse and ageism ... just because they're old, it's not elder abuse. (Participant 5 – Health and community care)

EAAA are also credited for enhancing understanding

The resources and opportunities to share learnings facilitated by EAAA were reported by six participants to improve understandings of elder abuse within agencies, particularly:

- webinars featuring a range of panellists from different service providers across states and territories
- monthly meetings bringing organisations together to discuss matters of common interest
- information and resources hosted on Compass about elder abuse that are helpful for professionals as well as the wider community.

I think there's been greater information sharing ... EAAA has been really useful ... they've created a community of practice, and so it's been useful for us sharing between the states, and I think there's better relationships there than previously. (Participant 35 – Advocacy)

Having Compass, having that resource there, which has come out of the National Plan, has brought, I think, brought some organisations together and like-minded thinking people together. (Participant 5 – Health and community care)

We have monthly meetings to discuss matters of common interest, and that's, I know, been really helpful to our practitioners. And I think EAAA has done a really good job, and continues to do a really good job. (Participant 8 – Counselling and mediation)

Three participants commented that the amount of information presented on Compass can be overwhelming and not simple to filter down. They suggested that research with stakeholders should be undertaken to better understand usability issues. Two participants also reported a lack of awareness of Compass among staff of agencies they worked with, even though Compass was well known among focus group participants.

I think Compass is good for, if you're perhaps going down, if you're an academic or doing research, quite thorough. But in terms of probably health professionals or workers that need probably some quick resources, accessing things straight away ... I don't know how many people would actually then, health professionals, would click into that, because it's quite overwhelming how much is there. (Participant 11 – Health and community care)

There is the Compass website, but in all honesty, I find it so difficult to find stuff when you're looking for research reports that I usually don't bother. I would love to have it so the most recent were on top or something like that – so that you're not looking through 50 to find something that might be of interest. (Participant 35 – Advocacy)

You look up the Compass website and you've got 100 phone numbers [to call for help with elder abuse], so it's complex, there's so many barriers for an older person who wants to disclose [abuse]. (Participant 37 – Counselling and mediation)

Other forums also played an important role in facilitating knowledge sharing

Nine focus group participants reported taking part in conferences, seminars and webinars, and multi-network advocacy groups that were not associated with the National Plan. These provided valuable opportunities to discuss and share ideas with other professionals about elder abuse and responses and learn about the findings of other organisations.

It is considered important for agencies to share learnings but some agencies have been difficult to engage

It was thought that many organisations do not participate in opportunities to share learnings because they are either too busy or lack the passion to do so. Eight participants expressed that they would like to see greater support for information sharing under the next National Plan:

If we don't drive it [opportunities to share learnings] and if there isn't a willingness on both sides, then it effectively doesn't occur ... they're not always mandated to do so [participate] by their employer. (Participant 32 – Health and community care)

It's so dependent on a small number of people that seem to drive this [opportunities to share learnings] ... linkages and connections into the West [of the Melbourne metropolitan area] have really struggled. (Participant 31 – Health and community care)

Further research is wanted to build on the NEAPS findings and explore new questions

Sixteen participants expressed that they wanted more research to enable professionals and the wider community to better understand the nature and prevalence of elder abuse within specific communities. In particular, participants advocated for better understanding the needs of the following communities in relation to elder abuse, and the prevalence of elder abuse within these communities:

- LGBTQI+ people
- people in aged care
- people from CALD and First Nations backgrounds
- people with cognitive impairments.

Some participants also requested further research to investigate:

- why many older people avoid reporting abuse, and how we can better serve those reluctant to report abuse
- risk factors and protective factors relating to elder abuse
- more data on perpetrator characteristics and motives.

Additionally, participants commented that the routine data collection and reporting practices of many agencies could be improved in terms of scope and specificity to gain a deeper understanding of elder abuse.

Understandings of elder abuse are thought to be sub-optimal in some agencies that are well placed to identify and respond to abuse

Participants from emergency services and legal services, in particular, reported that their colleagues are not well informed about elder abuse. More broadly, participants indicated that police (with the exception of Victoria Police), firefighters and general practitioners may not be well informed about elder abuse. Ten participants recommended that the next National Plan should include strategies to improve education among these occupational groups.

No one knows what elder abuse is still ... even people within our own organisation. (Participant 2 – Legal)
They [ambulance and emergency services] need to be informed ... we need to know what it [elder abuse] is, and to do that we need the right education. The Plan should stipulate a mechanism to deliver that education, don't leave it up to ambulance service and paramedics to do it themselves. (Participant 47 – Crisis and emergency)

GPs could play a particularly important role for elder abuse identification and response

Six participants described GPs as gatekeepers because of their frequent interactions with older people and their capacity to separate an older person from a potential perpetrator during consultation. This is thought to put GPs in an unusual position of power (and responsibility) to screen for elder abuse, talk to patients about elder abuse, and potentially provide further information and make referrals:

They [GPs] are often ... the only person that is actually able to separate the older person from their adult child ... with that amount of power comes a lot of responsibility. (Participant 43 – Advocacy)

We need ongoing community education around what elder abuse is, particularly in relation to the health professionals that come across them [victim/survivors of elder abuse], like, in particular GPs. (Participant 12 – Counselling and mediation)

Priority Area 2: Improving community awareness and access to information

Compass is seen to play an important role in supporting community access to information

Compass is viewed positively as an educational resource for the general public, and as an access point for a range of helpful resources. Eight participants expressed support for Compass as an integral source of information about elder abuse for the general public, and some participants, including frontline crisis and emergency workers, reported sharing resources from Compass with members of the community:

The establishment of the knowledge hub, Compass.info ... you know there's 27,000 people viewed certain webinars and topics of interest ... I know that Queensland Helpline use it a lot as well, so that they can give callers a resource to take away. (Participant 48 – Legal)

Nevertheless, two participants indicated that users may find the information provided on Compass to be overwhelming at times; for example, the number of phone lines recommended to call. One participant suggested including a service map, whereby the user inputs a postcode (for example) and the website shows relevant services based in their area.

There were also concerns that if a member of the community is not already informed to some extent about elder abuse, they may not find Compass or know how to access it:

What I see in my work is that if the older person isn't self-identifying they're experiencing elder abuse, and the professionals they're coming into contact with aren't recognising that this is a person at risk or experiencing elder abuse, would they know to go look at Compass? (Participant 12 – Counselling and mediation)

Other factors contributing to raising community awareness

Six participants identified co-existing factors that helped raise awareness of elder abuse. The COVID-19 pandemic, and to a greater extent, the Royal Commission into Aged Care Quality and Safety were thought to have raised the profile of elder abuse, impacted community awareness, and influenced desire for change.

In COVID here, a lot more people had a lot more awareness of elder abuse, but mainly family violence in general ... through media and various campaigns ... the national framework ... may have contributed, but I find it hard to quantify. (Participant 18 – Health and community care)

Focus group participants based in Victoria reported the most improvement in community awareness over recent years. Four participants from Victoria attributed this difference to policy and program outcomes from the Victorian Royal Commission into Family Violence and, in particular, the associated RESPECT elder abuse awareness campaigns.

Despite recent advancements, community awareness is thought to remain at a concerning low level

Community awareness of elder abuse is thought to remain at a low level, as expressed by 20 participants, particularly with respect to the following areas:

- what constitutes elder abuse; in particular, forms of elder abuse other than physical and financial abuse (e.g. systems abuse and coercive control)
- what the warning signs are
- what help is available and the particular role of services that are available; in particular, public/state trustees and tribunals (e.g. guardianship and civil and administrative tribunals).

People [are] not even realising that they're being abused and how, what supports are available. (Participant 41 – Health and community care)

I get this from older people all the time, their understanding of elder abuse is people being bashed in residential care. (Participant 7 – Advocacy)

I really feel that the community doesn't have a huge awareness of elder abuse, a huge awareness of what it entails, a huge awareness of, you know, the red flags, the risk factors, or a huge awareness of where they can go if they suspect elder abuse. (Participant 10 – Counselling and mediation)

Twenty-five participants suggested that a national community education campaign should be developed and implemented under the next National Plan, to improve public awareness of:

- the rights of older Australians
- ageism
- elder abuse in all forms
- how to seek help for elder abuse.

Communications should be tailored for diverse communities.

Barriers to access and awareness for digitally excluded and Culturally and Linguistically Diverse groups must be addressed

Ten participants were concerned that digital exclusion leaves many older people without access to information about elder abuse and available support. Some Culturally Diverse Communities, including new migrants, are purported to have lower levels of awareness of the rights of older people, elder abuse and available services compared to the wider community. They recommended additional initiatives to account for digital exclusion and cultural and linguistic diversity in order to improve awareness of elder abuse among all people:

There continues to be issues around access to information for people from different minority groups. So, we know that there's lots of hidden abuse within our migrant and refugee populations ... But community awareness and that intersection with diversity and elder abuse, I think, is something that hasn't been addressed. (Participant 32 – Health and community care)

We've talked 'til we're blue in the face about the issues with digital exclusion for older people, from migrant and refugee backgrounds. (Participant 14 – Advocacy)

Priority Area 3: Strengthening service responses

Participants called for greater investment in frontline services

Nine participants called for greater investment in frontline services, with some of those participants reporting that services responding to elder abuse were inundated. Short-term funding arrangements and funding uncertainties have reportedly resulted in discontinued services and staff retention issues. Some participants saw inadequate funding of elder abuse services as a form of societal ageism. One Participant suggested that future investment could be informed by a measurement of the national cost of elder abuse:

It [the National Plan] definitely needs to invest more in frontline services, and I think that the only way that it's going to do that is if there is ... something not too dissimilar like a KPMG report that has a look at what investment model there should be to tackle elder abuse as an issue, like it has done with domestic violence. (Participant 16 – Legal)

Six participants drew a causal link between increasing rates of elder abuse and the deteriorating economic and housing situations experienced by many older people and their families in recent years:

Every single day ... we're seeing more older people at risk, in really challenging situations ... I think it's compounded by COVID, social disadvantage, homelessness issues ... There wouldn't be a day where I'm not having social work staff consulting or escalating or challenging cases around, you know, old people who are close to being murdered, strangled, really, really high levels of assault ... We are completely letting older people down ... I don't know if we're doing enough to respond. (Participant 11 – Health and community care)

Access to services is not geographically equitable, and participants wish to see this addressed

Fourteen participants commented that services responding to elder abuse have not been rolled out equitably or systematically across the nation or within states. They observed that abuse victims may experience very different service response and support, depending on where they live.

There's gaps everywhere ... and this always happens when it's not done in a coordinated fashion. (Participant 4 – Counselling and mediation)

There's so much variation, state-by-state ... even within the state around what's possible to respond. (Participant 6 – Health and community care)

It's just the postcode lottery ... something over there that's not available over here ... what's the plan to join these? (Participant 9 – Legal)

Elder abuse victims may not be served best by domestic and family violence services

Seventeen participants expressed that they have observed or become aware that elder abuse victims/survivors who present to domestic and family violence services may be faced with narrower options than younger victim/survivors of family violence, and may be faced with responses that may not respect the rights of older people:

The National response needs to really consider a reaction to situations where we don't ... put them into aged care ... If that person is perhaps a 30 year old person ... we actually look at doing things that keep them connected and remove the offender. (Participant 34 – Legal)

Some participants called for perpetrator programs that are specialised to address elder abuse

Available perpetrator programs (including behavioural change programs and perpetrator support groups) primarily address intimate partner violence in which relatively younger men are perpetrating violence against women. Some (four) participants expressed that specialised elder abuse programs are needed to work with perpetrators to address perpetration by women, adult children and grandchildren, and by older people with cognitive impairment.

There basically needs to be a perpetrator response ... A men's behaviour change program is not necessarily relevant because 50 plus percent of our perpetrators are women ... It's not a gendered response that's required, it's a multi-faceted response. (Participant 4 – Counselling and mediation)

Culturally appropriate responses are needed to address elder abuse within First Nations and Culturally and Linguistically Diverse communities

Six participants, including four from organisations that specifically serve members of the community from culturally and linguistically backgrounds described the need for targeted responses that are culturally appropriate and account for the specific needs of diverse communities. These responses must address additional barriers to disclosure that impact diverse communities. For example, police response may be an even less desirable pathway for First Nations people than for non-First Nations people, and some communities are more impacted by digital exclusion:

People are really reluctant to report to police, especially Aboriginal people do not want their family involved in police, and maybe even, you know, prison. (Participant 41 – Health and community care)

People may not be aware in the first place, from their cultural perspective, if that's elder abuse ... There's a lack of understanding of the support that's available. (Participant 26 – Health and community care)

Accreditation standards and ethical codes may be needed to improve elder mediation

One Participant flagged that elder mediators are able to provide services to older people in Australia without accredited training in mediation let alone elder mediation, and without adequate training in working with vulnerable groups such as people with dementia. This Participant also noted a lack of quality standards including ethical codes in the field of elder mediation. However, the Elder Mediation Australasian Network are currently working to develop guidelines that could be considered for adoption nationally:

It's a bit like the beginning of family mediation ... standards were developed, training was developed, and now it's mandatory. But in terms of elder mediation, it's just nothing like that has happened, and it must happen – because if you really do want to protect vulnerable older people, then you have to have well trained, accredited mediators. (Participant 22 – Counselling and mediation).

While participants generally did not demonstrate awareness of a lack of accreditation standards and ethical codes for elder mediation, participants in one focus group, when the issue was raised, did express support for such an issue to be addressed in future.

Participants from Victoria recommended adapting the Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) to strengthen responses nationally

Eight participants from Victoria recommended that components of the MARAM framework⁶ could be adopted nationally in relation to elder abuse, including principles such as:

- risk assessment and safety planning tools supported by research
- information sharing responsibilities – e.g. elder abuse agencies work with the mental health providers of perpetrators to find them appropriate housing and support services
- legal mechanisms compelling agencies to comply with critical directives.

We love MARAM down here in Victoria because it allows agencies to be risk assessment agencies and safety planning, information-sharing entities ... with the whole idea of keeping the perpetrator in view to create safety for the other person ... we can work together to create safety for the family. (Participant 50 – Counselling and mediation)

Nationwide information sharing obligations can improve elder abuse responses

Each service responding to elder abuse may not, in isolation, provide an adequate overall response for older people experiencing abuse. Victorian participants indicated that information sharing responsibilities under MARAM were critical to improving service responses. Five participants from other states commented that this kind of interagency collaboration was generally lacking, resulting in disconnection between services and poorer outcomes for older people:

We can't achieve what we need to achieve for that customer, because there's not that collaboration between the agencies. (Participant 46 – Government agencies)

[We need] increased collaboration ... Whereas Victoria has got the mechanisms to reach across better than other states ... increased collaboration helps. (Participant 9 – Legal)

⁶ The family violence Multi-Agency Risk Assessment and Management (MARAM) framework provides guidance to organisations prescribed under regulations that have responsibilities in assessing and managing family violence risk. The framework is designed to ensure services are effectively identifying, assessing and managing family violence risk (State Government of Victoria, 2021).

Priority Area 4: Planning for future decision-making

Improvements in planning for future decision making, but much more is needed

Four participants noted that helpful resources have been produced in recent years, most notably:

- *You Decide Who Decides* (Australian Guardianship and Administration Council)
- Powers of Attorney guides (e.g. NSW Trustee and Guardian)
- the *Supported Decision-making Guide* by the Office of the Public Advocate (Victoria).

I think seniors are much more aware of the things that may happen if they become incapacitated. (Participant 24 – Advocacy)

Clients are aware of advanced planning ... I would say that has increased, the awareness. (Participant 17 – Legal)

National Plan-funded legal advice for older people was also acknowledged as an important initiative. However, fourteen participants observed there are concerning low levels of understanding of powers of attorney among professionals, as well as low levels of awareness and understanding in the wider community. Four workers commented that they continued to see very poor outcomes for older people without later life planning, that they strongly viewed as preventable:

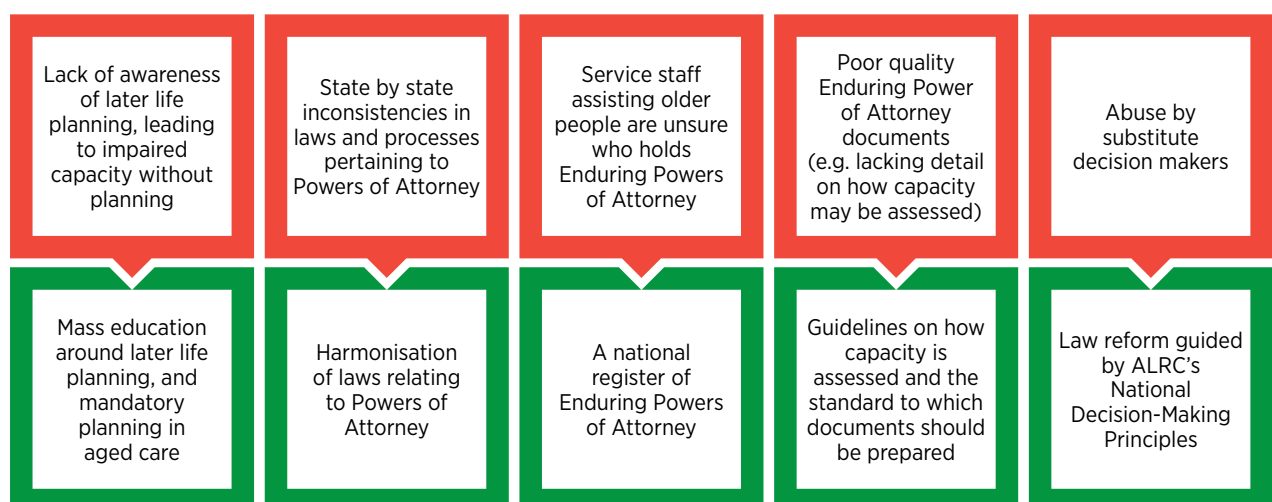
We're better at preparing for our own death than we are for our own impaired capacity or a shadow on our capacity even. We can talk about death more than we can talk about impaired decision-making. (Participant 9 – Legal)

We can look at other people in the community and say 'well, you should all be being prepared', but ageing is an individual and incremental process – until there's usually a health catastrophe ... And then it's too late, all of a sudden. (Participant 12 – Counselling and mediation)

We're seeing people in their 80s, when the capacity is questionable, where they've missed the boat on EPOA or other changes. (Participant 31 – Health and community care)

Focus group participants were especially concerned about five key problems relating to future planning that remain unresolved. Unresolved problems identified by focus group participants are featured in red in Figure 10 below, and proposed solutions are featured in green.

Figure 10: Unresolved problems and proposed solutions identified by focus group participants



Three participants recommended mass education about later life and advanced care planning, aimed not only at older Australians but also those in middle life, and delivered to professionals as well as the wider community. One Participant suggested that in aged care settings, commencement of advanced care planning should be mandatory upon admission.

What I'd really like to see more of is a better push for aged care and advanced care planning, so that people, when they have the capacity, can express what they want without influence. And that we're not all left in the moment trying to decide what's best interests for the patient ... It's so hard asking people to make decisions in the heat of the moment, without advanced care planning. Even more challenging when there is conflict amongst family regarding care. (Participant 30 – Crisis and emergency)

Participants were concerned that older people with impaired capacity are highly vulnerable to systemic abuse

Sixteen participants reported that not enough is being done to address this, and that some professionals are contributing to the problem unwittingly, or are drawn in by 'perverse incentives':

Hospitals are under a lot of pressure to empty beds ... nursing homes not being sufficiently educated about the rights of residents ... Centrelink, you know, they're colluding with abusive nominees. (Participant 48 – Legal)

I definitely see a shocking issue as has already been discussed around Powers of Attorney ... GPs and our legal representatives are entwined in coercively controlling people ... it's such a broad need across so many sectors to truly understand the enacting and the application of a POA. (Participant 50 – Counselling and mediation)

Participants were concerned that older people are coerced into signing documents such as powers of attorney, which may further facilitate abuse

Eight participants recommended law reform (other than harmonisation of laws and the establishment of a national register for powers of attorney) to address the potential abuse of powers of attorney:

On a day to day level we're working with people who have been abused because their attorney ... [has not] transacted in a way they would have wanted. (Participant 21 – Crisis and emergency)

There can be coercive control under getting the older person to sign it [an enduring power of attorney] and that's giving potentially a perpetrator even more power. (Participant 45 – Crisis and emergency)

[People] making protective actions that reduce a person's rights ... [that's] a form of abuse that we see really quite regularly. (Participant 24 – Legal)

Participants requested a review of the barriers preventing people with impaired capacity from getting help.

Five participants reported that older people with cognitive impairment struggle to obtain legal assistance, with one noting that lawyers are dissuaded by Australian Solicitors Conduct Rules (ASCR) in particular. It was also reported that family members can struggle to get help for older people (e.g. parents) with impaired capacity, if the family member seeking help is not the attorney or guardian of that older person. Participants requested that the Federal government facilitate review of these Rules to improve access to help and justice for people with cognitive impairment:

It might be a sibling who is not the guardian but they're reporting another sibling who might be the guardian, and there's very little avenue for them to take any action or for any action to be taken, at least in WA – because they're not the victim and they're not the guardian. And so, they come to us saying 'I've tried everywhere else, and they can't help me'; you know, 'my parent or my relative is being abused'. It's a gap that we haven't, this plan doesn't, address. (Participant 7 – Advocacy)

The Australian Solicitors Conduct Rules are pretty prescriptive around assisting a person with a cognitive impairment and that actually poses a really significant challenge for this cohort because if there's any question about their capacity, it's very difficult for them to get legal assistance, and so there's a whole heap of people in the community and in aged care that have issues that would try to report and try to get some action happen, and because of their cognitive impairment lawyers just have to turn their backs on them. (Participant 34 – Legal)

Supported decision making should be encouraged over substitute decision making

Six participants recommended that supported decision making should be encouraged as a preferred option over substitute decision making. Law reform guided by the Australian Law Reform Commission's National Decision-making Principles may address these issues.

A national framework within which a person with disability can be assisted to make decisions and to receive whatever support they require to do so could assist with the move away from substitute decision-making and towards a system which further enhances the rights and agency of older people. (Participant 52 – Government agencies)

Harmonisation and a national register for powers of attorney were considered urgent matters

Pathways for preparation of powers of attorney, the rights of the principal and responsibilities of attorneys under powers of attorney, are thought to be more favourable for vulnerable older people in some states than others. Processes for seeking redress for misuse of power were also considered to be different between jurisdictions. For workers on the frontline, it can be unclear who holds power of attorney, and therefore it can be difficult to determine which individuals are authorised to make decisions for older people. Eighteen participants indicated that these are urgent matters to resolve in the process of harmonising laws relating to Powers of Attorney, and asked for a timeline indicating when reforms can be expected. Eleven participants also called for further action to establish a national register of Powers of Attorney.

We still need harmonisation of enduring documents, we still need a National Register, nothing's quite come out the end of that pipe of the current plan. (Participant 33 – Advocacy)

There was a degree of frustration over perceived lack of progress towards harmonising laws around enduring powers of attorney (and enduring powers of guardianship) and establishing a national register of enduring powers of attorney. For some, this spoke to a need for accountability embedded within the National Plan:

The National Plan should ensure ... timelines for harmonising Enduring Powers of Attorney and creating a national online register. (Participant 15 – Advocacy)

I personally would like to see ... a fixed time frame for harmonising attorney and guardianships. (Participant 39 – Legal)

Consideration of registration and harmonisation has occurred with no outcome. (Participant 51 – Government agencies)

It is noted that in June 2021, the Commonwealth AGD received submissions regarding the establishment of a National Register of enduring powers of attorney following the release a public consultation paper and consideration remains in progress.⁷

Additionally, four participants called for greater detail in enduring powers of attorney to cover, for example, specification for addressing how capacity will be assessed or when the enduring power of attorney may be enacted. Participants asked for binding guidelines to control the quality of enduring power of attorney documents in terms of the standards to which these documents should be prepared:

They gave me a power of attorney to sign which was really half a page of nothing ... there were no limits, there was nothing there about losing capacity ... I was just left completely at risk by this. (Participant 23 – Advocacy)

I had one adult child say, 'Mum said I can't enact it yet'. She had extremely advanced Dementia and, you know, there's no real guideline for someone to say, 'It's okay to takeover now', or 'Don't take over now' ... most definitely that needs some definite response within any action plan. (Participant 50 – Counselling and mediation)

⁷ See further National Register of Enduring Powers of Attorney | Attorney-General's Department (ag.gov.au)

Priority Area 5: Strengthening safeguards for vulnerable older adults

A call for establishment of adult safeguarding units in all states

Ten participants welcomed the establishment of safeguarding units in South Australia and New South Wales, and the progress in developing a model for safeguarding in Queensland. Safeguarding units were seen to be a powerful tool in combating elder abuse, as they hold proactive powers to investigate suspected abuse or neglect:

We don't have an equivalent [of a safeguarding unit], and so there were commitments for Victoria to look at these issues, there wasn't a commitment to act ... I think this is one of the biggest gaps in the Plan ... The lack of those investigatory powers and an authority that can discharge those powers, is a massive impediment in dealing with certain types of abuse. (Participant 13 – Government agencies)

Include financial institutions in safeguarding networks

Two participants suggested that banks be drawn into safeguarding with mandatory obligations to refer suspected victims to relevant agencies, in order to improve detection of financial abuse, and potentially other forms of abuse that may be occurring simultaneously:

A review of Commonwealth legislation could include ... privacy constraints in the banking context. For example, the financial sector referring older consumers to safeguarding agencies where possible financial abuse has been identified. (Participant 52 – Government agencies)

We need to leverage off banks more, because I think often financial abuse is sort of the canary in the coal mine, it's the easiest way to see if there's other abuse going on ... better feeding mechanisms into ... safeguarding bodies. (Participant 19 – Legal)

Mandatory reporting – no consensus position

Two participants wanted to see across-the-board mandatory reporting of elder abuse, to include referral to agencies such as Adult Safeguarding Units. Not all participants support this idea, however, and especially without thorough prior consultation with victim/survivors of elder abuse. There were concerns that mandatory reporting may not be acting in the best interests of the victim/survivor if it leads to outcomes beyond their control. These participants were clear that safeguarding must not override self-determination for older people:

Sometimes things probably are not necessarily something the patient would want to change, so I think before we jump into this ability for us to report everything we see, I think we need some education around how we appropriately recognise or I guess report it without putting the patient then in a situation where their loved one or carer is removed. (Participant 30 – Crisis and emergency).

Criminalisation of elder abuse may help to secure justice for victim survivors and deter perpetration

Seven participants viewed the criminalisation of elder abuse to be a critical component of safeguarding practices. As in the United Kingdom, it was proposed that if elder abuse were criminalised in Australia, it would create a stronger deterrent for would-be perpetrators. Participants indicated that this would be particularly important for perpetrators within professions such as aged care, as well as the wider community, thereby helping to protect the rights of older people to be treated with dignity, safety and respect.

Eight participants were also concerned about a lack of options for people harmed in residential aged care to seek reparations or redress, and would like to see the development of principles for reparations and redress included in the next National Plan. A register for aged care providers has also been suggested, in which facilities are listed that are providing care well below acceptable levels and where abuse, violence and neglect is occurring.

I think it should be framed in terms of human rights of older people, and, you know, avoid the aged care sector treating people through a consumer lens – that's not served them well. (Participant 23 – Advocacy)

Whether it's the 50 sexual assaults a week in residential care, whether it's other forms of violence, abuse, and neglect, nobody is being held accountable for that and families don't have an easy way to get redress. (Participant 20 – Advocacy)

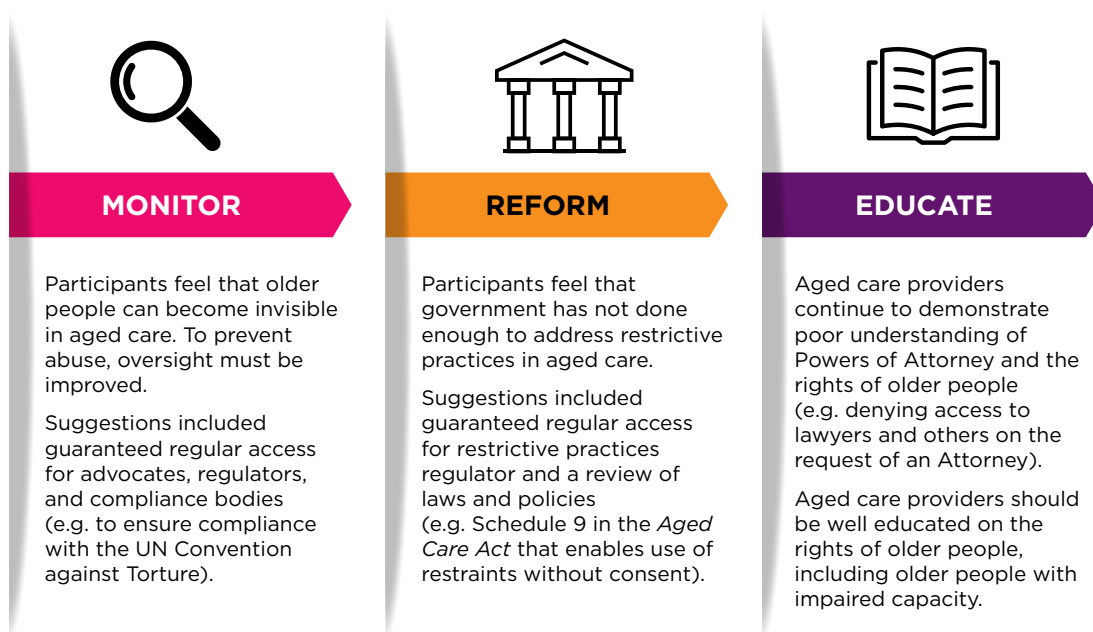
Participants also suggested that in jurisdictions where coercive control is criminalised within intimate relationships, it should also be criminalised within the relationship between a parent and their adult child:

I certainly think it all needs to be encapsulated [criminalisation of elder abuse], because it does come down to a person's human rights to be treated with dignity and respect and to be free of abuse and neglect. (Participant 38 – Advocacy)

Under the present legal regimes nothing much can be done unless a crime has been committed ... Let abusers know that there are consequence for them. (Participant 17 – Legal)

Further steps should be taken to address the abuse of older people in residential aged care

Eleven participants call for aged care reforms, including greater monitoring of aged care facilities, legislative reform, and education programs for aged care workers that will improve their understanding of elder abuse, as follows:



Home care packages – a problem area that requires dedicated attention

Three participants called for a review of the suitability of home care packages, particularly Home Care Level 4 packages, to help people 'age in place'. Specifically, there were concerns about whether the packages enabled older people to live independently of family members and carers who might be perpetrating abuse. There were also concerns about the oversight of the packages and whether vulnerable older people received the personal care they needed or whether the package was being diverted by perpetrators for other purposes (e.g. home modifications and renovations).

A review of Commonwealth legislation could include ... the suitability of ACAT packages, particularly Home Care Level 4 packages, to help people age in place and be less reliant on carers who are perpetrating abuse or may be experiencing carer stress ... current funding of HCL4 packages at times falls short of supporting an older person seeking independence without support from a carer perpetrating abuse. (Participant 52 – Government agencies)

Older people are routinely and inappropriately sent into aged care after injury or abuse

Seven participants had repeatedly observed older adults being inappropriately 'funnelled' into aged care when they present to services as victim/survivors of elder abuse, or when they have ended up in the healthcare system because of an injury for which they may require ongoing support. It is thought that this is primarily due to a lack of more appropriate community-based services:

Workers ring me that they don't know what to do with a woman who's 63 who's presenting after family violence ... You can go down a regular pathway, and if you hit a certain age then you go down the aged care sector pathway. (Participant 11 – Health and community care)

There's usually a health catastrophe ... then you're in hospital ... you're assessed at your lowest ebb, and then you're on the shuffle into the most, you know, overly restrictive form of aged care ... The answer is residential aged care to just about every question. (Participant 9 – Legal)

There needs to be a shift away from a belief that anyone over 65 whose experiencing elder abuse automatically fits into the aged care system ... Once someone turns 65, whatever issues they've got ... it's like, 'Oh you're 65, now you don't fit what we provide'. (Participant 38 – Advocacy)

There are concerns that not enough is being done to tackle increasing levels of commercial predation

Four participants identified commercial predation as a growing problem that particularly targets vulnerable older people and which could be addressed under the National Plan:

The amount of predatory commercial behaviour that occurs out in the community ... people will turn up at your front door and persuade you to join up to a new electricity package, or a completely inappropriate service that you don't need ... And they are getting worse ... our older clients are increasingly vulnerable to scams through, you know, dodgy texts and so forth ... that should be also on our radar. (Participant 8 – Advocacy)

Once the gas company knew that she had Dementia, they suddenly put her reduced pension rate gas bottle up to full price rate ... she'd told people she had mild dementia, so they'd be supportive of her and in actual fact a lot of providers ... actually then moved to financially abusing her. (Participant 20 – Advocacy)

Social isolation contributes to vulnerability

Five participants observed that social isolation increases the vulnerability of older people to elder abuse, therefore countering social isolation should be viewed as a means of safeguarding:

Something like, you know, as simple as social isolation that the parents may be facing ... their inability to connect or communicate with people of similar culture. You know, that makes them so vulnerable here. (Participant 26 – Health and community care)

I think that isolation and loneliness is a major problem ... We've got an epidemic of loneliness amongst older people that's constantly reported ... that we need to tackle in a more constructive way. (Participant 22 – Counselling and mediation)

Socio-economic disadvantage exacerbates elder abuse

Six participants commented that elder abuse, particularly financial elder abuse, is exacerbated by socio-economic hardship, citing for example the escalation in abuse cases during and since the COVID-19 lockdowns.

A lack of adequate social welfare provisions (e.g. income support, addiction treatment) may also prevent older people from holding perpetrators accountable, particularly as victims may not wish to have perpetrators removed and potentially face homelessness:

We need much better mental health services ... [and] accommodation ... a typical elder abuse case will be... [perpetrated] by her son who's fifty, who has an addiction and has got nowhere to live. (Participant 21 – Crisis and emergency)

If there was somewhere for that person [the perpetrator] to go and get treatment and be housed and be cared for ... older people in that situation would be just fine with all of that. (Participant 43 – Advocacy)

It's [elder abuse is] impacted by the lack of resources in AOD [alcohol and other drugs], mental health, housing, the way our social services are structured ... I mean, it's a lot bigger than just ageism. (Participant 6 – Health and community care)

Public Trustee and Guardianship agencies need to improve responses to elder abuse; and the public need to be better informed about these organisations

Two participants flagged that there was insufficient community knowledge about the roles of the Public Trustee and the Public Guardian; and at the same time, two indicated that agencies, in particular Public Trustees, should better accommodate the wishes of victims in responding to elder abuse:

I could probably do something else with my career if it [systemic abuse] wasn't so prevalent ... clients [of the public trustee] have a lot of funds and assets, well why can't they spend it on being at home if that's what they want to do? (Participant 9 - Legal)

There is still very low understanding out there in the community about ... the role of bodies like the Public Trustee and guardianship tribunals I think too, there is a lack of understanding in the community about what these organisations do. (Participant 39 - Legal)

Lack of collaboration between the states and national government approach to elder abuse was an issue in many areas. For example, one participant expressed concern that the Public Trustee is limited in its response to elder abuse by lack of information-sharing with agencies across states:

I think the biggest thing comes back to the agencies working and sharing, being able to share information or have a plan for the customer ... the disconnect between the National legislation and the State legislation puts customers of the Public Trustee at risk because we can't achieve what we need to achieve for that customer, because there's just not that collaboration between the agencies. (Participant 46 - Government agencies)

Summary

Focus group findings were based on a broad mix of views from 52 individuals from 44 agencies working across Australia's elder abuse sector. Of the themes identified through the feedback received, many focused on reaching and serving people affected by elder abuse better, systemic change, increasing understanding about elder abuse through research and awareness raising, and reviewing outcomes through systematic data collection, monitoring and information sharing. Focus group responses are summarised according to the topics explored as follows:

Participants stressed that there should have been greater opportunities for stakeholders to contribute to development of the National Plan. Further, there was a perception amongst participants that there was a lack of consultation about the National Plan with diverse communities.

Several participants communicated that the role and purpose of the National Plan were not clear, and there was a perception that it was not widely disseminated. Further, participants communicated that the inclusion of actions and initiatives that were already being undertaken prior to the National Plan was confusing.

In relation to Priority Area 1, participants communicated that understandings of elder abuse have improved, particularly due to the National Elder Abuse Prevalence Study (NEAPS). Participants communicated that NEAPS had also informed the advocacy efforts of agencies and their bids for funding and stimulated debate on the definitional scope of the term 'elder abuse'. However, suggestions were made that further research is needed to build on the NEAPS findings and explore new questions especially in relation to diverse communities.

Participants also communicated that EAAA activities had also enhanced understanding about elder abuse, as had other forums outside the National Plan, such as conferences and webinars, also playing an important role in knowledge sharing. Participants expressed concern that some primary care (e.g. GPs) and frontline services (such as emergency services) that are well placed to identify and respond to elder abuse have insufficient training to do so.

In relation to Priority Area 2, participants communicated that Compass plays an important role in supporting community access to information. External factors that contributed to raising community awareness about elder abuse were also acknowledged by focus group participants, in particular the COVID-19 pandemic, the Royal Commission into Aged Care Quality and Safety and state government responses to the Victorian Royal Commission into Family Violence. However, despite recent advances in building knowledge, community awareness is identified as being concerningly low. Participants raised concern about Culturally and Linguistically

Diverse community members experiencing digital exclusion and stressed the importance of this being a point of focus to be overcome in future National Plans.

In relation to Priority Area 3, focus group participants communicated that greater investment in frontline services is needed. More services and additional resources are needed to attend to the plethora of people affected by elder abuse. Further, attention needs to be paid to the location of services, as participants suggested that access to services is currently not geographically equitable. There was a perception amongst participants that elder abuse victims may not be served best by domestic and family violence services, and that perpetrator programs that specifically address elder abuse are needed.

Further suggestions made by participants include the need for future plans to focus on culturally appropriate responses, to address elder abuse within First Nations and Culturally and Linguistically Diverse communities. It was suggested that accreditation and ethical standards are needed to improve elder mediation and that Victoria's Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) may serve as a model to strengthen responses nationally. As a mechanism to learn and improve responses to elder abuse, participants expressed a need for nationwide information-sharing mechanisms that they and other agencies and organisations could regularly participate in.

Regarding Priority Area 4, it was the view of participants that there has been improvement in the way in which people plan for future decision making, but much more is needed. Participants expressed concern about older people with impaired capacity, who they consider to be highly vulnerable to systemic abuse via improper use of supports such as Centrelink, guardianship and powers of attorney. Participants requested a review of barriers to people with impaired capacity getting help, citing the Australian Solicitors Conduct Rules, and guardianship restrictions, as examples. It was suggested that supported decision making should be encouraged over substitute decision making wherever possible and that a national register of powers of attorney and harmonisation of laws that pertain to it were matters of urgency.

In relation to Priority Area 5, participants called for the establishment of adult safeguarding units in all states. It was also suggested that financial institutions should be included in safeguarding networks. Opinions were divided about whether mandatory reporting of elder abuse should be adopted throughout Australian jurisdictions; however, participants did suggest that elder abuse be criminalised to help people affected by it and deter people from committing abuse. Concern was expressed that there are currently significant delays in home care packages, which was considered to be a matter requiring urgent attention. Participants were also concerned that older people are routinely and inappropriately sent into aged care after injury or abuse. It was suggested that further steps should be taken to address the abuse of older people in residential aged care and that not enough is being done to tackle increasing levels of commercial predation by legitimate businesses and scam operators.

Participants suggested that social isolation increases the likelihood that older people will experience abuse, and therefore attention should be placed on countering social isolation as a means to safeguard people from it. Further, participants expressed concern that socio-economic disadvantage increases older people's susceptibility to abuse, and therefore more social supports are needed to prevent and respond to the needs of people affected by elder abuse. Finally, participants fed back that Public Trustee and Guardianship agencies need to be better informed about elder abuse; and the public need to be better informed about these organisations and the support they provide.

The rich array of findings identified via focus groups, suggest that professionals who work directly with older people are eager to be part of conversations about how elder abuse is responded to in Australia, and have a plethora of insights to share that may improve the likelihood that future policy initiatives yield positive results.

7 Insights from the Delphi study

The Delphi study aimed to identify which programs in the National Plan have been most significant in achieving its objectives, and what the priorities for the next National Plan should be, including what should no longer be prioritised. The Delphi study comprised two rounds of a survey, yielding clear themes in Participant response data related to the previously stated aims.

Round 1 survey

In the first round of the Delphi study, participants were asked to complete three sections of an online survey hosted by Redcap.

1. In the first section of the Round 1 survey, participants were presented with a list of initiatives partially or fully funded by the Commonwealth AGD under the National Plan and were asked to rate the importance of the initiatives for furthering the objectives of the National Plan. Participants were asked to rate the initiatives using a 9-point scale, with 1–3 being 'not important', 4–6 being 'important but not critical' and 7–9 being 'important and critical'. Participants were also provided the opportunity to suggest further initiatives partially or fully funded by the Commonwealth AGD that they feel have furthered the objectives of the National Plan.
2. In the second section of the first round of the Delphi study, participants were presented with a list of initiatives proposed as options for inclusion in the next National Plan by participants of focus groups conducted in March 2023. Participants were asked to use the same 9-point scale to rate the importance of the proposed initiatives and were also provided opportunities to suggest new initiatives for inclusion in the next National Plan.
3. In the third section of the first round of the Delphi study, participants were presented with a list of recommendations as options to guide the implementation and development of the next National Plan. These recommendations were put forward by participants of the focus groups conducted in March 2023. Participants were asked to use the same 9-point scale used in sections 1 and 2 to rate the importance of the proposed recommendations. Participants were also provided opportunities to propose new recommendations to guide the implementation and development of the next National Plan.
4. Participants were instructed to skip an item without rating it if they considered that they were unable to provide a rating.

Participants

Forty-nine participants took part in Round 1 of the Delphi survey and 33 in Round 2. Participants were asked to choose one of six options to describe their occupation or role in the community. Their responses are shown in Table 22 below.

Table 22: Delphi survey, Participant occupation types

Occupation/role	Round 1	Round 2
Employed by a service provider	19	11
Employed in an advocacy-related role	13	10
Employed in a research-related role	3	2
Employed in a policy-related role	4	2
An older person in the community (aged 65+ or a person of Aboriginal or Torres Strait Islander descent aged 50+)	10	8
A carer for an older person	0	0
Total	49	33

Participants of the Delphi survey were based in the following jurisdictions across Australia:

Table 23: Delphi survey, Participant jurisdictions

Jurisdiction	Round 1	Round 2
Queensland	7	6
Victoria	23	13
New South Wales	6	5
Western Australia	1	1
Northern Territory	1	0
South Australia	1	1
Australian Capital Territory	2	2
Tasmania	8	5
Total	49	33

Findings

Round 1 survey

Section 1 findings: Critical initiatives completed under the National Plan

In the first section of the Round 1 Delphi survey, participants were asked to rate the importance and criticality of initiatives partially or fully funded by the Commonwealth AGD under the National Plan. The initiatives presented to participants in section 1 appear below, with the items listed in descending order of Participant rating. Initiatives that were rated as 'important and critical' by 70% or more of participants moved forward into Round 2 of the Delphi survey.

- Implementation and evaluation of trials of five specialist elder abuse units in which lawyers, social workers and other specialist and support staff work with clients to develop a case plan and respond to the client's needs. Trials engaged: Eastern Community Legal Centre (Vic); Kimberley Community Legal Services (WA); Uniting Communities (SA); Legal Aid Commission of NSW; Legal Aid Commission of Tasmania. **(87.0%)**
- Implementation and evaluation of trials of four case management and mediation services (in the NT, Qld, WA, ACT and regional NSW) in which case management and mediation services work with older people and their families to find solutions to underlying problems driving abuse. Trials engaged: Relationships Australia (NT); Relationships Australia (Qld); Relationships Australia (WA); Relationships Australia (ACT and regional NSW). **(81.8%)**
- Implementation and evaluation of trials of three Health Justice Partnerships, in which people identified by social workers and healthcare workers as being at risk or potentially subjected to elder abuse could access specialised legal support. Trials engaged: Eastern Community Legal Centre (Vic); Caxton Legal Centre (Qld); Justice Connect (NSW). **(79.5%)**
- Establishment of the national ELDERHelp phone line (1800 353 374), and distribution of information on ELDERHelp to agencies and organisations for promotion on external websites, intranet, service directories and family and domestic violence information webpages. **(75.6%)**
- Development of a national Elder Abuse Knowledge Hub on COMPASS.info (2019) and distribution of information on COMPASS.info to agencies and organisations for promotion on external websites, intranet, service directories and family and domestic violence information webpages. **(72.7%)**
- The *National Elder Abuse Prevalence Study* (2021) conducted by the Australian Institute of Family Studies (AIFS). **(71.7%)**

The initiatives below were not rated as 'important and critical' by 70% or more of survey respondents:

- Development of a proof-of-concept register for enduring power of attorney documents (specifically focusing on financial decisions). **(69.8%)**
- A media campaign 6–20 June (2021) for World Elder Abuse Awareness Day, including social media boosts on Facebook and radio ads in English as well as nine of the most common languages other than English. **(67.4%)**

- Contributions to consideration of the harmonisation of enduring powers arrangements through the Enduring Power of Attorney (EPOA) Working Group. **(67.4%)**
- Ongoing support for the National Elder Abuse Conference series. **(67.4%)**
- Contributions to the development of an agreed set of national research priorities through participation on the Research and Data Priorities Working Group. **(60%)**
- Posters promoting 1800ELDERHelp that were translated into 11 different languages and disseminated to a number of government agencies and community organisations, as well as being made available on the Commonwealth AGD's website. **(59.0%)**
- Launch of a 60 second elder abuse video *Elder Abuse: Everyone's Business* (2020) on World Elder Abuse Awareness Day. The video was translated into 11 languages and disseminated to several government agencies and community organisations. **(54.8%)**
- The *You Decide Who Decides: Making an enduring power for financial decisions* guide (2019) published by the Australian Guardianship and Administration Council. **(54.5%)**

Participants were also invited to suggest additional initiatives fully or partially funded by the Commonwealth AGD, that may have progressed the aims of the National Plan. Participants offered the following:

- capability workshops that enabled providers to share insights and develop/maintain relationships
- education about financial elder abuse targeted at remote First Nations communities
- OPAN webinars, communications and media statements and advocacy
- establishment of EAAA.

Section 2 findings: Critical initiatives proposed for inclusion in the next National Plan

In the second section of Round 1 of the Delphi survey, participants were asked to rate the importance and criticality of initiatives proposed as options for inclusion in the next National Plan. These initiatives were proposed by participants of the focus groups conducted by NARI in March 2023. The initiatives appear below, with the items listed in descending order of Participant rating. Initiatives that were rated as 'important and critical' by 70% or more of participants moved forward into Round 2 of the Delphi survey.

- Focus research so that interventions and preventions are evidence based. **(87%)**
- Victims of elder abuse have the same legal protection as victims of family violence. **(86.7%)**
- Education for professionals who have regular contact with older people to assist them to identify and respond to elder abuse. **(85.4%)**
- Community education on personal planning for ageing (e.g. covering enduring power of attorney, advanced care planning, and wills). **(84.8%)**
- Increase safe housing options for older people. **(84.4%)**
- Create a national framework for ambulance and emergency services' response to elder abuse. **(83.7%)**
- Create educational programs to assist police and community services to work together on elder abuse. **(83.3%)**
- A national awareness campaign to build the average older person's knowledge of their rights and protections. **(82.6%)**
- Strengthen oversight of aged care facilities to include the criminalisation of elder abuse. **(82.2%)**
- Enable people aged 65+ to access specialist services and programs according to their needs rather than their age, so they are not solely reliant on aged care services. For example, people aged 65+ who are newly diagnosed with a disability are not eligible for NDIS support. **(82.2%)**
- Further establishment of multi-disciplinary, combined and integrated service models that allow victim/survivors to access multiple services from one location. **(82.2%)**
- Support older people to stay in their homes safely by reducing the wait times for home care packages. **(81.8%)**
- Establish a national supported decision-making framework to achieve greater national consistency and commitment to the principle of supported decision making across jurisdictions. **(80.4%)**
- Government agencies to remove ageist policies and language. **(80%)**
- Establish a fixed time frame to complete harmonisation of enduring powers of attorney and guardianship. **(79.5%)**

- Materials used by specialist elder abuse services are accessible for older people, including, for example, the use of plain language. **(78.7%)**
- National reform and harmonisation of avenues for abuse victims seeking redress, to adopt least onerous pathways; for example, via civil and administrative tribunals instead of higher courts. **(77.3%)**
- Create specialist elder abuse services with the same funding and scope as family violence services. **(76.7%)**
- Consider amendment to the Australian Solicitors' Conduct Rules to make it easier for lawyers to assist people with cognitive impairment. **(76.2%)**
- Ensure ongoing consistent data collection across services including, for example, helplines, police and emergency services and adult safeguarding units. **(76.1%)**
- Address social isolation, family conflict, carer stress and financial stress as risk factors for elder abuse. **(76.1%)**
- Perform analysis of Commonwealth laws and policies that may impede effective service responses to elder abuse at state and territory level. **(75.6%)**
- Address commercial predatory practices that are targeted at people who are older and/or who have a disability. **(75.6%)**
- Improve support for people in abusive relationships and accommodation so they can change their living situation. **(74.4%)**
- Ensure Compass resources reach digitally disadvantaged communities (e.g. via travelling roadshows). **(73.3%)**
- Establish a national anti-ageism campaign. **(72.7%)**
- Ensure equity of choice and access to elder abuse specialist services regardless of geographic location, gender, ethnicity or Indigenous status. **(72.3%)**
- Conduct further research about perpetrators, abuse relating to cognitive impairment, and the abuse of people who identify as LGBTQI+, First Nations peoples, people from CALD backgrounds, and people in residential aged care. **(72.3%)**
- Ensure continuity of programs and services by extending funding cycles so that services can gain traction, retain valuable staff and build on success. **(72.1%)**
- Ensure better assessment and support for those with cognitive impairment and encourage supported decision making as a preferred option. **(72.1%)**
- Grassroots engagement strategies to reach vulnerable people who are hidden in the community. **(71.4%)**
- Interagency protocols between Commonwealth, state and territory service providers to assist workers across sectors to respond to potential, suspected or actual abuse using best practice principles. **(71.1%)**
- Address gaps identified in the National Elder Abuse Prevalence study. **(70.5%)**
- Create longer term support and recovery services for people who are experiencing or have experienced elder abuse. **(70.5%)**
- Create programs promoting constructive community connection to address isolation and loneliness. **(70.5%)**
- Create agencies/officers with investigatory powers to cover matters that fall short of criminal acts. **(70.5%)**

The initiatives below were not rated as 'important and critical' by 70% or more of survey respondents:

- Improve information access for digitally disadvantaged or excluded community members. **(69.6%)**
- Better address the unmet needs of perpetrators that give rise to unintentional neglect. **(69.0%)**
- Create educational initiatives with intergenerational reach that increase awareness and address ageism. **(67.4%)**
- Provide ability for third parties to report elder abuse in all states and territories. **(66.7%)**
- Create standards and accreditation requirements for elder mediation services. **(66.7%)**
- Investigate the use of government services by perpetrators to facilitate elder abuse; for example, the improper use of Centrelink payments to pay for perpetrator's own rent or phone bills. **(65.9%)**
- Ensure consistent police responses to elder abuse across states and territories. **(65.9%)**
- Improve services for perpetrators whose elder abuse is driven by addiction or mental health issues. **(65.9%)**
- Improve diverse hiring in services and organisations responding to elder abuse, particularly staff from CALD and First Nations backgrounds. **(63.8%)**
- Align the National Plan with reforms in aged care to improve independent regulatory bodies. **(63.6%)**
- Strengthen inter-agency information sharing and networking arrangements. **(61.4%)**
- Review resourcing for state and territory frontline services. **(63.6%)**

- Create programs for perpetrators of elder abuse that are appropriate for situations that are not intimate partner violence; for example, abuse by adult children. **(63.6%)**
- Create public awareness campaigns designed to reach the grassroots where people talk to each other informally. For example, at pharmacies, local shops and hairdressers. **(63.0%)**
- Provide structured opportunities for organisations to share learnings and build relationships (e.g. peak bodies to coordinate communities of practice). **(62.5%)**
- Create adult safeguarding agencies in each state and territory. **(62.2%)**
- Provide better assistance for people who have difficulty with or are unable to transition to cashless and online transaction environments. **(61.9%)**
- Increase funding for respite care and cleaning services to reduce neglect. **(59.5%)**
- Consider advocating for a UN Convention on the Rights of Older People. **(57.8%)**
- Create communication guidelines for media reporting of elder abuse. For example, to provide contact details for support services as per suicide and family violence. **(57.4%)**
- Create geographic maps of services relevant to elder abuse. **(53.3%)**
- Ensure better indexing and multiple search strategies on the Compass website. **(45%)**

Participants were also invited to suggest additional initiatives for inclusion in the next National Plan. These are included in the appendices of this report.

Section 3 findings: Critical recommendations proposed to guide the implementation and development of the next National Plan

In the third section of Round 1 of the Delphi survey, participants were asked to rate the importance and criticality of recommendations proposed to guide the implementation and development of the next National Plan. These recommendations were proposed by participants of the focus groups conducted by NARI in March 2023. The recommendations appear below, with the items listed in descending order of Participant rating. Recommendations that were rated as 'important and critical' by 70% or more of participants moved forward into Round 2 of the Delphi survey.

- Elder abuse has the same prioritisation as family violence. **(93.3%)**
- There should be a whole of government response, with Commonwealth responsibility for elder abuse shared across several departments, not just the AGD; for example, Social Services; Health and Aged Care. **(91.3%)**
- Consult widely with frontline services on what works and where the gaps are. **(91.3%)**
- The National Plan must be underpinned by a human rights focus with inclusivity and equity. **(90.9%)**
- The National Plan must have clear goals (e.g. SMART goals that are Specific, Measurable, Attainable, Relevant and Time-bound). **(88.9%)**
- Consult with older people, including older people with lived experience of elder abuse, on their service needs and access gaps. **(87%)**
- The next National Plan must address variations in presentations of elder abuse, and the needs of older people according to their characteristics, communities and locations. For example: rural and regional locations; First Nations communities; LGBTQI+ populations; CALD communities; and people with disabilities, in particular dementia. **(84.8%)**
- Ensure that future decision-making and safeguarding measures are guided by a human rights framework. **(84.1%)**
- The National Plan should integrate findings and recommendations from the Royal Commission into Aged Care Quality and Safety. **(82.2%)**
- There should be modelling to determine the level of Commonwealth investment required to tackle elder abuse as a whole of government response. **(81%)**
- Expand the scope of the National Plan to include the Royal Australian College of General Practitioners. **(79.1%)**
- There must be better collaboration between states and territories. **(75%)**
- Any longer-term National Plan must be subject to regular review and include shorter term action plans with measurable goals. **(75%)**

The initiatives below were not rated as 'important and critical' by 70% or more of survey respondents:

- The National Plan should be cast in language not of responding to elder abuse, but to ending elder abuse. **(69.8%)**
- The National Plan should be a plan of leadership around prevention. **(63.4%)**
- The next National Plan should run for a longer term than the current National Plan (e.g. 10 years) to enable forward-planning and to cover multiple government cycles. **(61%)**

Round 2 survey

In Round 2, participants were asked to rank (in order of importance) the proposed initiatives/recommendations that received 70% or more support as 'important and critical' in the first round (sections 2 and 3) of the Delphi survey. Participants could do so by numbering initiatives/recommendations within categorised lists, or by dragging and dropping the initiatives into the desired order.

The following initiatives/recommendations were the only highly rated items in their categories (received 70% or more support from participants) and as such, did not require further ranking by participants:

Category	Initiatives proposed for inclusion in the next National Plan
Recommendations relating to language and intent	Elder abuse has the same prioritisation as family violence (93.3%).
Recommendations relating to diversity	The next National Plan must address variations in presentations of elder abuse, and the needs of older people according to their characteristics, communities, and locations. For example: rural and regional locations; Indigenous communities; LGBTQI+ populations; CALD communities; and people with disabilities, in particular dementia (84.8%).
Recommendations relating to investment	There should be modelling to determine the level of Commonwealth investment required to tackle elder abuse as a whole of government response (81%).
Recommendations relating to the duration of the next National Plan	Any longer term National Plan must be subject to regular review and include shorter term action plans with measurable goals (75%).
Initiatives relating to the Compass website	Compass resources to reach digitally disadvantaged communities (e.g. via travelling roadshows) (73.3%).

The following recommendations were ranked in order of importance:

Category	Initiatives proposed for inclusion in the next National Plan
Initiatives relating to ageism	1. A national anti-ageism campaign. 2. Government agencies to remove ageist policies and language.
Initiatives relating to educational programs	1. A national awareness campaign to build the average older person's knowledge of their rights and protections. 2. Community education on personal planning for ageing (e.g. covering enduring power of attorney, advanced care planning and wills). 3. Education for professionals who have regular contact with older people to assist them to identify and respond to elder abuse. 4. Educational programs to assist police and community services to work together on elder abuse.

Category	Initiatives proposed for inclusion in the next National Plan
Initiatives relating to legal and regulatory issues	1. Interagency protocols between Commonwealth, state and territory service providers to assist workers across sectors to respond to potential, suspected or actual abuse using best practice principles. 2. A national supported decision-making framework to achieve greater national consistency and commitment to the principle of supported decision making across jurisdictions. 3. Victims of elder abuse should have the same legal protection as victims of family violence. 4. A fixed time frame to complete harmonisation of enduring powers of attorney and guardianship. 5. Strengthen oversight of aged care facilities to include criminalisation of elder abuse. 6. National reform and harmonisation on avenues for abuse victims seeking redress, to adopt least onerous pathways: for example via civil & administrative tribunals instead of higher courts. 7. Analysis of Commonwealth laws and policies that may impede effective service response to elder abuse at state and territory level. 8. Agencies/officers with investigatory powers to cover matters that fall short of criminal acts. 9. Address commercial predatory practices that are targeted at people who are older and/or who have a disability. 10. Consider amendment to the Australian Solicitors' Conduct Rules to make it easier for lawyers to assist people with cognitive impairment. 11. Develop a national framework for ambulance and emergency services response to elder abuse
Initiatives relating to research and data collection	1. Ensure ongoing consistent data collection across services including, for example, helplines, police and emergency services and adult safeguarding units. 2. Research about perpetrators, abuse relating to cognitive impairment, and the abuse of: people who identify as LGBTQI+, First Nations peoples, people from CALD backgrounds, and people in residential aged care. 3. Focus research so that intervention and prevention are evidence based.
Initiatives relating to service funding and expansion	1. Create continuity of programs and services by extending funding cycles so that services can gain traction, retain valuable staff and build on success. 2. Ensure further establishment of multi-disciplinary, combined and integrated service models that allow victim/survivors to access multiple services from one location. 3. Create specialist elder abuse services with the same funding and scope as family violence services. 4. Ensure better assessment and support for those with cognitive impairment and encourage supported decision making as a preferred option. 5. Address gaps identified in the National Elder Abuse Prevalence study. 6. Ensure longer term support and recovery services for people who are experiencing or have experienced elder abuse. 7. Improve support for people in abusive relationships, including accommodation so they can change their living situation. 8. Create grassroots engagement strategies to reach vulnerable people who are hidden in the community.
Initiatives relating to social issues	1. Address social isolation, family conflict, carer stress and financial stress as risk factors for elder abuse. 2. Create programs promoting constructive community connection to address isolation and loneliness.
Initiatives relating to systemic drivers of abuse	1. Support older people to stay in their homes safely by reducing the wait times for home care packages. 2. Enable people aged 65+ to access specialist services and programs according to their needs rather than their age, so they are not solely reliant on aged care services. For example, people aged 65+ who are newly diagnosed with a disability are not eligible for NDIS support. 3. Increase safe housing options for older people.

Category	Recommendations proposed to guide the implementation and development of the next National Plan.
Recommendations relating to collaboration	1. There should be a whole of government response, with Commonwealth responsibility for elder abuse shared across several departments, not just Attorney-General's: for example, Social Services; Health and Aged Care. 2. There must be better collaboration between states and territories.
Recommendations relating to commitment to act	1. The National Plan should integrate findings and recommendations from the Royal Commission into Aged Care Quality and Safety. 2. The National Plan must have clear goals (e.g. SMART goals that are Specific, Measurable, Attainable, Relevant and Time-bound).
Recommendations relating to consultation	1. Consult with older people, including older people with lived experience of elder abuse, on their service needs and access gaps. 2. Consult widely with frontline services on what works and where the gaps are. 3. Expand the scope of the National Plan to include the Royal Australian College of General Practitioners.
Recommendations relating to human rights and equity	1. The National Plan must be underpinned by a human rights focus with inclusivity and equity. 2. Ensure that future decision-making and safeguarding measures are guided by a human rights framework.

A detailed breakdown of the quantitative findings for the Delphi survey and open text responses can be found in Appendix B1–B5.

Summary

Clear themes emerged from the survey data that comprised the Delphi study, suggesting that participants shared similar views and perceptions despite their individual differences, including the occupations they performed and location. There was representation from survey participants across all Australian states and territories. However, the highest number of participants were located in Victoria, followed by Tasmania. It should be noted, that not all initiatives are of equal size/complexity. Further, regardless of whether or not items in the Delphi study were rated by participants to be of critical importance (70% or above), they should still be considered for future policy and service initiatives aimed at responding to and preventing elder abuse.

In relation to the programs that participants indicated have been most significant to achieving the National Plan's objectives, awareness-raising campaigns and initiatives ranked highly. For example, World Elder Abuse Awareness Day online campaigns, elder abuse conference series and online resources and videos including the Elder Abuse: Everyone's Business online video campaign (2020). Participants also valued commitments to national research priorities under the National Plan and work done to safeguard older people's rights, particularly in relation to Powers of Attorney. Multidisciplinary services, information helplines and online resource libraries were also prioritised as key significant activities under the current National Plan. Overall, these findings suggest that survey participants placed great value on awareness-raising activities and improving knowledge about elder abuse through informed research. Further, findings suggest that survey participants placed particular importance on older people's right to make decisions and choices about their lives. Consequently, programs that focused on increased safeguards and oversight for power of attorney processes under the National Plan were ranked highly by participants.

Key themes that emerged from Participant data related to what should be prioritised in the next National Plan included programs and initiatives focused on interventions and prevention, including legal and other protections for people affected by elder abuse and resources such as 'safe' housing. Education and awareness raising remained a key theme for participants for the next iteration of the National Plan, including that which focused on the community broadly, the professionals who intersect with older people such as the police and medical professionals, and older people themselves. Education and training were considered critical in developing capacity of older people to better understand their rights.

Further research was considered by participants to still be an important priority for the next National Plan, including that which explores the needs of older people with cognitive disability, First Nations people, CALD communities and LGBTIQ+ individuals. Better collection and analysis of data pertaining to services and initiatives delivered were also identified as a Priority Area for survey participants, suggesting that great value is placed on the collection and analysis of evidence, with the aim of informing or evaluating practice. Better oversight and monitoring mechanisms for the reporting of abuse across a variety of sectors, but particularly in aged care, was also considered an important priority for survey participants, as was increased investigatory powers across

jurisdictions for matters which 'fall short of criminal acts'. These findings suggest that survey participants place great importance on increasing protections for older people, and that current mechanisms for safeguarding vulnerable older adults may be perceived to be lacking.

Overall, findings from the Delphi survey revealed that participants hold rich insight into the adequacy of the current National Plan's prioritised actions, and have clear ideas about what should be included in its future iterations. Consideration should be given to greater involvement of frontline organisations, community members and policy makers in the development of future National Plans; and strengthening the Plan's orientation towards milestone goals with periodic review and publicly accessible reporting processes.

8 Insights from the case studies

This chapter presents the findings from five case studies – each based on initiatives from the priority areas for action defined within the National Plan. The five case studies are:

- NSW – Aged Crime Prevention Officers
- Queensland – Some Things Never Grow Old campaign
- South Australia – Pilot of CCTV cameras in aged care
- Tasmania – Elder Abuse – It's Ok to Ask the Question
- Victoria – Melbourne Health Integrated Model of Care Trial

These case studies examine the contribution that different initiatives have made to the implementation of the National Plan's objectives in the context of particular jurisdiction's own policy frameworks and service landscape. They shed light on the interface between the National Plan and jurisdiction-specific conditions, and examine the jurisdictional and service landscape in which the initiative is situated and the ways in which they were designed to:

- respond to the National Plan or jurisdictional frameworks
- meet local needs and
- align with other services, agencies and initiatives in the jurisdiction.

Case study 1: NSW, Aged Crime Prevention Officers

Description of the initiative	Aged Crime Prevention Officers (ACPOs) are members of the Crime Prevention Unit. Their primary responsibility is preventing, disrupting and responding to the exploitation, abuse and neglect of vulnerable people, including older people, people with disability and the homeless (NSW Government, 2020).
Relevant policy frameworks or conditions in the jurisdiction	In June 2016, a Parliamentary Inquiry into Elder Abuse, (Recommendation 10) proposed that the NSW Police Force establish a Vulnerable Community Support Officer in each Regional Command in New South Wales. The aim was to focus on the provision of training and support to officers, liaison with local organisations and government agencies, community education, awareness and engagement. Furthering that recommendation, in 2018, the NSW Government announced an enhancement of 1500 police officers to protect communities and fight crime. Of those, an Aged Crime Prevention Officer would be established in each Police Command, to be rolled out over 4 years (NSW Government & NSW Police, 2023). The establishment of these specialist Aged Crime Prevention Officer (ACPO) positions acknowledges the need for early intervention for individuals who are at risk and provides the opportunity to improve police understanding of elder abuse, customise police responses to the needs of elderly victims and assist to reduce general community and cultural risk factors (NSW Government & NSW Police, 2023). The work of the ACPOs aligns with and is included within New South Wales Government's Preventing and Responding to Abuse of Older People (elder abuse) NSW interagency policy (2020). The policy sets out the approach to preventing and responding to abuse of older people for NSW Government agencies (NSW Government, 2020). It also sets out considerations for information sharing and decision making. The policy has three aims: 1) To describe the key parameters of abuse of older people, including types and risk factors 2) To set out the broad framework for responding to abuse of older people in NSW 3) To describe the requirements for agencies in dealing with abuse of older people.
Relevant objectives of the National Plan	The NSW Aged Crime Prevention Officers (ACPO) work primarily focuses on community education and preventing and responding to elder abuse, and therefore aligns closely with the National Plan's Priority areas 2 (improving community awareness and access to information) 3 (strengthening service responses) and 5 (strengthening safeguards for vulnerable adults).

Service landscape in the jurisdiction	A mix of resources are available online aimed at raising awareness about the work of Aged Crime Prevention Officers and how they can be contacted, particularly via the websites of organisations which aim to meet the needs of older Australians, such as Compass. The work of the Aged Crime Prevention Officers is supported by the Ageing and Disability Commission – an independent agency of the NSW Government, that aims to protect older people and adults with disability from abuse, neglect and exploitation in their family, home and community (Ageing and Disability Commission, 2023). Under the New South Wales Government's Preventing and Responding to Abuse of Older People (elder abuse) NSW interagency policy (2020), Aged Crime Prevention Officers (ACPOs) must be competent to meet the needs of older people, particularly those affected by abuse. Currently, ACPO's complete training in dementia, de-escalating incidents involving people with Autism Spectrum Disorder, Trustee and Guardian Services and Powers of Attorney and identifying carer stress in domestic Violence situations.
Key findings of any evaluations of the initiative:	Evaluations of the Aged Crime Prevention Officers initiative have yet to be undertaken, or are not as yet available in the public domain. Having been announced in 2018, the initiative was to be rolled out over 4 years, with police commands being stationed all across NSW. Therefore, it is unclear how outcomes pertaining to the initiative have been captured or whether or not they will inform a formal evaluation at some point.

Summary of findings

The findings presented in the table above suggest that the work of the Aged Crime Prevention Officers (ACPO) in NSW strongly aligns with the National Plan's objectives, particularly Priority areas 2 (improving community awareness and access to information), through the provision of education and training relevant to abuse of older people and via participation in community events, forums and awareness campaigns to promote ageing and disability abuse prevention strategies (NSW Government & NSW Police Force, 2023). Further, the work of the ACPO's in NSW aligns strongly with the National Plan's Priority Area 5 (strengthening safeguards for vulnerable adults), through the provision of support to vulnerable victims by conducting safety audits, referrals to appropriate services, follow up and monitoring and by providing tactical advice to local police on the operational response to crime involving older people (NSW Government & NSW Police Force, 2023). The ACPO's work also aligns with the National Plan's Priority Area 3 (strengthening service responses), through its aforementioned training, education and awareness raising efforts, particularly for local police across NSW.

It is clear that ACPO's primary focus is to meet the needs of the community, particularly older people and people with disability, however, evidence of the outcomes they have achieved for the community is not publicly available. Consideration should be given to sharing available information pertaining to the outcomes achieved by the ACPO initiative in NSW, in order to identify any positive practices which may warrant replication across Australia.

The ACPO's initiative in NSW's overall approach to preventing and responding to elder abuse is guided by the New South Wales Government's *Preventing and responding to abuse of older people (Elder Abuse) NSW Interagency Policy* (2020). Under the interagency policy, all government agencies are guided in how they can work together to prevent and respond to the abuse of older people in NSW, with the aim of ensuring consistency in practice and policy. The interagency policy is underpinned by principles that guide action, including:

- **Protect:** All NSW community members have the right to live free from abuse; ensuring safety is paramount. Sometimes, when the health or safety of an individual is at risk, safety may be a greater concern than privacy.
- **Empower:** Older people at risk of, or subject to, abuse should be given the support and information they need to make informed decisions about how to respond. This includes access to culturally aware and competent services trained to support and equip them to understand their rights and stop abuse when it occurs. Access to services is also contingent on the recognition that some elderly persons will not be aware of the rights and services available to assist them. Persons with language and education barriers should be considered in how an agency seeks to engage with older people when developing policies and initiatives.
- **Respect:** Where older people can make informed decisions about responses, they should be supported to do so. Where an individual makes an informed decision to not act in response to abuse, and the abuse is not criminal, that decision should be respected. People with impaired decision-making capacity may benefit from the involvement of an advocate, or other decision-making support.
- **Respond:** Older people who are subject to abuse should be supported and offered access to services. Many forms of abuse of older people are criminal. Where this is the case, the abuse must be treated as a crime and appropriate legal remedies and protections offered. Reports can be made to the NSW Police without the consent of the victim, although consent is always desirable and beneficial for investigations and prosecutions.

- **Separate:** Relationships can be complex, particularly where the abuser is managing their own complex needs. The needs of each individual should be considered separately and not compromise the response for the victim.
- **Collaborate:** There may be a number of people from different services involved and it is important that they work together to help the older person. This can include the need to develop and maintain connections between older people and the community; the need to share information and raise awareness of these issues between different services (NSW Government, 2020, p. 9).

Case study 2: Queensland: Some Things Never Grow Old campaign

Description of the initiative	The Some Things Never Grow Old campaign in Queensland is designed to raise community awareness about elder abuse, including the different ways in which elder abuse may present. The campaign also directs people affected by elder abuse and bystanders, including family and friends, to Queensland's Elder Abuse Helpline.
Relevant policy frameworks or conditions in the jurisdiction	The Queensland Government's response to elder abuse is underpinned by policy frameworks and strategies that include a focus on creating communities where people of all ages are encouraged to actively participate in community life. The Queensland Government released <i>Future Directions for an Age Friendly Queensland</i> Statement (2022), which outlines what has been achieved in Queensland under the government's Age Friendly Community Action Plan, together with possible next steps. Next steps include hearing the views of older people living in Queensland regarding what they would like prioritised in future action plans and services. This work builds on the previous Queensland: <i>An Age-friendly Community Strategic Direction Statement and related Action Plans</i> .
Relevant objectives of the National Plan	Queensland's Some Things Never Grow Old campaign primarily focuses on raising awareness about elder abuse across the community and connecting people with information and support. Clear alignment exists between these campaign focus areas and the National Plan's Priority Area 2 (Improving community awareness and access to information) and Priority Area 5 (Strengthening safeguards for vulnerable adults).
Service landscape in the jurisdiction	Several service initiatives surround the Some Things Never Grow Old campaign and underpin the government's approach to preventing and responding to elder abuse in Queensland. Examples include: ■ The elder abuse helpline which is funded by the Queensland Government and operated by Uniting Care Community. The help line is for people living in Queensland, who experience, witness or suspect an older person is being abused. The unit also provides education and awareness for people who wish to better understand elder abuse, including recognising the signs and preventing it from recurring. Research, aimed at better understanding elder abuse is another important objective of the unit. The Some Things Never Grow Old campaign directs people affected by elder abuse or have concerns for someone they know to the Elder Abuse Helpline. ■ Print campaign material also directs older people themselves and others with concerns about an older person to Seniors Legal and Support Services, which is available across Queensland. These services provide access to legal advice and social support to older people experiencing, or at risk of, elder abuse. Seniors Legal and Support Services are delivered across Queensland a number of Community Legal Centres, Relationships Australia Queensland and Aged and Disability Advocacy Australia.
Key findings of any evaluations of the initiative	No evaluations of the campaign are available at the time of this evaluation.

Summary of findings

The findings presented in the table above, suggest that the aims of the Some Things Never Grow Old campaign (the campaign) in Queensland strongly align with the National Plan's priority areas, particularly areas 2 (improving community awareness and access to information) and 5 (strengthening safeguards for vulnerable adults).

The campaign recognises the different needs of Queensland's diverse community, with campaign material including representation of First Nations peoples and CALD individuals. It is available in a variety of formats including videos, brochures and posters. The campaign was launched to coincide with World Elder Abuse Awareness Day on 15 June 2023 and ran until late July 2023. The findings about how the campaign has met the needs of Queensland's community are not known, until data is available regarding engagement by Queensland people with the campaign materials, and whether engagement led to increased awareness about elder abuse or help-seeking behaviour.

The campaign forms part of the Queensland Government's overall approach to preventing and responding to elder abuse. It sits within the framework outlined in *Future Directions for an Age Friendly Queensland* statement and complements the work of the Elder Abuse Prevention Unit and broader elder abuse service system in Queensland. Collectively, the policy and service documents analysed suggest that the Some Things Never Grow Old campaign contributes to achievement of the objectives of the National Plan, particularly when combined with other initiatives and service responses facilitated by the Queensland Government. The Queensland Government's *Future Directions for an Age Friendly Queensland* Statement (2022) outlines possible next steps towards creating age-friendly communities, including preventing and responding to elder abuse. A key aspect of this document has been the inclusion of the voices of older people living in Queensland, which suggests the Queensland Government is making genuine efforts to meet the needs of community members through consultation, which may inform the design of future strategy and action.

Case study 3: South Australia: CCTV cameras in aged care

Description of the initiative	Findings from the Royal Commission into Aged Care Quality and Safety which commenced in 2018, revealed high incidents of abuse in residential aged care settings. In response, the South Australian Government commenced a pilot project aimed at using CCTV within residential aged care homes to monitor the quality of the care provided to older people. The CCTV was based on an artificial intelligence (AI) based technology system. The system captured programmed audio and visual activity and sent a text message alert to an independent remote monitoring centre which was responsible for alerting the sites. The pilot was conducted over 12 months from March 2021 at two South Australian residential care services.
Relevant policy frameworks or conditions in the jurisdiction	Informed by the findings of the Royal Commission into Aged Care Quality and Safety, the CCTV pilot project in South Australia's residential aged care services aligned with several of the Royal Commission's recommendations detailed in its final report (2021), including the need for better oversight of the care provided to elderly residents. The Aged Care Quality and Safety Commission, the body responsible for regulating the aged care sector, ensure providers comply with 'Aged Care Standards'. These standards, seek to ensure that older Australian's receive good quality, safe services. The use of CCTV is not recommended as a mechanism for monitoring the quality of the care older people receive under these standards; however, their focus on ensuring good quality, safe services free from abuse may have contributed to the context which became the impetus for the CCTV project in aged care settings in South Australia. The South Australian Government's Charter of the Rights and Freedoms of Older People (2011), is designed to ensure that older South Australians rights and freedoms are both known and protected. The Charter includes the right to dignity and self-determination, the right to liberty and security, the right to equality and non-discrimination, the right to good standards of living and care, the right to privacy and family, the right to social and economic participation, the right to freedom of thought, conscience, spirituality, religion and expression (Government of South Australia, 2011).
Relevant objectives of the National Plan	The CCTV project in South Australian aged care services focused on exploring how the quality and safety of services provided to older Australians could be improved. Consequently, the project aims align closely with the National Plans Priority Area 5 (Strengthening safeguards for vulnerable adults).
Service landscape in the jurisdiction	The CCTV project sits within the context of a variety of service initiatives undertaken by the South Australian Government focused on promoting the rights of older people and safeguarding them from abuse. For example, the resource <i>Know your rights, a guide to the rights of older South Australians</i> aims to increase older people's knowledge of their rights, especially at different times in their lives, and to recognise the laws that provide safeguards and protection (South Australian Government, 2023). Other initiatives aimed at safeguarding older people from abuse in South Australia include online campaigns focused on raising awareness about elder abuse, including Stop Elder Abuse (Government of South Australia, 2023). The Stop Elder Abuse campaign provides information about the rights of older South Australians, the signs of elder abuse and where to seek help.
Key findings of any evaluations of the initiative:	The CCTV project in aged care services in South Australia was formally evaluated by PWC in 2022. The evaluation was focused on understanding feasibility, acceptance and influence on quality and safety (PWC, 2023). At the conclusion of the 12-month Pilot, there was no evidence that the AI-based CCTV surveillance used in the Pilot had influenced either positive or negatively, the quality and safety of the care provided at the sites (PWC, 2022, p. 24). However, this finding relates to a lack of evaluation evidence during the evaluation and conclusions cannot be drawn with certainty about if the AI-based CCTV system, if working optimally, would influence quality or safety (PWC, 2022, p. 24).

Summary of findings

The CCTV pilot project in South Australia was focused on improving safeguards for older people in residential aged care homes, by monitoring the quality and safety of the services they received. The CCTV project aims align closely with the National Plans Priority Area 5 (Strengthening safeguards for vulnerable adults).

The CCTV pilot project was evaluated by PWC in 2022. However, the evaluation was unable to provide insight into whether or not the use of CCTV cameras influenced the quality and safety of the support older people received in any way. Most staff responsible for providing care to elderly residents who participated in the evaluation, (70%) did not report improvements in their ability to respond to quality and safety events as a result of the CCTV surveillance used. The remaining 30% noted that their role meant they did not receive alerts from the CCTV AI technology used in the pilot, or respond to them (PWC, 2022, p. 24). Despite this, almost all staff members involved in the evaluation acknowledged that the use of AI-based CCTV surveillance has the potential to improve the quality and safety of the care provided to residents (PWC, 2022, p. 24).

The CCTV pilot project was experimental, in that CCTV AI technology is not routinely used within aged care services to monitor the quality and safety of the care older people receive. However, the issues the CCTV project aimed to address (improving quality and safety in aged care services) have long been explored and responded to via policy and service initiatives in South Australia, and Australia more broadly. The Royal Commission into Aged Care Quality and Safety (2018) explored the quality of the care older people received in aged care services across Australia, with findings revealing the need for increased oversight and improvement in service provision. The CCTV AI technology was not a specific recommendation of the Royal Commission; however, the pilot project aligns with many of the Royal Commission's recommendations related to monitoring the quality of the care provided to elderly residents, through oversight mechanisms that focus on the care staff provide. The South Australian Government were careful when designing the pilot to ensure that it did not breach any policy designed to protect older South Australians rights. For example, the South Australia's Charter of the Rights and Freedoms of Older People identifies the right of older people to privacy. Honouring residents right to privacy and dignity, CCTV cameras and recording devices were placed in common areas and bedrooms of the pilot sites, with bedroom devices activated only with the consent of the resident or their legally appointed guardian or substitute decision makers. No devices were installed in bathrooms.

It is not known whether CCTV will be considered for monitoring quality and safety in aged care services in future; however, several service initiatives remain in South Australia which are designed to protect the rights of older people and safeguard them from abuse. The *Know your rights, a guide to the rights of older South Australians* (Government of South Australia, 2023), resource and the Stop Elder Abuse campaign (Government of South Australia, 2023), both attempt to educate older South Australian's about their rights, how to recognise the signs of elder abuse and where help can be sought. Future consideration could be given to exploring the impact these awareness raising efforts have had within the South Australian community, including how successfully they are reaching culturally and linguistically diverse communities, First Nations communities and people with disabilities.

Case study 5: Tasmania: Elder abuse – It’s Ok to Ask the Question

Description of the initiative	The aim of the Elder Abuse – It’s Ok to Ask the Question campaign is to encourage Tasmanians to be mindful of interactions with older people and to contact the Tasmanian Elder Abuse Helpline with queries or concerns in relation to elder abuse (Tasmanian Government, 2023). ■ The campaign is targeted towards people who are concerned about an older person who may be harmed, neglected or abused, and toward older people who may be experiencing harm, neglect or abuse themselves. ■ The campaign is also targeted towards people who are concerned that their actions may be causing harm to an older person (Tasmanian Government, 2023).
Relevant policy frameworks or conditions in the jurisdiction	Tasmania’s Elder Abuse – It’s Ok to Ask the Question campaign is connected to policies and strategy documents that combine to prevent and respond to elder abuse across the state, including. ■ Tasmania’s Strategy to end the abuse of older people (Elder Abuse) 2023–2029, which sets out the state’s approach to preventing elder abuse across five core domains: awareness, empowerment, action, supports and safeguards. ■ The It’s Ok to Ask the Question campaign aligns closely with the domains of awareness and supports by providing access to referral for queries or concerns about elder abuse and for the provision of information about available supports. ■ The campaign is guided by the principles of the Strategy to end the abuse of older people which include a commitment to raising community and service provider awareness about the nature of abuse of older Tasmanians and empowerment: Older Tasmanians have personal agency and control over decisions regarding all aspects of their lives (Tasmanian Government, 2023, p. 11).
Relevant objectives of the National Plan	The Elder Abuse – It’s Ok to Ask the Question campaign provides Tasmanian community members with information, advice and support in relation to elder abuse. Unlike other campaigns, the It’s Ok to Ask the Question campaign publicly encourages people who may have used violence against an older person to make contact via the helpline, with a view to addressing their concerns and preventing the violence from recurring. This indicates an alignment and contribution to the National Plan’s Priority Area 2 (Improving community awareness and access to information) and Priority Area 5 (Strengthening safeguards for vulnerable adults).
Service landscape in the jurisdiction	The service landscape orientated towards preventing and responding to elder abuse in Tasmania is multifaceted, and complements the Elder Abuse – It’s Ok to Ask the Question campaign, which allows community members to engage with people in real time about their concerns. Active in the space is COTA, which is funded by the Tasmanian Government to provide advice and support to older people across the state, including in relation to elder abuse. ■ COTA Tasmania provide the community with a wide range of resources, workshops and information relevant to elder abuse. ■ COTA Tasmania have also organised conferences and activities such as ‘Walks against elder abuse’ to raise awareness about elder abuse and where to seek help. Other services available to Tasmanians that complement the Elder Abuse – It’s Ok to Ask the Question campaign include Senior Assist, a free legal service for older Tasmanians affected by elder abuse. ■ Senior Assist helps older Tasmania’s affected by elder abuse to take action against it, under the guidance of a specialist who knows and understands laws and associated systems which pertain to elder abuse. Also available to Tasmanians alongside the Elder Abuse: It’s Ok to Ask the Question campaign is <i>Everyone Deserves Respect</i>, a handbook for seniors in Tasmania (Legal Aid, 2021). ■ The resource raises questions for seniors, the answers to which may indicate abuse and advertises free legal advice and support provided by Legal Aid Tasmania. ■ The resource explores issues around elder abuse, including what constitutes elder abuse and preventative measures seniors can take to protect them from it, including advanced care planning.
Key findings of any evaluations of the initiative	No evaluations of the Elder Abuse – It’s Ok to Ask the Question campaign appear to have been performed at the time of this evaluation.

Summary of findings

The findings presented in the table above suggest that the It's Ok to Ask the Question campaign in Tasmania has contributed to the National Plan's objectives. The campaign is based on the concept, 'It's ok to ask the question', recognising that it is not always easy to determine if a situation is an instance of elder abuse, and encourages contact with the Tasmanian Elder Abuse Helpline for advice, information and referrals (Tasmanian Government, 2023). In line with the National Plan's Priority Area 2 (Improving community awareness and access to information), the campaign provides information about what elder abuse is through the provision of online resources and videos.

A helpline is publicised via the campaign, where people can engage with individuals to access real time advice for themselves or someone they are concerned about. In this way, the helpline aligns with and appears to have contributed towards Priority Area 5 (Strengthening safeguards for vulnerable adults).

The campaign, complemented by a responsive service environment, appears to contribute to meeting the needs of older Tasmanians and the wider community by offering a variety of mechanisms from which to learn about and seek advice and support about elder abuse. Importantly, unlike other campaigns, the Elder Abuse: It's Ok to Ask the Question campaign is also targeted towards people who may be concerned that their actions may be causing harm to an older person (Tasmanian Government, 2023). By encouraging people who may have committed acts of violence or abuse against older people, the It's Ok to Ask the Question campaign reveals its holistic approach to preventing and responding to elder abuse, by attempting to educate all parties involved in it and prevent its recurrence. However, there was no evaluation data available at the time of this evaluation to assess the impact and effectiveness of the It's Ok to Ask the Question campaign and whether it has increased awareness about elder abuse within the Tasmanian community.

Case study 4: Victoria: Melbourne Health Integrated Model of Care Trial

Description of the initiative	In response to the findings of the Royal Commission into Family Violence, the Victorian Government implemented an integrated model of care for responding to suspected elder abuse, which was trialled at five health services: ■ Melbourne Health ■ Latrobe Community Health Service ■ Monash Health ■ Western Health ■ Peninsula Health. The Integrated model of care trial aims to strengthen elder abuse responses and support in Victorian health services, by creating multiple entry points for older people and their carers and families to access specialist support services to address suspected elder abuse (Victorian State Government, Department of Health, 2018).
Relevant policy frameworks or conditions in the jurisdiction	The Integrated Model of Care initiative sits within the context of several policy frameworks, designed by the Victorian Government to prevent and respond to elder abuse. For example, the Victorian Government's <i>Free From Violence Second Action Plan (2022–2025)</i> (Victorian Government, 2022). The Plan sets out the Victorian Government's commitment to respond to family violence, including elder abuse, and the action currently being taken to prevent it. The Victorian Government in partnership with Our Watch developed the <i>Preventing Intimate Partner Violence Against Older Women</i> (Our Watch, 2022). The resource explores implications and considerations for future work to address intimate partner violence against older women (Our Watch, 2022).
Relevant objectives of the National Plan	In alignment with the National Plan's Priority Area 2 (strengthening service responses), the Integrated Model of Care trial is designed to develop the capacity of staff working across health care and community settings in Victoria, through education and training. Further, in alignment with the National Plan's Priority Area 5 (strengthening safeguards for vulnerable older adults) the Integrated Model of Care trial seeks to respond to the needs of people affected by elder abuse, through multiple entry points for specialised support.

Service landscape in the jurisdiction	Through the Integrated Model of Care trial, the Victorian Government funded The Bouverie Centre to train clinical staff and partners of trial health services to respond to suspected elder abuse. This includes capacity-building and development of appropriate pathways of care (Victorian Government, Department of Health, 2018). The Victorian Government also funded a full-time liaison officer to provide specialist clinical advice and consultancy regarding complex discharge decisions for older people at risk of or experiencing elder abuse at each of the trial sites. They also provide secondary consultation to services requiring advice and referral on elder abuse cases (Victorian Government, Department of Health, 2018). The Victorian Government also established ten local elder abuse prevention networks from late 2017, to deliver local action to raise awareness and prevent elder abuse from happening in the first place, using a primary prevention approach. Eight Networks continue to operate today. Other initiatives include the Commissioner for Senior Victorians as the Ambassador for Elder Abuse Prevention, attending several community forums to raise awareness of this public health issue. Seniors Rights Victoria delivers the elder abuse helpline and provides free and confidential information, advice, legal case work, advocacy, community education and referral. Awareness raising sessions that include information on available supports have also been delivered to CALD communities, in a variety of languages (Victorian State Government, Department of Health, 2018). <i>Seniors Online</i>, a web-based resource, provides information to older Victorians about their rights, services they are entitled to and how to recognise elder abuse (Victorian State Government, 2023).
Key findings of any evaluations of the initiative	Whilst evaluations about the integrated model of care trial are not publicly available at this time, some information about the impact and reach of the initiative has been released. A conference abstract from the 2nd Asia Pacific Conference on Integrated Care conducted in Melbourne in 2019, suggested that the model has led to 350 staff in the area to be trained to support the conversations regarding suspected elder abuse (Mitchell, 2019). Further, the Integrated Model of Care trial has seen an average of 35 consultations per month with the Elder Abuse Prevention & Response Liaison Officer (Mitchell, 2019). This has been identified as leading to continuity of care between hospital and community and the facilitation of appropriate referrals to relevant services such as specialist legal and advocacy services, counselling and Financial Counselling Services, Commonwealth Aged Care Services and Victoria Police as required (Mitchell, 2019).

Summary of findings

The Melbourne Health Integrated Model of Care trial focused primarily on ensuring that older people, their families and carers could access multiple entry points to services specialising in elder abuse. These entry points are designed to ensure a response to people affected by elder abuse, and in this way, the Integrated Model of Care trial aligns closely with the National Plan's Priority Area 5 (Strengthening safeguards for vulnerable adults). However, the model also aligns with Priority Area 3 (Strengthening service responses), as demonstrated by training delivered to staff to support conversations regarding suspected elder abuse (Mitchell, 2019). Increased alignment between services (e.g. between financial counsellors, health staff and social workers) and increased referrals to appropriate services, are also important indicators that the model has strengthened service responses to elder abuse (Mitchell, 2019).

While a formal evaluation of the Melbourne Health Integrated Model of Care trial is not available at this time, the information that is available suggests significant investment on behalf of the Victorian Government in the preventing and responding to elder abuse. These investments, all targeted at ensuring people affected by elder abuse receive adequate and timely support, suggest that the Melbourne Integrated Model of Care trial is a positive step forward, towards meeting the needs of people affected by elder abuse, and the those who support them. Further, the model sits within a wider context of policy and service initiatives developed by the Victorian Government, which focus on preventing elder abuse, such as the *Free From Violence Second Action Plan (2022–2025)*. The 'preventative lens' through which the Victorian Government aims to target the root cause of elder abuse, is unique in that it is proactively attempting to de-escalate elder abuse before it starts.

Summary

The discussion in this chapter examined the following five case studies:

- NSW – Aged Crime Prevention Officers
- Queensland – Some Things Never Grow Old Campaign
- South Australia Pilot of CCTV cameras in aged care
- Tasmania – Elder Abuse – It’s Ok to Ask the Question
- Victoria – Melbourne Health Integrated Model of Care trial.

These five case studies illustrate the contribution made by a range of initiatives to the implementation of the National Plan Objectives. The case studies all share a common theme, in that they all align with the National Plan’s Priority Area 5 (Strengthening safeguards for vulnerable adults). All, except case study 3 appear to align with the National Plan’s Priority Area 2 (Improving community awareness and access to information) and only one case study (number 1) aligned with the National Plan’s Priority Area 3 (strengthening service responses). However, this evaluation has highlighted the valuable insights and knowledge to be gained through the findings of all five case studies. As a result, all the case studies involved in this evaluation align with the National Plan’s Priority Area 1 (enhancing our understanding) through shared learnings that can better target future programs.

Each of the initiatives explored in these case studies are complemented or shaped by strategies, policies and services in their jurisdiction that are dedicated to preventing and responding to elder abuse. Case study 1 – NSW’s Aged Crime Prevention Officers, sits within the context of New South Wales Government’s Preventing and Responding to Abuse of Older People (elder abuse) NSW interagency policy (2020). The policy sets out the approach to preventing and responding to abuse of older people for NSW Government agencies (NSW Government, 2020). The Some Things Never Grow Old campaign in case study 2 is shaped by measures including the Queensland Government’s Age Friendly Community Action Plan and service initiatives including the Queensland Elder Abuse Prevention Unit. Case study 3 – South Australia’s CCTV Camera’s in aged care took place within South Australia’s policy context, which focuses primarily on the rights of older people. For example, The South Australian Government’s Charter of the Rights and Freedoms of Older People (2011), specifies the rights older South Australia’s are entitled to and how they should be realised. The Melbourne Health Integrated Model of Care trial in case study 4 aligns with the Victorian Governments *Free From Violence Second Action Plan (2022–2025)*, which also directs focus towards the prevention of elder abuse through awareness raising and education. Similarly, case study 5, It’s Ok to Ask the Question campaign reflects Tasmania’s strategy to end the abuse of older people (Elder Abuse) 2023–2029, which highlights awareness, empowerment and action together with supports and safeguards. In focusing on awareness raising among both people who experience and use abusive behaviours, the campaign is relevant to each of these focus areas. It also complements the activities of Tasmanian organisations including Legal Aid Tasmania’s Everyone Deserves Respect handbook and COTA Tasmania’s resources and activities to increase awareness of the nature of elder abuse and prevention and response measures.

The case studies provide examples of initiatives, policies and services that appear to have been designed with ‘local’ needs in mind, orientating action towards the needs of community members within their state. The campaign in case study 1 is directed at meeting the needs of NSW’s community through education and new ways of addressing elder abuse through targeted and coordinated police response. Case study 2 – Qld’s Some Things Never Grow Old campaign served the states diverse community, with campaign material including representation of First Nations and Culturally and Linguistically Diverse individuals, and it is available in a variety of formats. Case study 4 – Melbourne Health’s Integrated Model of Care trial and case study 3 – South Australia’s pilot of CCTV in aged care homes, were experimental initiatives, and as such, were learning about new ways of meeting community needs. Both case study 3 and 4 showed promise in this regard, all be it in different ways, although the use of CCTV cameras in aged care homes was short lived (12 months) and yielded data which may have posed more questions than it did answers. Case study 5 – Tasmania’s It’s Ok to Ask the Question, attempts to meet community needs through information aimed at awareness raising, including where to seek help. It is unclear however whether the campaign has been successful in reaching people who are more likely to face digital exclusion, such as cultural and linguistically diverse communities, First Nations people and people with cognitive disability.

The policies, strategies and frameworks analysed reflect the unique jurisdictional context to which they were applied, and were often based on feedback from community members and the organisations who serve them. For example, in relation to case study 2 – the Some Things Never Grow Old campaign in Qld, Queensland’s Age Friendly Community: Strategic Direction Statement (2016) includes the views of community members, upon

which its priorities are based. Policies, strategies or frameworks written by governments across jurisdictions were also identified as being written in partnership with organisations or peak bodies focused on elder abuse or the rights of older Australians.

Only two of the five initiatives explored in the case studies had publicly available information pertaining to their evaluation at the time of writing – case study 2: South Australia’s pilot of CCTV in aged care and case study 4: Melbourne Health’s Integrated Model of Care trial. However, Melbourne Health’s Integrated Model of Care did not have a full evaluation available in the public domain, only partial information could be sourced pertaining to project data presented at the 2nd Asia Pacific Conference on Integrated Care trial in Melbourne in 2019. Further consideration should be given to how initiatives and projects aimed at preventing and responding to elder abuse are evaluated in future, in order to determine their impact, outcomes and effectiveness. However, this may require funding or additional resourcing. Consideration could also be given to focusing on the way in which data pertaining to the outcomes of services, programs and initiatives may be shared across jurisdictions, to ensure that valuable lessons are shared. A focus on capturing and sharing data related to outcomes could prove fruitful for large and small scale initiatives but would likely require further organisational capacity to resource and implement knowledge-sharing activities.

9 Conclusion and recommendations

This chapter of the report summarises findings from the eight elements of the Evaluation of the National Plan as presented in the preceding chapters that comprise this evaluation, including:

- a desktop review of program and policy documents
- a Request for Information process
- targeted consultations with Commonwealth, state and territory jurisdictions
- a synthesis of evaluations
- a Survey of Community Members
- focus groups
- a Delphi study
- a selection of five case studies.

The key aim of this evaluation is to determine the impact of the National Plan in driving responses to reduce and prevent the abuse of older people in Australia, and generating evidence to assess of the value of the current Plan to inform the future planning of similar activities beyond 2023.

More specifically, the data from the eight elements which comprise the evaluation, provide insight into four areas of focus:

- the value of the National Plan as a mechanism for focusing efforts in response to the abuse of older Australians (Focus Area 1)
- the extent to which the National Plan has been effective in increasing the focus of preventing and responding to the abuse of older Australians and creating a foundation for further action (Focus Area 2)
- identifying whether priority areas and their subsequent initiatives have been achieved, are ongoing (to continue) or should no longer be priorities for governments (Focus Area 3)
- whether the term of the National Plan was sufficient to achieve the stated initiatives, and to propose a suitable term for future iterations (Focus Area 4).

The discussion in this chapter examines the evaluation findings presented in the preceding chapters with specific reference to the Key Evaluation Questions, providing insights based on these findings which may inform future responses to the abuse of older Australians.

Appropriateness

Findings from the desktop review of policy and program documents, the Request for Information and from key consultations with Commonwealth, state and territory jurisdictions showed strong alignment with and commitment to the National Plan's objectives and priority areas. The findings demonstrated the significant contributions made across jurisdictions in achieving the objectives. They illustrated the broad mix of initiatives, services and actions, ranging from advocacy, legal assistance, awareness-raising campaigns and education and training, through to legislative and policy reforms, aged care reforms (including quality and safeguarding frameworks) and investigative agencies. The Synthesis of Evaluations and Case Study data also illustrate the contribution made by a range of initiatives to the implementation of the National Plan Objectives. The case studies selected relate to actions which took place during the National Plan. The findings illustrate direct alignment of the case studies with Priority Area 2 (Improving community awareness and access to information) and Priority Area 5 (Strengthening safeguards for vulnerable adults). NSW's Aged Crime Prevention Officers initiative also aligns with Priority Area 3 (Strengthening service responses). However, findings from the case studies have highlighted rich insights and knowledge which may help inform future initiatives and policy. Consequently, they all align with the National Plan's Priority Area 1 (enhancing our understanding). The findings from these elements indicated a strong commitment on behalf of Commonwealth, state and territory

governments to preventing and responding to the abuse of older people, both before and after the National Plan commenced, with participants in the Request for Information and consultations describing how the National Plan had elevated elder abuse to a matter of 'national importance – requiring a national response'. This in turn suggested that the development of a National Plan provided a means to focus on elder abuse responses in the jurisdictions. Some participants in the consultations identified how the National Plan brought jurisdictions together for the first time to work toward the common goal of preventing and responding to elder abuse. It was identified as providing an opportunity to share insights into elder abuse awareness, prevention and response activities that were being facilitated by the states and territories. Prior to the National Plan, some participants described limited information sharing, with these learnings remaining within state and territory jurisdictions.

However, most state and territory representatives participating in the consultations suggested that future National Plans should be developed in closer consultation with all jurisdictions, ideally via face-to-face engagement. Future iterations of the National Plan would benefit from clearer communication strategies, with this collaborative approach also directed towards monitoring progress against agreed objectives. Perceived benefits of working in this way were identified as including increased understanding about the individual context within which each jurisdiction operates, and better opportunities to share lessons and issues which arise, that could lead to the replication of positive outcomes and the avoidance of 'mistakes'. State and territory jurisdictions indicated that they welcomed the opportunity to participate in the next iteration of the National Plan, but suggested that additional funding may be required, if they are to achieve additional outcomes, above and beyond 'business as usual'.

The data from these elements and from the focus groups suggest that whilst the National Plan brought together jurisdictions across Australia to determine priority activities to respond to elder abuse, many of the actions identified in the Plan were perceived to have been underway and progressing prior to the National Plan. However, focus group and consultation findings did suggest that the National Plan instigated some initiatives that provided deeper insight into and responsiveness towards elder abuse. For example, the National Elder Abuse Prevalence Study, commissioned by the AGD under the National Plan was thought by some participants to have advanced understandings about elder abuse significantly.

The data from the Survey of Community Members also provides insight into the extent to which the National Plan provided a means to focus on elder abuse responses more generally. The survey data show that most participants in the 18–64 years age group and the 65+ years age group (54%–55%) were not aware of the National Plan before engaging in the survey. Nevertheless, more than two-thirds of participants reported that they had seen other information or material raising awareness about elder abuse in Australia before hearing about this evaluation. These participants were most likely to report that the format of this information was through a government publication or pamphlet, activities developed in the context of, or in alignment with, the National Plan.

Findings from the Delphi survey also highlight activities identified as most significant to achieving the National Plan's objectives to be awareness-raising activities, activities undertaken to safeguard the rights of older people, together with actions to improve knowledge about elder abuse through informed research. These types of activities, including the World Elder Abuse Awareness Day online campaigns, the *Elder Abuse: Everyone's Business* online video campaign and collaborative work in relation to powers of attorney, were ranked most highly by Delphi participants. Notably, the Delphi Participant data regarding priorities for the next National Plan identified programs and initiatives focused on interventions and prevention, including education, training and awareness activities, together with legal and other protections for people affected by elder abuse and resources such as 'safe' housing.

Together the data from the eight evaluation elements which comprise this evaluation indicate that opportunities remain for more nationally consistent policy and service responses directed at preventing and responding to the abuse of older people in Australia. Examples of these opportunities include the significant differences between jurisdictions in relation to legislative, policy and service responses to elder abuse identified in the feedback from the Request for Information, focus group data and in the consultations with Commonwealth, state and territory governments. Legislation specific to how Powers of Attorney and guardianship are enacted differ between states and territories. Work has begun on harmonising Powers of Attorney throughout Australia, but it is yet to be completed. Justice responses to elder abuse also differ between states and territories, as do definitions of what constitutes elder abuse. Feedback through the community members survey and focus groups suggest that many individuals perceive service responses to be stronger in some jurisdictions than in others, with some states taking immediate action to investigate and respond to elder abuse, and others only advising people affected by elder abuse about help that is available.

The data examined in this evaluation suggest that consideration should be given to creating further opportunities for sharing information between jurisdictions about policy, legislative and service approaches to elder abuse, in order to capture activity which may not currently be being shared through the National Plan and its associated monitoring mechanisms. The focus group participants emphasised the need for greater involvement of the states, territories and organisations in the development of the National Plan, in order to ensure jurisdictional consistency in policy and approaches for responding to elder abuse.

Also of note, findings from the Delphi survey also suggest that most participants would prefer a longer operational period for the National Plan (e.g. ten years), but were more concerned with future National Plans being subject to regular review and consisting of shorter-term action plans with measurable goals.

Efficiency

Data from the desktop review, the Request for Information process and the consultations with Commonwealth, state and territory governments responsible for the National Plan, particularly at Commonwealth level, indicated that value was placed on the collaborative approach underpinning the development of the National Plan. The involvement of all jurisdictions was identified as providing the opportunity to build on the actions that jurisdictions had or were in the process of implementing. The collaborative approach facilitated opportunities to share insights about their respective awareness, prevention and response activities. Prior to the National Plan, participants indicated that this information remained within state and territory jurisdictions, limiting opportunity to share learnings about positive outcomes, strategies that yielded positive results and risk.

Findings from the desktop review, the Request for Information process and the consultations with representatives from Commonwealth, state and territory jurisdictions suggest that, overall, the services and programs implemented in response to elder abuse aligned with, and contributed significantly to, the National Plan's objectives. Further, findings suggest that services, programs and initiatives performed under the National Plan have largely met or exceeded the National Plan's priority areas. However, several state and territory representatives suggested that the next National Plan prioritise the prevention of elder abuse. Findings also indicate alignment between jurisdictional policy and program documents aimed at preventing and responding to elder abuse, and the legislative and service landscape features of each jurisdiction. For example, there was alignment between documents detailing jurisdictional approaches to elder abuse, and the initiatives targeting inequity and violence against other cohorts in the Australian community, including women, LGBTIQ+ community members and First Nations peoples. In some instances, the evidence provided in the Request for Information and identified in the desktop review suggested that jurisdictions had exceeded the actions they held responsibility for pursuant to the National Plan. However, most jurisdictions were also implementing a range of actions that had been initiated before the National Plan commenced.

Data from a range of components of this evaluation also illustrated the barriers experienced in implementing the actions in the National Plan. Findings from the desktop review of program and policy documents, the Request for Information and consultation process indicated that although Commonwealth, state and territory jurisdictions valued the National Plan, limitations in funding were identified as creating barriers to implementing actions in response to elder abuse. For many state and territory jurisdictions, the initiatives they performed under the National Plan were realised long before the Plan came into fruition. These jurisdictions commented that the objectives they were responsible for under the National Plan, were 'business as usual' for them. The extent to which additional state/territory funding has been directed towards activities as a result of the National Plan is not evident on the basis of the available data.

The data from the synthesis of evaluations, focus groups, Delphi survey and case studies identified a need to build relationships with First Nations people, Culturally and Linguistically Diverse people, LGBTIQ+ people and people with a disability; and to invest the time and resources in meaningful engagement to understand their experiences of abuse and to address barriers to accessing services, programs and initiatives for these people. These data also illustrate the need for improved communication materials for people experiencing elder abuse, professionals working with older people and the broader community. The data from the synthesis of evaluations also emphasised the importance of building and developing relationships across the service ecosystem as well as the need for collaborative, coordinated and multi-disciplinary service provision, with professionals and sector agencies sharing knowledge and reducing the provision of services in silos. The evaluations also identified improvements in relation to education and awareness-raising activities to support the building and developing of these relationships to support holistic service provision in a timely and responsive way. The findings from the case studies similarly suggest that services which offer multidisciplinary services supported positive outcomes for people affected by elder abuse. Together, these findings suggest that consideration should be given to

how agencies and professionals can upskill and more effectively work together to achieve multidisciplinary environments.

The findings in relation to improvements in education and training and improvements in accessibility of materials were also identified in the findings from the Survey of Community Members together with the focus group and synthesis of evaluations. These survey data and focus groups suggest that key professionals engaging with older people at risk of, or experiencing, abuse often lack the requisite knowledge to screen for, assess and respond to elder abuse. To address these barriers, consideration should be given to building the capacity of key professionals through targeted training and education. Expanding efforts to educate people who abuse older people and to educate the general community about elder abuse and ageism were identified as important considerations in the development of services, programs and initiatives in this sector.

Despite the initiatives targeting older people at risk, and specific cohorts as identified in the desktop analysis, the Request for Information process and the consultation data, information about how elder abuse manifests within these cohorts was often limited. These data, together with data from the Delphi survey, suggest that further investment in research is needed to better understand how elder abuse manifests amongst specific cohorts, and how the needs of people within these cohorts can be appropriately responded to. Insights from the survey, focus groups and synthesis of evaluations also highlighted the barriers arising in implementation where the information and awareness materials are inaccessible for people with disability or for members of First Nations and Culturally and Linguistically Diverse communities or for people experiencing digital exclusion. The data indicate that consideration should be given to producing materials in a variety of plain language, culturally sensitive formats and languages.

Findings from the consultations with representatives from Commonwealth, state and territory jurisdictions also indicated that most jurisdictions valued the opportunity to engage with each other and their Commonwealth counterparts about initiatives, projects and policies implemented in their jurisdictions. Some participants in these consultations described how this additional engagement between jurisdictions could promote shared learnings, with the aim being to replicate positive approaches and outcomes and to minimise risk. It also provided an opportunity for enhanced understanding about variations in law, policy, services and culture that exist between states and territories. It was suggested that insight about these differences may inform future policy and funding decisions made at a Commonwealth level. Most state and territory jurisdictions providing responses in the Request for Information process indicated an intention to build on the actions that they had performed under the National Plan and to increase their activities in the next iteration of the Plan, although they required funding to do so.

Effectiveness

Findings from the Request for Information process and from the consultations with representatives from Commonwealth, state and territory jurisdictions indicate that a number of jurisdictions reported that they collaborated effectively with other agencies, frontline organisations and government departments about the National Plan. Further, several jurisdictions shared information about monitoring or evaluation mechanisms used to track and review progress against the strategies and frameworks used within their state or territory to respond to and prevent elder abuse, and the National Plan. However, as noted, participating state and territory governments requested more engagement with other jurisdictions to share lessons learned, to ensure that knowledge acquired through the delivery of initiatives did not remain primarily within the confines of their region. As noted, most jurisdictions indicated that they wanted to play an active role in the development of the next National Plan, with face-to-face engagement identified as fostering authentic conversations and stronger relationships between jurisdictions.

In relation to the effectiveness of initiatives and service provision, findings from the synthesis of evaluations raise important issues for consideration when planning future initiatives and policy development. The evaluations examined indicate the benefits of specialist services while highlighting the effectiveness of multidisciplinary teams. Other key findings from the synthesis of evaluations highlight the critical role of health professionals and therapeutic services in contact with older people in terms of identifying older people at risk of, or experiencing, elder abuse and facilitating their access to support services. The data indicate that further training for professionals within specialist elder abuse services, health justice partnerships, community organisations and advocacy services is critical in supporting these professionals to screen for, assess and respond to people experiencing or engaging in elder abuse. These data also indicate that consideration could be given to exploring evaluations of experimental initiatives in multi-jurisdictional forums, to ensure that the lessons and risks associated with them are known and can be used for informing future plans or benchmarking.

The findings from the focus groups and from the Survey of Community Members also highlighted the need to support education and awareness among professionals in a range of sectors and amongst the general public. For example, participants in the focus groups identified the National Plan as supporting improved understanding of elder abuse (particularly due to the implementation of the National Elder Abuse Prevalence Study). However, they also indicated that there remained a need for improved understanding across sectors and to improve general community awareness. They also sought to be better informed about the nature and prevalence of elder abuse, and the protective factors. Some participants identified a need for further research to better understand elder abuse in the context of LGBTIQ+ people, people in aged care, people from First Nations and Culturally and Linguistically Diverse backgrounds and those with a disability or cognitive impairment. Participants in the focus groups also highlighted a need for more effective forums for sharing relevant knowledge and expertise, as well as the development of culturally appropriate services and specialist services for people engaging in elder abuse. These participants noted that mainstream services may not be best suited to addressing elder abuse. Alternatively, mainstream services (including GPs) could acquire more specialist knowledge about identifying and supporting people affected by elder abuse.

The Survey of Community Members also highlighted other areas for improvement to support more effective services responses, as well as improvements in community awareness and access to information. In relation to community awareness and access to information, as noted, just over two-thirds of survey participants (68%) reported that they had seen information or material raising awareness about elder abuse, with nearly half of these participants reporting that they had seen government publications or pamphlets or information sheets or pamphlets from community organisations and more than one-third reporting seeing the public awareness campaigns. More specifically, in relation to sources of information, resources and services for those experiencing elder abuse or at risk of experiencing abuse, participants aged 18–64 years were more likely to nominate police, doctors or lawyers (to a statistically significant extent) and people aged 65+ years were more likely to nominate advocacy services or networks to a statistically significant extent.

Of note, participants aged 65 years and older were less likely to report accessing the listed sources of information, resources and services compared to participants in the 18–64 years age group. This finding is indicative of the need to better target the sources of information, resources and services to older people. Both the quantitative data and the qualitative open text responses regarding how to improve access to these information resources and services, particularly for this age group, were most likely to suggest increased advertising through mainstream media as well as social media. Participants also suggested greater provision of information in community settings, including material sent to their home or provided to them through a service provider.

In relation to whether the sources of information, resources and services were helpful, more than three-quarters of participants reported advocacy services or networks and seniors rights services to be helpful when they accessed them. A slightly lower proportion but still more than three-quarters of the participants accessing services reported lawyers and legal services and the 1800 ELDERHelp National Helpline to be helpful. Of particular note, the data show that participants aged 65 years and older were more likely to report that these sources of information, resources and services were helpful than were participants aged 18–64 years, except for those received from the 1800 ELDERHelp National Helpline.

Consistent with the focus group data, the qualitative survey data indicated that participants were seeking information about elder abuse that was more targeted, including providing specific information about what less visible forms of elder abuse look like, as well as expressing a need for more information, resources and services targeting the needs of specific cohorts, including young people, people with disability and people from CALD backgrounds. Improvements were also suggested in relation to the format of the information, suggesting plainer language and materials in a wider variety of languages, as well as more culturally inclusive materials for First Nations communities.

Survey participants also described how the advice or actions of professionals or services could be ineffective, too generalist or too costly, with some participants highlighting that services which relied on victim/survivors consenting to assistance or intervention were unhelpful. More generally, participants described a need for education and training opportunities to better understand and identify elder abuse and regarding the options for action in response to instances of elder abuse. Suggestions also included the provision of information and resources in practical and innovative ways, with improvements in the provision of information resources and services through the inclusion of older people's voices. Some participants noted the need for this education and training to commence at a young age. Systemic change was also identified by survey participants, including in relation to relevant legislation and policy and in the way that services are delivered and monitored, including addressing ageism as a preventative mechanism.

As noted above, findings from the Delphi survey suggest that most participants identified an effective approach to involve a longer operational period for the National Plan and for future National Plans to involve regular review and shorter-term action plans with measurable goals. Additionally, the findings of the Delphi survey suggests greater involvement of frontline organisations, community members and policy makers in the development of future National Plans and strengthening the Plan's orientation towards milestone goals with periodic review and publicly accessible reporting processes.

Conclusion

This evaluation has identified the National Plan to be a valuable mechanism for uniting governments, agencies and organisations towards the common goal of responding to the abuse of older people in Australia. It has furthered understandings about what elder abuse is through the National Elder Abuse Prevalence Study and other valuable mechanisms including online forums, conferences and advocacy activities. It has also highlighted the value in jurisdictions working collectively to build the evidence base around better understanding elder abuse and how the needs of people affected by it can be better met. However, this evaluation has shown that further work is needed to continue the valuable efforts of Commonwealth, state and territory governments, organisations and individuals, including by focusing on the needs of diverse communities and older people with disability, and by orientating further action towards prevention.

Recommendations

Based on the evidence presented in this evaluation, recommendations to guide future action on elder abuse are set out below. The following recommendations are based on the views of participants and the overall evaluation findings. In some areas, actions flowing from the recommendations would require further consideration.

Maximise impact through increased engagement and information sharing

Several recommendations were orientated towards exploring increased opportunities for engagement and information sharing between community members, services and jurisdictions. The main aims of increased engagement and information sharing were for parties to learn from each other and ultimately, understand how future actions could be directed to better respond to elder abuse. Recommendations include:

- Explore ways in which a wider variety of stakeholders are able to contribute to the National Plan, including organisations and professionals concerned with elder abuse and members of the community.
- Consider creating a longer operational period for the National Plan and for future National Plans to involve regular review and shorter-term action plans with measurable goals. The National Plan to End Violence Against Women 2022–2032, provides insight into how this suggested approach might work in future.
- Consider developing a clear communication and engagement strategy that articulates how jurisdictional leads, agencies, community organisations and community members will be notified about the next National Plan.
- Examine opportunities for increased face-to-face engagement with jurisdictional leads responsible for the next National Plan and organisations concerned with elder abuse, both during its development and throughout its life course.
- Explore actions applied in response to elder abuse including what has worked and why, barriers to positive outcomes and opportunities for improvement.
- Consider ways to improve data sharing across state, territory and Commonwealth agencies to collect and share relevant information related to elder abuse services and initiatives.
- Explore ways to increase engagement with communities on the part of government agencies and service providers, particularly with people with lived experience of elder abuse.
- Investigate ways to increase engagement with socially and geographically isolated older people.

Further understanding about elder abuse and guide improvements to practice

Furthering understanding about elder abuse for community members and practitioners was another key area of recommendation which emerged from the findings of this evaluation. In particular, it was seen as critically important to enhance the knowledge base about elder abuse. Practice guidance on a raft of issues was also recommended, with specific importance placed on ways in which services, laws and practice can improve to assist older people affected by elder abuse to seek help. Recommendations include:

- Further explore themes and issues highlighted in the National Elder Abuse Prevalence Study, including how elder abuse manifests and impacts diverse community members such as First Nations communities, CALD people, people with disability and LGBTQI+ people.
- Investigate the effect the rising cost of living in Australia may have on older people and their susceptibility to abuse.
- Review criminal law in the context of elder abuse, including older peoples' access to justice, their experience of it and their rights pursuant to these laws.
- Explore responses from public trustee and guardianship agencies to elder abuse, and how informed the public are about these organisations and the support they provide.
- Explore what the barriers are to people with impaired capacity receiving help.
- Explore and provide ongoing guidance about self-determination, building individual capacity and evidence-based best practice in the context of working with older people and person-centred approaches.

Take action to prevent and safeguard people from abuse

Several recommendations were orientated towards exploring action that could be taken to better prevent and safeguard people from elder abuse. They include:

- Progress reforms to Enduring Power of Attorney laws and frameworks relevant to the prevention of and response to elder abuse across Australia.
- Explore the possibility of additional adult safeguarding units in all states and territories across Australia.
- Examine the strengths and weaknesses of approaches that criminalise elder abuse to help people affected by it and deter people from committing abuse.
- Explore ways in which elder abuse may be perpetrated through predatory commercial behaviour; for example, via scams or fraud.
- Investigate the possibility of increasing initiatives focused on intervention and prevention, including legal and other protections for people affected by elder abuse such as 'safe' housing and the underlying causes of elder abuse such as ageism.
- Investigation of whether increased investigatory powers are required across jurisdictions for matters which 'fall short of criminal acts'.
- Consider increased focus on older carers and the unique stressors they encounter, and whether this may contribute to elder abuse; for example, situations where an older person cares for their partner or spouse.
- Consider including financial institutions in safeguarding networks.
- Review of, and where necessary, consideration of any possible improvements to legislation and policy specific to the way that services are delivered and monitored, including insuring that ageism is addressed through preventative mechanisms within organisations, businesses and the broader community. Further, there should be a focus on reducing the conditions that exacerbate elder abuse in aged care services and further requirements for services to take practical and prompt steps in response to elder abuse.
- Consider whether legislative reforms are necessary to adopt supported decision making in each state and territory, for the purpose of exploring development of national guidance, particularly for the family and domestic violence sector.

Develop individual capacity of older people

Recommendations related to building the individual capacity of older people to recognise abuse and become aware of their rights were also identified, as follows:

- Explore possibilities to educate people who abuse older people and the general community about elder abuse and ageism and to improve their personal capabilities to safeguard against abuse. Education should be targeted across the life course, but particularly towards younger people, such as those of school age.
- Examine opportunities to increase advertising to improve awareness through mainstream media as well as social media.
- Explore opportunities for education for older people, particularly that which builds their capacity to better understand their rights.

Improve the capacity of sectors and services

Several recommendations were orientated towards improving the capacity of sectors and services for people affected by elder abuse, to ensure their needs are responded to as quickly and appropriately as possible.

Recommendations include:

- Explore opportunities to create guidance and recommendations about how information and materials can be made more accessible across a variety of formats, including in plain, non-punitive language and in a variety of languages. Information and materials should also consider culturally safe content for First Nations peoples. Further, information and materials should include the voice of older people, particularly those who have been affected by elder abuse.
- Consider encouraging the recruitment of staff from diverse backgrounds in order to better reach CALD and First Nations communities and promote engagement with services.
- Examine opportunities to increase the focus on culturally appropriate responses to address elder abuse within First Nations and CALD communities.
- Explore opportunities to increase training opportunities for primary care professionals (e.g. GPs) and frontline services (such as emergency services and the police) that are well placed to identify and respond to elder abuse.
- Consider the development of accreditation and ethical standards to improve elder mediation.
- Explore whether or not a systematic approach to risk assessment based on MARAM could strengthen service responses to elder abuse outside of Victoria.
- Explore needs for frontline services for elder abuse and how services can be geographically equitable.
- Consider ways in which the provision of information in and from community settings can be increased, including material sent to people's homes or provided to them through a service provider or business.
- Examine ways to identify and reach people who are 'digitally excluded' including CALD community members.

References

- ACT Government. (2012). *ACT Elder Abuse Prevention Program Policy*. Canberra: ACT Government. Retrieved from www.communityservices.act.gov.au/__data/assets/pdf_file/0004/317605/Elder_Abuse_Prevention_Program_Policy_2012_FINAL_2.pdf
- ACT Government. (2016). *ACT Women's Plan 2016–2026*. Canberra: ACT Government. Retrieved from www.communityservices.act.gov.au/__data/assets/pdf_file/0019/1108306/ACT-Womens-Plan_Report_2016_2026.pdf
- ACT Government. (2019). *ACT Aboriginal and Torres Strait Islander Agreement 2019–2028*. Canberra: ACT Government. Retrieved from www.communityservices.act.gov.au/atsia/agreement-2019-2028
- ACT Government. (2019). *Capital of Equality 2019–2023*. Canberra: ACT Government. Retrieved from www.cmtedd.act.gov.au/__data/assets/pdf_file/0005/1378184/Capital-of-Equality-An-ACT-Government-strategy.pdf
- ACT Government. (2020). *Age Friendly City Plan 2020–2024*. Canberra: ACT Government. Retrieved from www.communityservices.act.gov.au/__data/assets/pdf_file/0011/1544870/Age-friendly-City-Plan-2020-2024-Trifold.pdf
- ACT Government. (2020). *Wellbeing Framework*. Canberra: ACT Government. Retrieved from www.act.gov.au/__data/assets/pdf_file/0004/1498198/ACT-wellbeing-framework.pdf
- ACT Government. (2021). *Domestic and Family Violence Training Strategy*. Canberra: ACT Government. Retrieved from www.communityservices.act.gov.au/__data/assets/pdf_file/0017/1730015/DFV-Training-Strategy.pdf
- ACT Government, Community Services (2015). *ACT Multicultural Framework 2015–2020*. Canberra: ACT Government. Retrieved from www.communityservices.act.gov.au/__data/assets/pdf_file/0005/826817/ACT-Multicultural-Framework-2015-2020-2.pdf
- ACT Policing. (2023). *Seniors*. Canberra: ACT Policing. Retrieved from www.police.act.gov.au/safety-and-security/seniors
- Ageing and Disability Commission. (2023). *Aged Crime Prevention Officers*. Retrieved from: www.ageingdisabilitycommission.nsw.gov.au/tools-and-resources/for-professionals/collaborative-hub/aged-crime-prevention-officers
- Ageing and Disability Commission. (2023). *Who we are*. Sydney: Ageing and Disability Commission. Retrieved from www.ageingdisabilitycommission.nsw.gov.au/about-us/who-we-are.html#:~:text=The%20NSW%20Ageing%20and%20Disability,their%20family%2C%20home%20and%20community
- Aged Care Quality and Safety Commission (2019). *About us*. Retrieved from: www.agedcarequality.gov.au/about-us
- Aged Rights Advocacy Service (2011). *Protocol for Responding to Abuse of Older People Living at Home in the Community*. Retrieved from: www.sa.agedrights.asn.au/files/49_1095_aras_abuseprotocols_final3.pdf
- Alliance for the Prevention of Elder Abuse. (2020). *Alliance for the Prevention of Elder Abuse*. Retrieved from www.apea.org.au/
- Alliance for the Prevention of Elder Abuse, Western Australia. (2013 and 2017). *Elder abuse protocol: Guidelines for action*. Perth: Government of Western Australia.
- Anand, J., Begley, E., O'Brien, M., Taylor, B., & Killick, C. (2013). Conceptualising elder abuse across local and global contexts: Implications for policy and professional practice on the island of Ireland. *Journal of Adult Protection*, 15(6), 280–289.
- Australian Government, Aged Care Quality and Safety Commission. (2023). *Charter of Aged Care Rights*. Canberra: Aged Care Quality and Safety Commission. Retrieved from www.agedcarequality.gov.au/consumers/consumer-rights#:~:text=The%20Charter%20of%20Aged%20Care,care%20and%20services%20they%20receive
- Australian Government, Attorney-General's Department (2020). *Elder Abuse: Everyone's Business*. Retrieved from: www.youtube.com/playlist?list=PLpj4eIufV3x9yTmZiuyE68IdiV2rvgr4l
- Australian Government, Attorney-General's Department. (2019). *Everybody's business: Stocktake of elder abuse awareness, prevention and response activities in Australia and the National Elder Abuse Prevalence Study*. Canberra: Attorney-General's Department. Retrieved from www.ag.gov.au/sites/default/files/2020-03/Stocktake-of-elder-abuse-awareness-prevention-and-response-activities.pdf
- Australian Government, Attorney-General's Department. (2020). *National Plan to Respond to the Abuse of Older Australians, Evaluation Framework*. ART Consultations.
- Australian Government, Attorney-General's Department. (2021). *Protecting the Rights of Older Australians*. Canberra: Attorney-General's Department. Retrieved from www.ag.gov.au/rights-and-protections/protecting-rights-older-australians
- Australian Government, Department of Health and Ageing (2012). *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds*. Canberra: Department of Health and Ageing. Retrieved from fecca.org.au/wp-content/uploads/2015/06/national-cald-aged-care-strategy.pdf

- Australian Government, Department of Health and Ageing. (2012). *National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy*. Canberra: Department of Health and Ageing. Retrieved from www.acon.org.au/wp-content/uploads/2015/04/National-LGBTI-Ageing-and-Aged-Care-Strategy-2013.pdf
- Australian Government, Department of Social Services (DSS). (2019). *Fourth Action Plan: National Plan to Reduce Violence Against Women*. Canberra: DSS. Retrieved from www.dss.gov.au/sites/default/files/documents/08_2019/fourth_action-plan.pdf
- Australian Government, Department of Social Services. (2022). *National Audit and Operational Framework for Keeping Women Safe in the Homes: Older Women*. Canberra: DSS. Retrieved from: plan4womenssafety.dss.gov.au/wp-content/uploads/2022/04/safe-home-operational-framework_0.PDF
- Australian Government (2023). *National Plan to End Violence Against Women and their children. Safe at Home Operational Framework*. Canberra: DSS. Retrieved from: plan4womenssafety.dss.gov.au/implementation-plan/safe-at-home-operational-framework/
- Australian Government, Department of Veterans' Affairs. (2020). *DVA Family and Domestic Violence Strategy 2020–2025*. Canberra: DVA. Retrieved from www.dva.gov.au/sites/default/files/dva-family-and-domestic-violence-strategy2020-2025.pdf
- Australian Human Rights Commission. (2022). *Ageism as a factor of elder abuse*. Sydney: Australian Human Rights Commission. Retrieved from humanrights.gov.au/about/news/speeches/ageism-factor-elder-abuse-2022
- Australian Human Rights Commission. (2020). *Elder Abuse, Know the Signs*. Sydney: Australian Human Rights Commission. Retrieved from: humanrights.gov.au/about/news/videos/elder-abuse-know-signs
- Australian Human Rights Commission. (2023). *Positive ageing*. Sydney: Australian Human Rights Commission. Retrieved from humanrights.gov.au/our-work/age-discrimination/projects/positive-ageing#:~:text=The%20project%20aims%20to%20promote,be%20completed%20by%20July%202023
- Australian Human Rights Commission (2022). *Shift your perspective*. Sydney: Australian Human Rights Commission. Retrieved from: humanrights.gov.au/about/news/media-releases/new-campaign-seeks-reduce-abuse-older-australians
- Australian Human Rights Commission (2021). *What you can do to help*. Sydney: Australian Human Rights Commission. Retrieved from: www.youtube.com/watch?v=AIU2RzQXkjU
- Australian Law Reform Commission. (2017). *Elder Abuse: A National Legal Response (ALC Report 131)*. Brisbane: Australian Law Reform Commission. Retrieved from www.alrc.gov.au/wp-content/uploads/2019/08/elder_abuse_131_final_report_31_may_2017.pdf
- Baldassar, L., Krzyzowski, L., Stevens, C., & Lozeva, S (2021) *Raising awareness about ageing in rural and remote settings: An evaluation of an anti-ageism campaign in Pingelly, Western Australia*. Perth: UWA Social Care and Ageing (SAGE) Living Lab. Retrieved from research-repository.uwa.edu.au/en/publications/raising-awareness-about-ageing-in-rural-and-remote-communities-an
- Blundell, B., Clare, J., Moir, E., Clare, M., & Webb, E. (2017). *Review into the prevalence and characteristics of elder abuse in Queensland*. Bentley: Curtin University. Retrieved from www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/2993b80e-1eea-4a1d-a1ee-96f966b812c8/attachment-three-rec-eleven-curtin-review-report.pdf?ETag=d969daa303eecca4f1b0044d1c7f4329
- Braunack-Mayer, A., Stajic, J., Dowling, A., Dawson, A., Kelly J., Laverty, K., & Mott, K. (2019). *What keeps you safe: approaches to promote the safety of older Aboriginal people*. Adelaide. Retrieved from: www.sahealth.sa.gov.au/wps/wcm/connect/e91b0ac4-994a-4bea-aa1e-aaffcf643239/FINAL+What+Keeps+You+Safe+Report.pdf
- Community Legal Centres Queensland. (2023). *Seniors*. Spring Hill: Community Legal Centres Queensland. Retrieved from www.communitylegalqld.org.au/policy/seniors
- Compass. (2021). *Speak Up Campaign*. Westgate, NSW: Compass. Retrieved from www.compass.info/featured-topics/working-together-to-tackle-elder-abuse/speak-up-campaign/#section-a-community-elder-abuse-campaign-in-new-south-wales
- Council of Attorneys-General. (2019a). *Implementation plan to support the National Plan to Respond to the Abuse of Older Australians 2019–2023*. Canberra: AGD. Retrieved from www.ag.gov.au/sites/default/files/2020-03/Implementation_Plan.pdf
- Council of Attorneys-General (2019b). *National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019–2023*. Retrieved from www.ag.gov.au/sites/default/files/2020-03/National-plan-to-respond-to-the-abuse-of-older-australians-elder.pdf
- Commonwealth of Australia. (2019). *Everybody's Business. Stocktake of elder abuse awareness, prevention and response activities in Australia*. Canberra: AGD. Retrieved from www.ag.gov.au/sites/default/files/2020-03/Stocktake-of-elder-abuse-awareness-prevention-and-response-activities.pdf
- Communities, Disability Services and Domestic and Family Violence Prevention Committee of the Queensland Legislative Assembly. (2015). *Report No. 2, 55th Parliament – The adequacy of existing financial protections for Queensland's seniors*. Brisbane: Queensland Parliament. Retrieved from www.parliament.qld.gov.au/Work-of-Committees/Committees/Committee-Details?cid=178&id=3211
- Department of Health and Ageing (2012). *National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy*. Canberra. Retrieved from: cota.org.au/wp-content/uploads/2017/12/2012-2017_LGBTI_Ageing_Strategy.pdf
- Department of Health and Ageing (2012). *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds*. Canberra. Retrieved from: www.dss.gov.au/sites/default/files/documents/08_2014/national_ageing_and_aged_care_strategy_cald.pdf
- Department of Social Services (2022). *National Audit and Operational Framework for Keeping Women Safe in their Homes*. Canberra.

- Department of Social Services (2022). *National Plan to end Violence Against Women and Children 2022-2032*. Canberra. Retrieved from: www.dss.gov.au/ending-violence
- Department of Veterans Affairs. (2020). *Family and Domestic Violence Strategy (2020-2025)*. Canberra. Retrieved from: www.dva.gov.au/documents-and-publications/family-and-domestic-violence-strategy
- Dow, B., & Joosten, M. (2012). Understanding elder abuse: A social rights perspective. *International Psychogeriatrics*, 24(6), 853-855.
- Eastern Community Legal Centre. (2021). *Elder Abuse Response Trial: The first two years*. Victoria: Eastern Community Legal Centre. Retrieved from eclc.org.au/wp-content/uploads/EA-Response-Trial.pdf
- Elder Abuse Prevention Unit. (2022). *Year in Review*. Brisbane: Elder Abuse Prevention Unit. Retrieved from eapu.com.au/research-elder/
- Ethnic Communities Alliance of Victoria. (2014). *Within my walls*. Melbourne: Ethnic Communities Alliance of Victoria. Retrieved from seniorsrights.org.au/resources-education/videos/within-my-walls-series
- Gillbard, A., & Leggatt-Cook, C. (2022). *Elder abuse statistics in Queensland: Year in review 2021-22*. Elder Abuse Prevention Unit, UnitingCare.
- Government of South Australia. (2011). *Protocol for responding to abuse of older people living at home in the community*. Adelaide: Government of South Australia. Retrieved from corpora.tika.apache.org/base/docs/commoncrawl3/2T/2TOLHXR3LRTBKQ5WW3BSDDN3V6KPBEA#:~:text=This%20protocol%20will%20help%20those%2
- Government of South Australia. (2014). *Prosperity through Longevity: South Australia's Ageing Plan 2014-2019*. Adelaide: Office for the Ageing, SA Health. Retrieved from www.sahealth.sa.gov.au/wps/wcm/connect/64ac2c004169d0e0aa1def67a94f09f9/13105-SA+Vision+for+Ageing%28V7%29WebSBlank.pdf?MOD=AJPER
- Government of South Australia. (2014). *Safeguard the Rights of Older Australians (2014-2021)*. Adelaide: Office for the Ageing, SA Health. Retrieved from www.sahealth.sa.gov.au/wps/wcm/connect/2e5d0e004459d5af88d9aa76d172935c/Strategy+to+Safeguard+the+Rights+of+Older+South+Australians+WEB+FINAL.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-2e5d0e004459d5af88d9aa76d172935c-nwKmYs7
- Government of South Australia. (2016). *Knowing your rights: A guide to the rights of older South Australians*. Adelaide: Department of Health and Ageing. Retrieved from apo.org.au/node/312655
- Government of South Australia. (2019). *A framework for addressing domestic, family and sexual violence in South Australia*. Adelaide: Office for Women. Retrieved from officeforwomen.sa.gov.au/__data/assets/pdf_file/0007/78604/Committed-to-Safety.pdf
- Government of South Australia. (2019). *South Australian Adult Safeguarding Unit, Code of Practice*. Adelaide: SA Health. Retrieved from www.sahealth.sa.gov.au/wps/wcm/connect/c6d3d268-1946-4b63-b577-cb466910141d/ASU+Code+of+Practice.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-c6d3d268-1946-4b63-b577-cb466910141d-nwLDYJr
- Government of South Australia, Human Services. (2013). *Family Safety Framework Practice Manual*. Adelaide: Office for Women. Retrieved from officeforwomen.sa.gov.au/documents/family-safety-portal/Family-Safety-Framework-Manual.pdf
- Government of South Australia, SA Health. (2023). *Elder Abuse, What's Happening in South Australia?* Adelaide: SA Health. Retrieved from: www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Conditions/Stop+Elder+Abuse/Information+and+services/Elder+abuse+-+Whats+happening+in+South+Australia
- Government of South Australia, SA Health. (2016). *Good practice guidelines to prevent abuse of older South Australians, 5 steps to good organisational practices*. Adelaide: SA Health. Retrieved from www.sahealth.sa.gov.au/wps/wcm/connect/017a37004c8a477398b7be85a57ede28/GoodPracticeGuidelines_Form+Secure.pdf?MOD=AJPERES&CACH
- Government of South Australia, SA Health. (2020). *South Australian Charter of the Rights and Freedoms of Vulnerable Adults*. Adelaide: SA Health. Retrieved from: www.sahealth.sa.gov.au/wps/wcm/connect/5fe888ee-3ac2-41b3-8ff3-9a578da398b1/Charter+of+the+rights+and+freedoms+of+vulnerable+adults2.pdf?MOD=AJPERES
- Government of South Australia, SA Health. (2020). *South Australia's Plan for Ageing Well 2020-2025*. Adelaide: SA Health. Retrieved from www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/departement+for+health+and+wellbeing/office+for+ageing+well/south+australias+plan+for+ageing+well+2020-2025/south+australias+plan+for+ageing+well+2020-2025#:~:text=South%20Australia%27s%20Plan%20for%20Ageing%20Well%202020-2025%20aims%20to,lives%20as%20we%20get%20older
- Government of South Australia, SA Health. (2023). *Stop elder abuse*. Adelaide: SA Health. Retrieved from www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/stop+elder+abuse/stop+elder+abuse
- Government of Western Australia. (2019). *Elder Abuse Strategy 2019-2021 Progress Report Summary*. Perth: Government of Western Australia. Retrieved from: www.wa.gov.au/government/publications/elder-abuse-strategy-2019-2021-progress-report-summary
- Government of Western Australia. (2019). *Identifying, Preventing and Responding to Abuse of Older People Policy*. Perth: Government of Western Australia. Retrieved from www.wacountry.health.wa.gov.au/-/media/WACHS/Documents/About-us/Policies/Identifying-Preventing-and-Responding-to-Abuse-of-Older-People-Policy.pdf?thn=0
- Government of Western Australia. (2019). *Strategy to Respond to the Abuse of Older People (elder abuse) 2019-2029*. Perth: Government of Western Australia. Retrieved from www.wa.gov.au/organisation/departement-of-communities/elder-abuse-and-the-mistreatment-of-older-people

- Government of Western Australia. (2020). *'Path to Safety-Stopping Family and Domestic Violence' Policy prioritises older people amongst other minority groups, as potential victims of violence*. Perth: Government of Western Australia. Retrieved from www.wa.gov.au/system/files/2021-04/fdv-strategy-2020-2030.pdf
- Government of Western Australia. (2020). *Women's Health and Wellbeing Policy*. Perth: Government of Western Australia. Retrieved from www.health.wa.gov.au/articles/u_z/western-australian-womens-health-and-wellbeing-policy
- Government of Western Australia, Department of Communities. (2023). *Aboriginal Family Safety Strategy 2022-2032*. Perth: Government of Western Australia. Retrieved from: www.wa.gov.au/system/files/2022-12/Aboriginal-Family-Safety-Strategy.pdf
- Government of Western Australia, Department of Communities. (2023). *An Age-Friendly WA, State Seniors Strategy 2023-2033, Action Plan 2023-2027*. Perth: Government of Western Australia. Retrieved from: www.wa.gov.au/system/files/2023-04/Seniors-Strategy-Action-Plan.pdf
- Government of Western Australia, Department of Communities. (2019). *Strategy to Respond to the Abuse of Older People (elder abuse) 2019-2029*. Perth: Government of Western Australia. Retrieved from: www.wa.gov.au/organisation/departments-of-communities/elder-abuse-and-the-mistreatment-of-older-people
- Government of Western Australia, WA Country Health Service. (2022). *Stop Elder Abuse campaign and community awareness*. Perth: Government of Western Australia. Retrieved from www.wacountry.health.wa.gov.au/-/media/WACHS/Documents/About-us/Policies/Identifying-Preventing-and-Responding-to-Abuse-of-Older-People-Policy.pdf?thn=0
- Government of Western Australia, North Metropolitan Health Service. (2021). *Family and Domestic Violence Framework 2021-2026*. Perth: Government of Western Australia. Retrieved from www.kemh.health.wa.gov.au/-/media/HSPs/NMHS/Hospitals/WNHS/Documents/Professionals/FDV/FDV-Framework.pdf
- Groves, A., Thomson, D., McKellar, D., & Procter, N. (2017). *The Oakden Report*. Adelaide: Department of Health and Ageing. Retrieved from apo.org.au/node/76130
- Harbison, J., Coughlan, S., Beaulieu, M., Karabanow, J., VanderPlaat, M., Wildeman, S. et al. (2012). Understanding 'elder abuse and neglect': A critique of assumptions underpinning responses to the mistreatment and neglect of older people. *Journal of Elder Abuse & Neglect*, 24(2), 88-103.
- Inside Policy. (2021). *Final Evaluation of the Elder Abuse Service Trials: Final report*. Canberra: AGD.
- Judicial Commission of NSW. (2022). *Domestic violence offences*. Sydney: Judicial Commission of NSW. Retrieved from www.judcom.nsw.gov.au/publications/benchbks/sentencing/domestic_violence_offences.html
- Kaspiew, R., Carson, R., & Rhoades, H. (2016). *Elder Abuse: Understanding issues, frameworks and responses*. Melbourne: Australian Institute of Family Studies. Retrieved from aifs.gov.au/research/research-reports/elder-abuse-understanding-issues-frameworks-and-responses
- Killick, C., Taylor, B. J., Begley, E., Carter Anand, J., & O'Brien, M. (2015). Older people's conceptualization of abuse: A systematic review. *Journal of Elder Abuse & Neglect*, 27(2), 100-120.
- Lacey, W., Middleton, H., Bryant, L., & Garnham, B. (2017). *Prevalence of abuse in South Australia: Final Report. Current data collection processes of key agencies*. Adelaide: University of South Australia. Retrieved from www.sahealth.sa.gov.au/wps/wcm/connect/96f22500421782fe9d2bff40535c9bd4/Prevalence+of+Elder+Abuse+in+South+Australia+-+Final+Report_February+2017.pdf?MOD=AJPERES&CACHEID=96f22500421782fe9d2bff40535c9bd4
- Lewis, V., White, V., Hawthorne, F., Eastwood, J., Mullins, R. (2020). Addressing elder abuse through integrating law into health: What do allied health professionals at a Community Health Service in Melbourne, Australia, think? *Australas J Ageing*. 39(2):e220-e225. doi: 10.1111/ajag.12720.
- Maylea, C., David, C., Mackell, P., & Bubner, S. (2021). *Midterm evaluation of Eastern Community Legal Centre's Rose and Elsa service trials*. Melbourne: RMIT University Social and Global Studies Centre (SGSC) & National Ageing Research Institute (NARI) Ltd.
- Maylea, C., David, C., Mackell, P., Borland, M., Cearn, P., Le Couteur, E., Kanjere, A., & Dow, B. (2023). *Final Evaluation of Eastern Community Legal Centre's Elder Abuse Response Programs - ROSE and ELSA Service Trials*. Melbourne: RMIT University. Retrieved from: researchrepository.rmit.edu.au/esploro/outputs/report/Final-Evaluation-of-Eastern-Community-Legal/9922242557601341
- Mitchell, J 2020 Responding to Elder Abuse: Melbourne Health Integrated Model of Care. *International Journal of Integrated Care*, 20(S1): A76, pp. 1-8, DOI: doi.org/10.5334/ijic.s4076
- National Ageing Research Institute. (2022, November 15). *Evaluation of the National Plan to Respond to the Abuse of Older Australians Review and Confirmation of the Evaluation Framework, Program Logic and Theory of Change*. Online forum.
- National Legal Aid. (2019). *Family Violence Law Help*. National Legal Aid. Retrieved from familyviolencelaw.gov.au.
- Neilson, N (2021). ACT criminalises elder abuse, introduces jail term. *Lawyers Weekly*. Retrieved from www.lawyersweekly.com.au/biglaw/31170-act-criminalises-elder-abuse-introduces-jail-term
- Northern Territory Government. (2016). *Strong Seniors: Seniors Participation Framework 2016-2019*. Darwin: Northern Territory Government. Retrieved from nt.gov.au/?a=1048286%3Anewsroom%2F17125_7441__strong-seniors-discussion-paper-online.pdf
- Northern Territory Government. (2018). *Northern Territory Domestic, Family and Sexual Violence Reduction Framework 2018-28*. Darwin: Northern Territory Government. Retrieved from territoryfamilies.nt.gov.au/__data/assets/pdf_file/0006/464775/Domestic,-Family-and-Sexual-Violence-Reduction-Framework.pdf
- Northern Territory Government, Department of Territory Families, Housing and Communities. (2021). *Northern Territory Seniors Policy 2021-2026*. Darwin: Department of Territory Families, Housing and Communities Retrieved from tfhc.nt.gov.au/__data/assets/pdf_file/0006/1033359/nt-seniors-policy-2021-26.pdf.

- Northern Territory Office of the Public Guardian. (2017). *Advance personal plans and adult guardianship*. Darwin: Office of the Public Guardian. Retrieved from publicguardian.nt.gov.au/sites/default/files/advance_personal_plans_and_adult_guardianship.pdf
- NSW Government, Communities and Justice. (2014). *'It Stops Here': Standing together to end domestic and family violence in NSW. The NSW Government's Domestic and Family Violence Framework for Reform*. Sydney: Communities and Justice. Retrieved from www.facs.nsw.gov.au/download?file=593053
- NSW Government, Communities and Justice. (2019). *Ageing and Disability Abuse Helpline*. Sydney: Communities and Justice. Retrieved from www.facs.nsw.gov.au/resources/statistics/ageing-and-disability-abuse-helpline
- NSW Government, Communities and Justice. (2020). *Ageing Well in NSW: Action Plan 2021-2022*. Sydney: Communities and Justice. Retrieved from www.dcj.nsw.gov.au/content/dam/dcj/dcj-website/documents/community-inclusion/seniors/ageing-well-in-nsw-action-plan-2021-2022.pdf
- NSW Government, Communities and Justice. (2021). *Ageing Well in NSW: Seniors Strategy, 2021-2031*. Sydney: Communities and Justice. Retrieved from www.facs.nsw.gov.au/download?file=798429
- NSW Government, Communities and Justice Strategy, Policy and Commissioning. (2020). *Policy Directive: Identifying and Responding to Abuse of Older People*. Sydney: NSW Government. Retrieved from www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020_001.pdf
- NSW Government, Communities and Justice Strategy, Policy and Commissioning (2020). *Preventing and Responding to Abuse of Older People (Elder Abuse) NSW Interagency Policy*. Sydney: NSW Government. Retrieved from www.facs.nsw.gov.au/download?file=591024
- NSW Government, Department of Family and Community Services Participation and Inclusion. (2016). *Legislative Council General Purpose Standing Committee No. 2, Inquiry into Elder Abuse in New South Wales*. Sydney: NSW Government. Retrieved from www.parliament.nsw.gov.au/lcdocs/inquiries/2387/Government%20Response%20-%20Elder%20Abuse%20in%20NSW.pdf
- NSW Government & NSW Police Force. (2018). *Code of Practice for the NSW Police Force responses to domestic and family violence*. Sydney: NSW Police Force. Retrieved from www.police.nsw.gov.au/__data/assets/pdf_file/0016/165202/Code_of_Practice_for_the_NSWPF_response_to_Domestic_and_Family_Violence.pdf
- NSW Government & NSW Police Force. (2023). *Aged Crime Prevention Officers*. Sydney: NSW Police Force. Retrieved from: www.police.nsw.gov.au/safety_and_prevention/your_community/disability_and_disability_issues/disability_accordian/aged_crime_prevention_officers
- NSW Police Force. (2018). *Domestic and Family Violence Policy*. Sydney: NSW Police Force. Retrieved from www.police.nsw.gov.au/__data/assets/pdf_file/0006/477267/Domestic_and_Family_Violence_Policy_2018.pdf
- Office of the Public Advocate. (2005). *Mistreatment of Older People in Aboriginal Communities Project*. Brisbane: The State of Queensland (The Public Advocate). Retrieved from: www.cotant.org.au/wp-content/uploads/2020/09/Mistreatment_older_aboriginal.pdf
- Office of the Public Advocate. (2023). *The role of the Public Advocate*. Brisbane: The State of Queensland (The Public Advocate). Retrieved from www.justice.qld.gov.au/public-advocate/about-the-public-advocate/what-the-public-advocate-does
- Office of the Public Advocate & Queensland Law Society. (2010). *Elder Abuse: How well does the law in Queensland cope?* Brisbane: The State of Queensland (The Public Advocate). Retrieved from www.justice.qld.gov.au/__data/assets/pdf_file/0007/54691/elder-abuse_issues-paper.pdf
- Office of the Public Advocate & Queensland Law Society (2022). *Elder Abuse Joint Issues Paper*. Brisbane: The State of Queensland (The Public Advocate). Retrieved from: www.justice.qld.gov.au/__data/assets/pdf_file/0006/707973/elder-abuse-joint-issues-paper-20220209.pdf
- Office of the Public Advocate (State of Victoria) (2019). *You Decide who Decides*. Melbourne: The State of Victoria (The Public Advocate). Retrieved from: www.agac.org.au/assets/documents/Other-documents/You-Decide-Who-Decides.pdf
- Our Watch. (2022). *Preventing intimate partner violence against older women*. Melbourne: Our Watch.
- Office of the Public Advocate et al. (2017). *Your voice – trust your choice: Tips for seniors making enduring powers of attorney*. Melbourne: Office of the Public Advocate (Victoria).
- Office of the Public Advocate & University of South Australia. (2011). *Closing the gaps: Enhancing South Australia's response to the abuse of vulnerable older people*. Adelaide: Office of the Public Advocate (SA). Retrieved from www.agac.org.au/assets/images/closing-gaps-final-rep-prop-policy.pdf
- Older Persons Advocacy Network (2018). *Elder abuse prevention and advocacy framework*. Retrieved from: apo-nid235741.pdf
- Parliament of South Australia. (2017). *Final report of the Joint Committee on matters related to elder abuse*. Adelaide: Parliament of South Australia. Retrieved from www.parliament.sa.gov.au/en/Search?query=The+report+of+the+Joint+Committee+Inquiry+into+Matters+Relating+to+Elder+Abuse+alrc
- Parliament of Western Australia. (2018). *'I never thought it would happen to me': When trust is broken. Final report of the Select Committee into Elder Abuse*. Perth: Parliament of Western Australia. Retrieved from [www.parliament.wa.gov.au/parliament/commit.nsf/\(Report+Lookup+by+Com+ID\)/5D4DB8F8EB0A444848258307000F6874/\\$file/el.eld.180830.rpf.000.xx.web.pdf](http://www.parliament.wa.gov.au/parliament/commit.nsf/(Report+Lookup+by+Com+ID)/5D4DB8F8EB0A444848258307000F6874/$file/el.eld.180830.rpf.000.xx.web.pdf)
- Pingelly Somerset Alliance Inc. (2023). *Staying in Place*. Pingelly Somerset Alliance. Retrieved from: pingellysomersetalliance.com.au/staying-in-place/

- PricewaterhouseCoopers Consulting (Australia) Pty Limited (2022). *Evaluation of the CCTV Pilot Project. The Evaluation Report*. Retrieved from: www.sahealth.sa.gov.au/wps/wcm/connect/003cf018-d20e-4451-89fe-1f2ed4939052/Evaluation+of+the+CC+TV+Pilot+Project.pdf?MOD=AJPERES
- Public Advocate & Queensland Law Society. (2022). *Elder abuse: Joint issues paper*. Brisbane: Queensland Law Society. Retrieved from www.justice.qld.gov.au/__data/assets/pdf_file/0006/707973/elder-abuse-joint-issues-paper-20220209.pdf
- Qu, L., Kaspiw, R., Carson, R., Roopani, D., De Maio, J., Harvey, J. et al. (2021). *National Elder Abuse Prevalence Study: Final report*. Melbourne: Australian Institute of Family Studies. Retrieved from aifs.gov.au/sites/default/files/publication-documents/2021_national_elder_abuse_prevalence_study_final_report_0.pdf
- Queensland Government. (2016). *Domestic and family violence prevention strategy 2016–2026*. Brisbane: Queensland Government. Retrieved from www.publications.qld.gov.au/dataset/not-now-not-ever/resource/008db60d-06e9-4702-bb87-48be367edf93
- Queensland Government. (2016). *Queensland: An Age Friendly Community Action Plan*. Brisbane: Queensland Government. Retrieved from www.dcssds.qld.gov.au/our-work/seniors
- Queensland Government. (2016). *Queensland: An Age Friendly Community Strategic Direction Statement and Queensland: Age Friendly Community Action Plan*. Brisbane: Queensland Government. Retrieved from www.dcssds.qld.gov.au/our-work/seniors/queensland-age-friendly-community
- Queensland Government. (2016). *Queensland financial inclusion plan*. Brisbane: Queensland Government. Retrieved from ican.org.au/wp-content/uploads/2013/09/queensland-financial-inclusion-plan.pdf
- Queensland Government. (2019). *Prevent. Support. Believe. Queensland's framework to address sexual violence*. Brisbane: Queensland Government. Retrieved from www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/a22ad633-8529-4ab7-99d6-549fec75e709/prevent-support-believe-qld-framework-to-address-sexual-violence.pdf?ETag=25e97240b2f85b2fddfc5b605df4cadc
- Queensland Government, Department of Communities, Child Safety and Disability Services. (2016). *Queensland Violence Against Women Prevention Plan 2016–22*. Brisbane: Queensland Government. Retrieved from cabinet.qld.gov.au/documents/2016/Oct/VPrevPI/Attachments/Plan.PDF
- Queensland Government, Department of Justice and Attorney-General. (2021). *Not now, not ever: Putting an end to domestic and family violence in Queensland*. Brisbane: Queensland Government. Retrieved from www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/533db62b-b2c9-43cc-a5ff-f9e1bc95c7c7/dfv-report-vol-one.pdf?ETag=c69c3ef47071a137ddbdaedb49f7fe468
- Queensland Government, Department of Justice and Attorney-General. (2023). *There's no excuse for elder abuse*. Brisbane: Queensland Government. Retrieved from www.justice.qld.gov.au/initiatives/end-domestic-family-violence/news/news-articles/news-items/2018/theres-no-excuse-for-elder-abuse
- Queensland Government, Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships (2022). *Future Directions for An Age Friendly Queensland*. Brisbane: Queensland Government. Retrieved from: www.dcssds.qld.gov.au/resources/dcsyw/seniors/age-friendly-community/future-directions/future-directions-statement.pdf
- Queensland Government. (2016). *Violence against Women Prevention Plan 2016–22*. Brisbane: Queensland Government. Retrieved from: cabinet.qld.gov.au/documents/2016/Oct/VPrevPI/Attachments/Plan.PDF#:~:text=The%20Queensland%20Violence%20against%20Women%20Prevention%20Plan%202016%E2%80%9332,it%2C%20their%20families%2C%20the%20community%20and%20the%20economy
- Queensland Law Reform Commission. (2010). *A review of Queensland guardianship laws*. Brisbane: Queensland Law Reform Commission. Retrieved from qlrc-report-67-vol-2-web-with-cover.pdf
- Queensland Law Society. (2014). *Queensland handbook for practitioners on legal capacity*. Brisbane: Queensland Law Society. Retrieved from www.qls.com.au/getattachment/d26f7395-6760-4ade-a90e-2177b48c010c/queensland-handbook-for-practitioners-on-legal-capacity.pdf
- Queensland Parliament. (2023). *The Communities, Disability Services and Domestic and Family Violence Prevention Committee of the Queensland Legislative Assembly*. Brisbane: Queensland Parliament. Retrieved from www.parliament.qld.gov.au/Work-of-Committees/Committees/Committee-Details?cid=178
- Queensland Police Service. (2021). *Domestic and Family Violence Strategy 2021–2023*. Brisbane: Queensland Police Service. Retrieved from www.police.qld.gov.au/sites/default/files/2022-02/DFV%20Strategy.pdf
- Ramesh, K. (2018). *Responding to elder abuse: More Choices for a longer life. Protecting older Australians*. Canberra: Commonwealth of Australia. Retrieved from www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/BudgetReview201819/Elder
- Ries, N., Mansfield, E., Anderson, J., & McCarthy, S. (2019). *Identifying and acting on elder abuse. A Toolkit for legal practitioners*. Retrieved from: www.uts.edu.au/sites/default/files/article/downloads/elder-abuse-toolkit.pdf
- Royal Commission into Aged Care Quality and Safety. (2020). *Elder abuse in Australian aged care facilities*. Canberra: Royal Commission into Aged Care Quality and Safety. Retrieved from agedcare.royalcommission.gov.au/news-and-media/elder-abuse-australian-aged-care-facilities
- Services Australia. (2020). *Family and Domestic Violence Strategy (2020–2023)*. Canberra: Services Australia. Retrieved from: www.servicesaustralia.gov.au/family-and-domestic-violence-strategy-2020-23?context=1
- South Australian Health and Medical Research Institute. (2019). *What keeps you safe: Approaches to promote the safety of older Aboriginal people*. Adelaide: SA Health. Retrieved from www.sahealth.sa.gov.au/wps/wcm/connect/e91b0ac4-994a-4bea-aa1e-aaffcf643239/FINAL+What+Keeps+You+Safe+Report.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-e91b0ac4-994a-4bea-aa1e-aaffcf643239-nwLzgWL

- Tasmanian Government. (2019). *Respect and Protect Older Australians: Tasmania's Elder Abuse Prevention Strategy 2019–2022*. Hobart: Tasmanian Government.
- Tasmanian Government. (2018). *Responding to family violence: A guide for service providers and practitioners in Tasmania*. Hobart: Tasmanian Government.
- Tasmanian Government, Department of Premier and Cabinet (2023). *Lifelong Respect: Tasmania's Strategy to end the abuse of older people (Elder Abuse) 2023-2029*. Hobart: Tasmanian Government. Retrieved from: www.elderabuse.tas.gov.au/__data/assets/pdf_file/0019/303832/Lifelong-Respect-Tasmanias-Strategy-to-end-the-abuse-of-older-people.pdf
- Tasmanian Government, Department of Premier and Cabinet, (2017). *Strong, liveable communities. Tasmanian's Active Ageing Plan 2017-2022*. Hobart: Tasmanian Government. Retrieved from: www.dpac.tas.gov.au/__data/assets/pdf_file/0025/237184/Strong_Liveable_Communities_-_Low_Res.pdf
- Tasmanian Government, Department of Premier and Cabinet. (2017). *Tasmanian's Active Ageing Plan 2017-2022*. Hobart: Tasmanian Government. Retrieved from www.dpac.tas.gov.au/divisions/cpp/community-policy-and-engagement/active_ageing_plan
- Tasmanian Government, Elder Abuse Tasmania. (2023). *Elder Abuse. It's ok to ask the question*. Hobart: Tasmanian Government. Retrieved from: www.elderabuse.tas.gov.au/
- Tasmanian Legal Aid. (2021). *Everyone deserves respect. A booklet for seniors in Tasmania*. Hobart: Tasmanian Government. Retrieved from: www.legalaid.tas.gov.au/wp-content/uploads/2021/10/Everyone-Deserves-Respect-A5-Brochure-Web.pdf
- Taylor, B. J., Killick, C., O'Brien, M., Begley, E., & Carter-Anand, J. (2014). Older people's conceptualization of elder abuse and neglect. *Journal of Elder Abuse & Neglect*, 26(3), 223–243.
- Tetra Tech International Development. (2020). *Evaluation report Adult Safeguarding Unit: year one evaluation*. Adelaide: SA Health.
- University of Newcastle. (2023). *First-of-its-kind resource aids legal practitioners in identifying elder abuse*. Newcastle: University of Newcastle. Retrieved from www.newcastle.edu.au/newsroom/featured/first-of-its-kind-resource-aids-legal-practitioners-in-identifying-elder-abuse
- University of Western Australia Social Care and Ageing (SAGE) Living Lab. (2021). *Raising awareness about ageing in rural and remote settings: An evaluation of an anti-ageism campaign in Pingelly*. Perth: University of Western Australia.
- Victorian State Government. (2006). *Elder abuse prevention and response initiative*. Melbourne: Victorian Government.
- Victorian State Government. (2022). *Ageing Well Action Plan 2022–2026*. Melbourne: Victorian Government.
- Victorian State Government. (2022). *'Free From Violence' Second Action Plan (2022–2025)*. Melbourne: Victorian Government.
- Victorian State Government. (2022). *Inclusive Victoria: State Disability Plan 2022–2026*. Melbourne: Victorian Government.
- Victorian State Government. (2022). *Strategy to prevent family violence and all forms of violence against Women Second Action Plan 2022–2025*. Melbourne: Victorian Government.
- Victorian State Government, Department of Health and Human Services. (2012). *Elder Abuse Prevention and Response Guidelines for Action 2012–14*. Melbourne: Department of Health and Human Services.
- Victorian State Government, Department of Health. (2018). *Integrated Model of Care for Responding to Suspected Elder Abuse*. Melbourne: Department of Health and Human Services. Retrieved from: www.health.vic.gov.au/wellbeing-and-participation/integrated-model-of-care-for-responding-to-suspected-elder-abuse
- Victorian State Government, Department of Health and Human Services. (2009). *With respect to age practice guidelines*. Melbourne: Department of Health and Human Services.
- Victorian State Government, Seniors Online Victoria. (2023). *Multicultural*. Melbourne: Seniors Online Victoria. Retrieved from www.seniorsonline.vic.gov.au/services-information#multicultural
- Victoria Police. (2022). *Code of practice for investigation of family violence*. Melbourne: Victoria Police.
- Victoria Police. (2023). *Working with older people: A service providers guide to welfare checks and suspected abuse*. Melbourne: Victoria Police. Retrieved from www.police.vic.gov.au/sites/default/files/2019-03/PCD-CD-FLOWCHART.PDF
- Warran, A., & Blundell, B. (2018). *Elder abuse in rural and remote communities: Social policy, prevention and responses*. Perth: Curtin University. Retrieved from espace.curtin.edu.au/handle/20.500.11937/71488

Appendix A: Legislation

Advance Personal Planning Act 2013 (NT)

Advanced Care Directives Act 2013 (SA)

Aged Care Act 1997 (Cth)

Aged Care Quality and Safety Commission Act 2018 (Cth)

Ageing and Adult Safeguarding Act 1995 (SA)

Ageing and Disability Commissioner Act 2019 (NSW)

Age Discrimination Act 2004 (Cth)

Anti-Discrimination Act 1998 (Tas)

Crimes Act 1900 (NSW)

Crimes (Domestic and Personal Violence) Act 2007 (NSW)

Crimes (Offences Against Vulnerable People) Legislation Amendment Act 2021 (ACT)

Crimes Domestic and Personal Violence Act 2007 (Vic)

Criminal Code Act 1924 (Tas)

Discrimination Act 1991 (ACT)

Domestic and Family Violence Act 2007 (NT)

Domestic and Family Violence Protection Act 2012 (Qld)

Family Violence Act 2016 (ACT)

Family Violence Act 2004 (Tas)

Family Violence Protection Act 2008 (Vic)

Family Violence Legislation Reform Act 2020 (WA)

Guardianship and Administration and Other Legislation Amendment Act 2019 (Qld)

Guardianship and Administration Act 2000 (Qld)

Guardianship and Administration Act 1995 (Tas)

Guardianship and Administration Act 1990 (WA)

Guardianship of Adults Act 2016 (NT)

Guardianship and Management of Property Act 1991 (ACT)

Guardianship and Administration Act 1995 (Tas)

Human Rights Act 2004 (ACT)

Human Rights Act 2019 (Qld)

Human Rights Commission Act 2005 (ACT)

The Intervention Orders (Prevention of Abuse) Act 2009 (SA)

Justice Legislation Amendment Act (No 3) 2018 (NSW)

Medical Treatment Planning and Decisions Act 2016 (Vic)

Powers of Attorney Act 2006 (ACT)

Powers of Attorney Act 2003 No 53 (NSW)

Powers of Attorney Act 1980 (NT)

Powers of Attorney Act 2014 (Vic)

Powers of Attorney Act 1998 (Qld)

Powers of Attorney Act 2000 (Tas)

Powers of Attorney and Agency Act 1984 (SA)

Public Guardian Act 2014 (Qld)

Public Trustee and Guardian Act 1985 (ACT)

Public Trustee Act 1941 (WA)

Restraining Orders Act 1997 (WA)

Trustee and Guardian Act 2009 No 49 (NSW)

Wills Act 2008 (Tas)

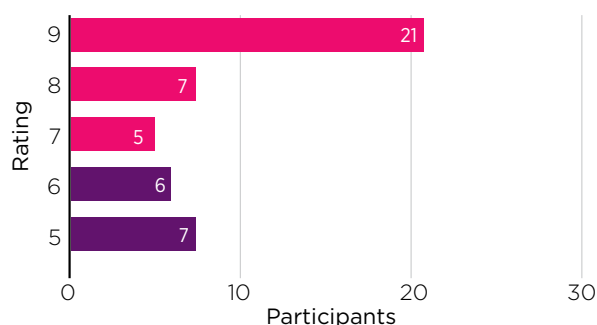
Appendix B

Appendix B1: Detailed results of the Round 1 Delphi survey (section 1)

This Appendix contains detailed results of all initiatives (partially or fully funded by the Commonwealth Attorney-General's Department (AGD) under the National Plan) as presented in round 1, section 1.

In the first section of the round 1 survey, participants were presented with a list of programs partially or fully funded by the Commonwealth Attorney-General's Department (AGD) under the National Plan, and were asked to rate the importance of the initiatives for furthering the objectives of the National Plan. Ratings were made using a 9-point scale, with 1–3 being 'not important', 4–6 being 'important but not critical' and 7–9 being 'important and critical'.

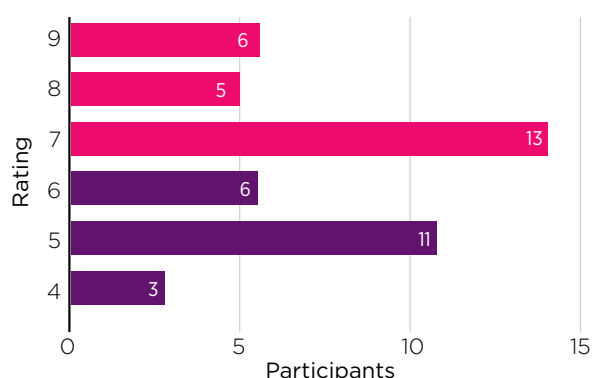
The National Elder Abuse Prevalence Study (2021) conducted by the Australian institute of Family Studies (AIFS)



46 out of 49 participants rated this item. Out of those 46 participants:

- 33 (71.7391%) rated the item a 7 or above (important and critical)
- 13 (28.2609%) rated the item 5 or 6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

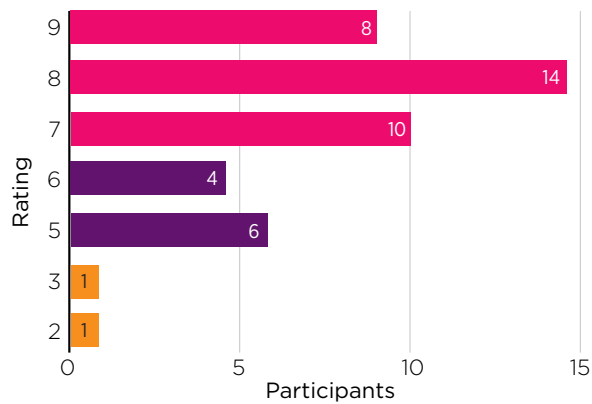
The You Decide Who Decides: Making an enduring power for financial decisions guide (2019) published by the Australian Guardianship and Administration Council



44 out of 49 participants rated this item. Out of those 44 participants:

- 24 (54.5455%) rated the item a 7 or above (important and critical)
- 20 (45.4545%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

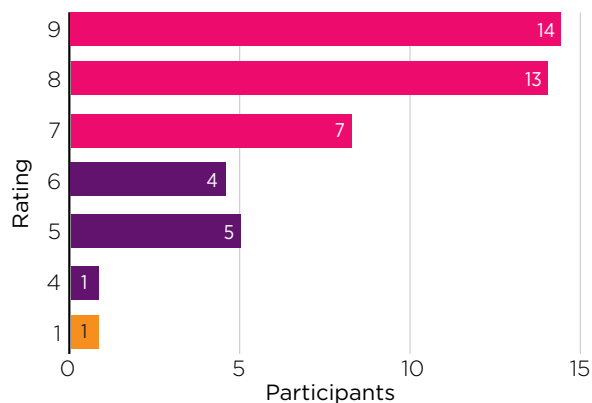
Development of a national Elder Abuse Knowledge Hub on COMPASS.info (2019) and distribution of information on COMPASS.info to agencies and organisations



44 out of 49 participants rated this item. Out of those 44 participants:

- 32 (72.7273%) rated the item a 7 or above (important and critical)
- 10 (22.7273%) rated the item between 4–6 (important but not critical)
- 2 (4.54545%) rated this item 1–3 (not important).

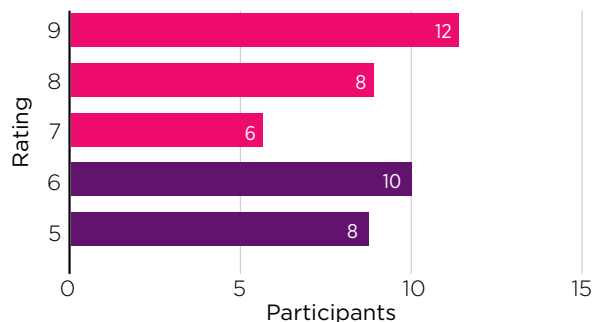
Establishment of the national ELDERHelp phone line (1800 353 374), and distribution of information on ELDERHelp to agencies and organisations



45 out of 49 participants rated this item. Out of those 45 participants:

- 34 (75.5556%) rated the item a 7 or above (important and critical)
- 10 (22.2222%) rated the item between 4–6 (important but not critical)
- 1 (2.22222%) rated this item 1–3 (not important).

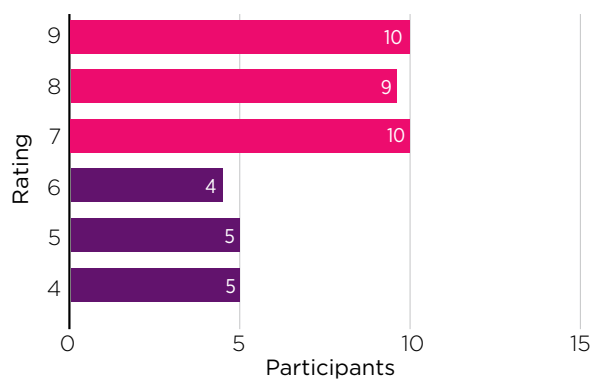
Posters promoting 1800ELDERHelp that were translated into 11 different languages and disseminated to a number of government agencies and community organisations



44 out of 49 participants rated this item. Out of those 44 participants:

- 26 (59.0909%) rated the item a 7 or above (important and critical)
- 18 (40.9091%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

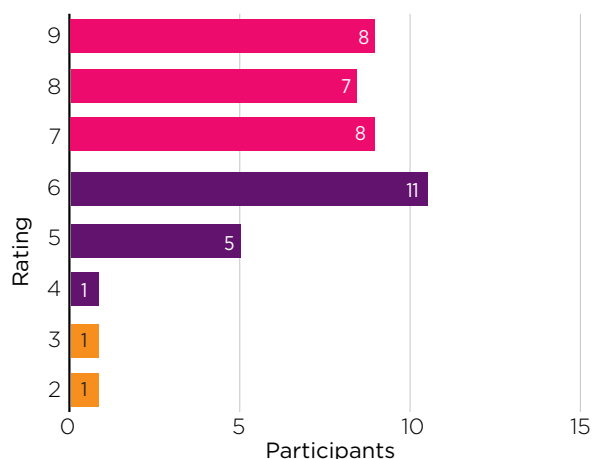
A media campaign from 6–20 June (2021) for World Elder Abuse Awareness Day, including social media boosts on Facebook and radio ads



43 out of 49 participants rated this item. Out of those 43 participants:

- 29 (67.4419%) rated the item a 7 or above (important and critical)
- 14 (32.5581%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

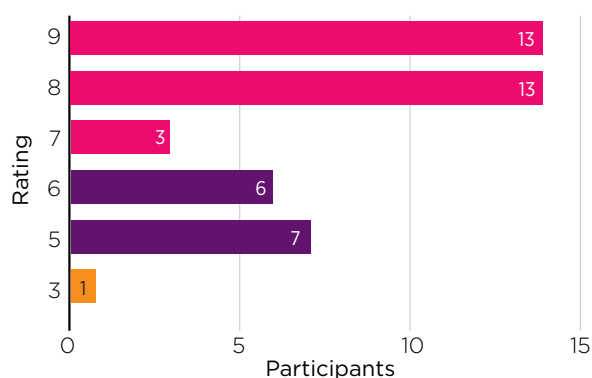
Launch of a 60 second elder abuse video ‘Elder Abuse: Everyone’s Business’ (2020) on World Elder Abuse Awareness Day



42 out of 49 participants rated this item. Out of those 42 participants:

- 23 (54.7619%) rated the item a 7 or above (important and critical)
- 17 (40.4762%) rated the item between 4–6 (important but not critical)
- 2 (4.7619%) rated this item 1–3 (not important).

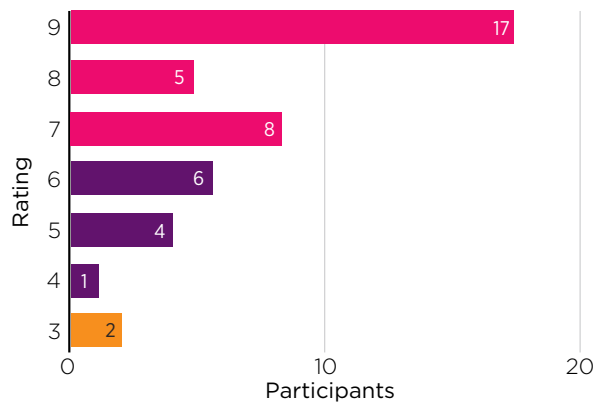
Contributions to consideration in relation to the harmonisation of enduring powers arrangements through the Enduring Power of Attorney (EPOA) Working Group



43 out of 49 participants rated this item. Out of those 43 participants:

- 29 (67.4419%) rated the item a 7 or above (important and critical)
- 13 (30.2326%) rated the item between 4–6 (important but not critical)
- 1 (2.32558%) rated this item 1–3 (not important).

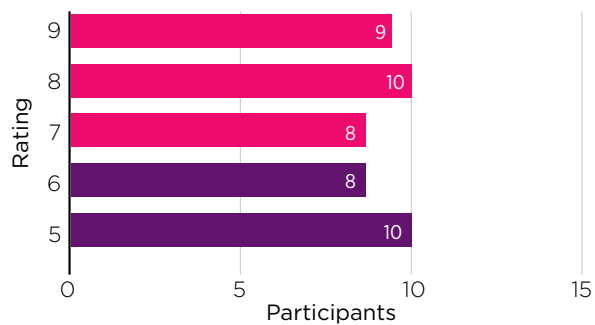
Development of a proof of concept register for enduring power of attorney documents (specifically focusing on financial decisions)



43 out of 49 participants rated this item. Out of those 43 participants:

- 30 (69.7674%) rated the item a 7 or above (important and critical)
- 11 (25.5814%) rated the item between 4-6 (important but not critical)
- 2 (4.65116%) rated this item 1-3 (not important).

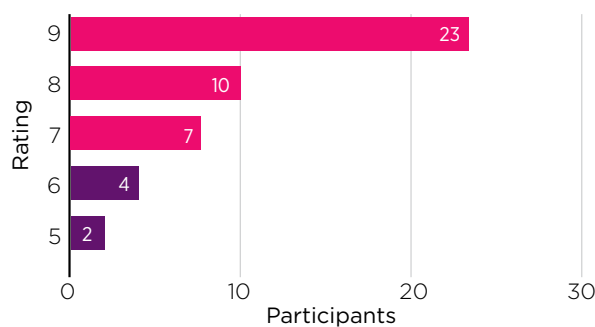
Contributions to the development of an agreed set of national research priorities through participation on the Research and Data Priorities Working Group



45 out of 49 participants rated this item. Out of those 45 participants:

- 27 (60%) rated the item a 7 or above (important and critical)
- 18 (40%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

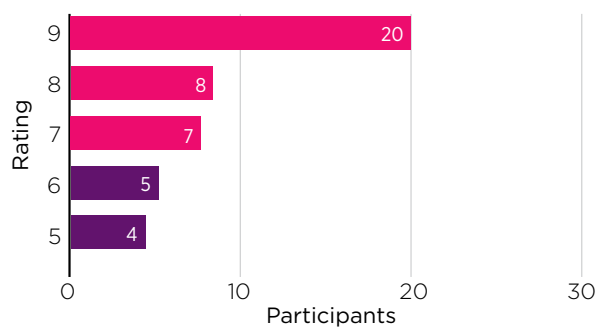
Implementation and evaluation of trials of 5 specialist elder abuse units



46 out of 49 participants rated this item. Out of those 46 participants:

- 40 (86.9565%) rated the item a 7 or above (important and critical)
- 6 (13.0435%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

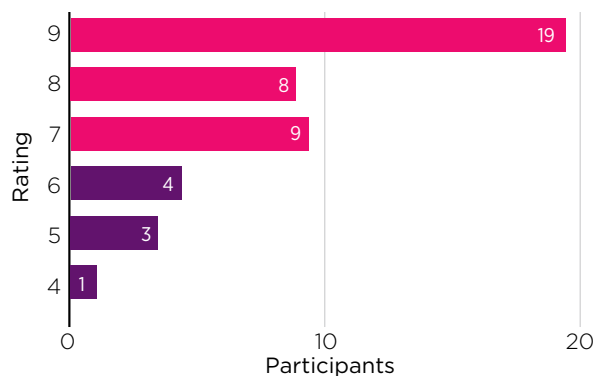
Implementation and evaluation of trial of 3 Health Justice Partnerships



44 out of 49 participants rated this item. Out of those 44 participants:

- 35 (79.5455%) rated the item a 7 or above (important and critical)
- 9 (20.4545%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

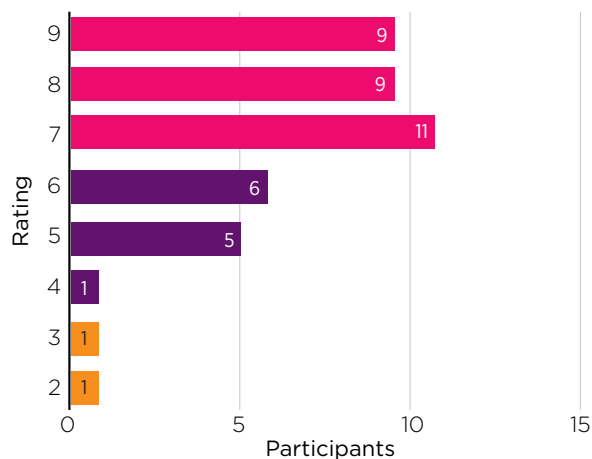
Implementation and evaluation of trials of 4 case management and mediation services



44 out of 49 participants rated this item. Out of those 44 participants:

- 36 (81.8182%) rated the item a 7 or above (important and critical)
- 8 (18.1818%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

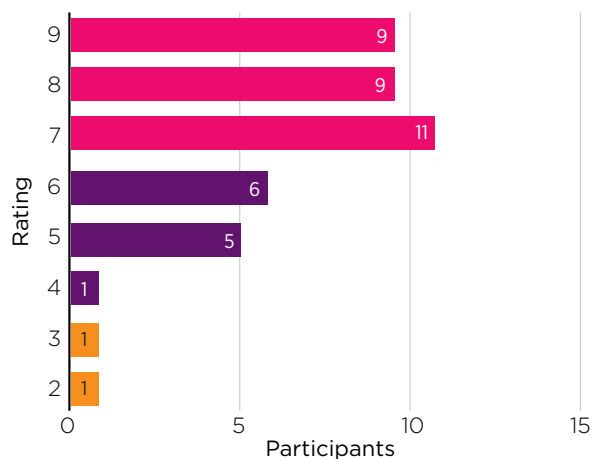
Ongoing support for the National Elder Abuse Conference series



43 out of 49 participants rated this item. Out of those 43 participants:

- 29 (67.4419%) rated the item a 7 or above (important and critical)
- 12 (27.90700%) rated the item between 4–6 (important but not critical)
- 2 (4.65116%) rated this item 1–3 (not important).

Ongoing support for the National Elder Abuse Conference series



43 out of 49 participants rated this item. Out of those 43 participants:

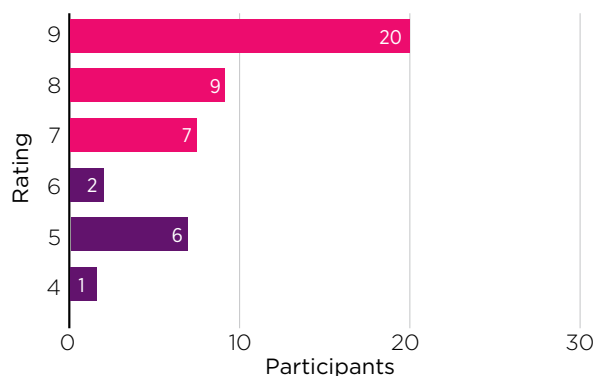
- 29 (67.4419%) rated the item a 7 or above (important and critical)
- 12 (27.90700%) rated the item between 4–6 (important but not critical)
- 2 (4.65116%) rated this item 1–3 (not important).

Appendix B2: Detailed results of the Round 1 Delphi survey (section 2)

This appendix contains detailed results of all initiatives (proposed as options for inclusion in the next National Plan) that were presented to participants in round 1, section 2 of the Delphi survey.

In the second section of the Round 1 survey, participants were presented with a list of initiatives proposed as options for inclusion in the next National Plan by participants of the focus groups conducted by NARI in March of 2023. Participants of the Delphi survey were asked to use the same 9-point scale used in section 1 to rate the importance of the proposed initiatives (with 1-3 being 'not important', 4-6 being 'important but not critical' and 7-9 being 'important and critical').

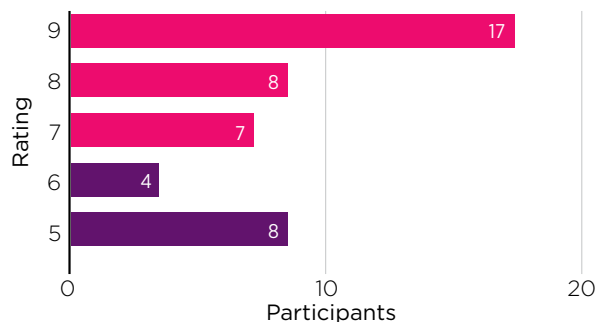
Government agencies to remove ageist policies and language



45 out of 49 participants rated this item. Out of those 45 participants:

- 36 (80%) rated the item a 7 or above (important and critical)
- 9 (20%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

A national anti-ageism campaign



44 out of 49 participants rated this item. Out of those 44 participants:

- 32 (72.7272%) rated the item a 7 or above (important and critical)
- 12 (27.2727%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

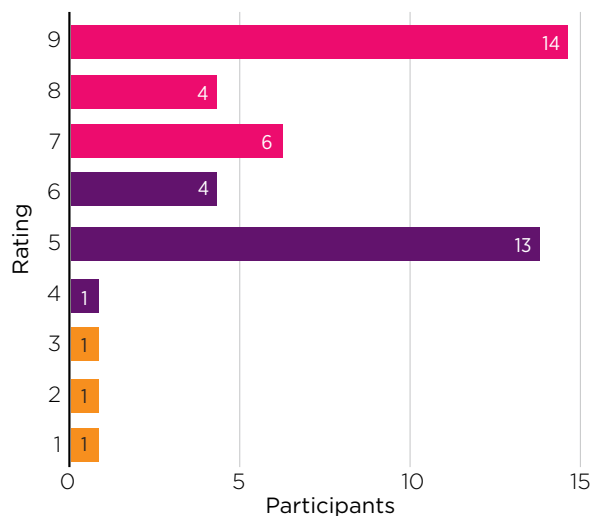
Better indexing and multiple search strategies on the Compass website



40 out of 49 participants rated this item. Out of those 40 participants:

- 18 (45%) rated the item a 7 or above (important and critical)
- 21 (52.5%) rated the item between 4-6 (important but not critical)
- 1 (2.5%) rated this item 1-3 (not important).

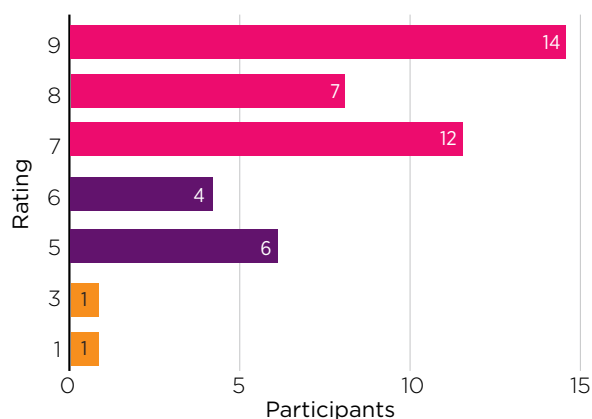
Geographic maps of services relevant to elder abuse



45 out of 49 participants rated this item. Out of those 45 participants:

- 24 (53.3333%) rated the item a 7 or above (important and critical)
- 18 (40%) rated the item between 4–6 (important but not critical)
- 3 (6.66667%) rated this item 1–3 (not important).

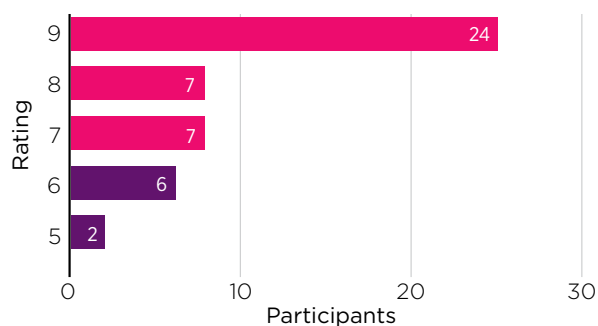
Compass resources to reach digitally disadvantaged communities (e.g. via travelling roadshows)



45 out of 49 participants rated this item. Out of those 45 participants:

- 33 (73.3333%) rated the item a 7 or above (important and critical)
- 10 (22.2222%) rated the item between 4–6 (important but not critical)
- 2 (4.44444%) rated this item 1–3 (not important).

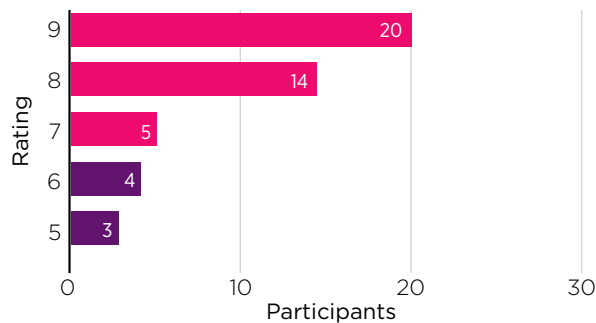
National awareness campaign to build the average older person's knowledge of their rights and protections



46 out of 49 participants rated this item. Out of those 46 participants:

- 38 (82.6087%) rated the item a 7 or above (important and critical)
- 8 (17.3913%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

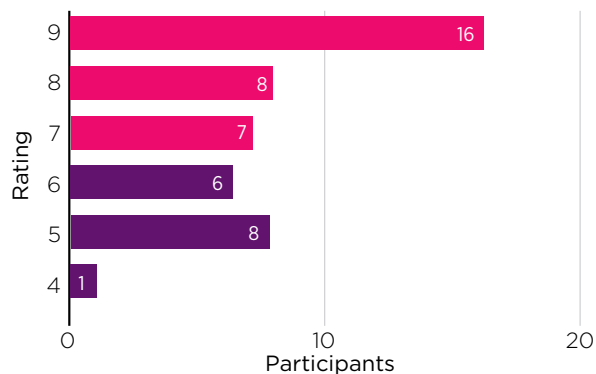
Community education on personal planning for ageing (e.g. covering enduring power of attorney, advanced care planning, and wills)



46 out of 49 participants rated this item. Out of those 46 participants:

- 39 (84.7826%) rated the item a 7 or above (important and critical)
- 7 (15.2174%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

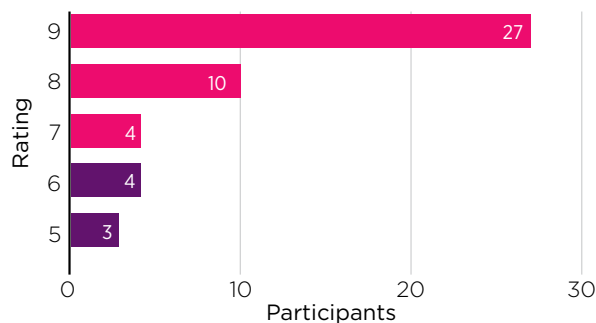
Educational initiatives with intergenerational reach that increase awareness and address ageism



46 out of 49 participants rated this item. Out of those 46 participants:

- 31 (67.3913%) rated the item a 7 or above (important and critical)
- 15 (32.6087%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

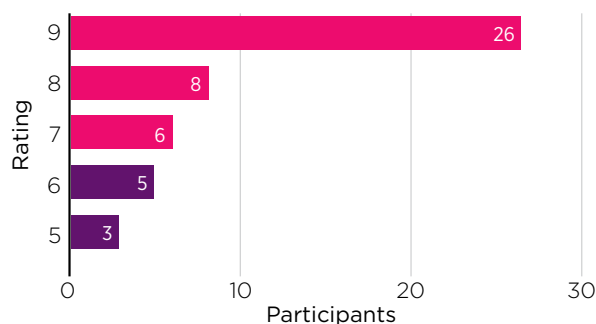
Education for professionals who have regular contact with older people to assist them to identify and respond to elder abuse



48 out of 49 participants rated this item. Out of those 48 participants:

- 41 (85.4167%) rated the item a 7 or above (important and critical)
- 7 (14.5833%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

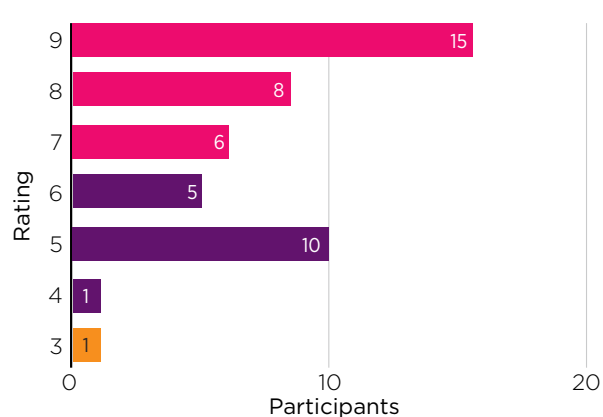
Educational programs to assist police and community services to work together on elder abuse



48 out of 49 participants rated this item. Out of those 48 participants:

- 40 (83.3333%) rated the item a 7 or above (important and critical)
- 8 (16.6667%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

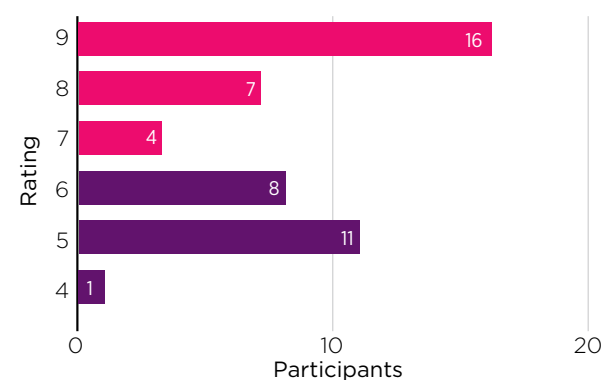
Public awareness campaigns designed to reach the grass roots where people talk to each other informally e.g. at pharmacies and local hairdressers



46 out of 49 participants rated this item. Out of those 46 participants:

- 29 (63.0435%) rated the item a 7 or above (important and critical)
- 16 (34.7826%) rated the item between 4–6 (important but not critical)
- 1 (2.17391%) rated this item 1–3 (not important).

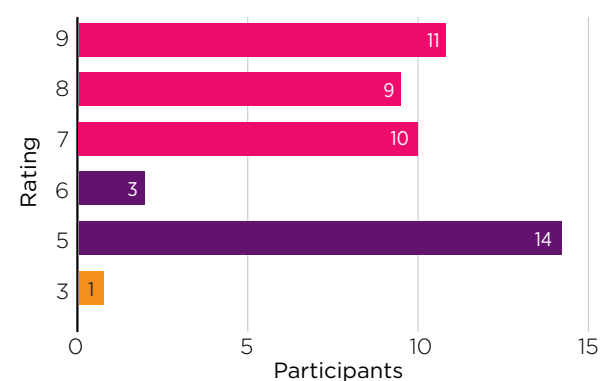
Communication guidelines for media reporting of elder abuse e.g. to provide contact details for support services as per suicide and family violence



47 out of 49 participants rated this item. Out of those 47 participants:

- 27 (57.4468%) rated the item a 7 or above (important and critical)
- 20 (34.7826%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

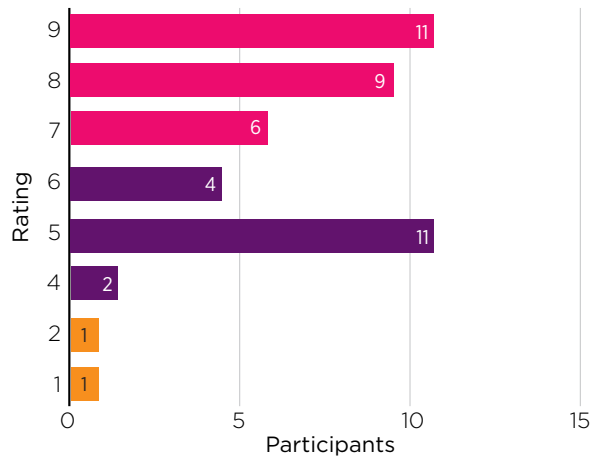
Structured opportunities for organisations to share learnings and build relationships e.g. for peak bodies to coordinate communities of practice



48 out of 49 participants rated this item. Out of those 48 participants:

- 30 (62.5%) rated the item a 7 or above (important and critical)
- 17 (35.4167%) rated the item between 4–6 (important but not critical)
- 1 (2.08333%) rated this item 1–3 (not important).

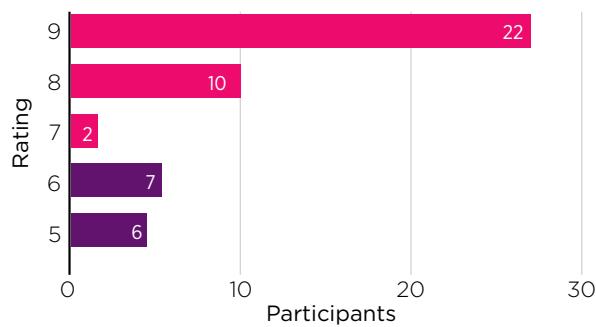
Consider advocacy for a UN Convention on the Rights of Older People



45 out of 49 participants rated this item. Out of those 45 participants:

- 26 (57.7778%) rated the item a 7 or above (important and critical)
- 17 (37.7778%) rated the item between 4-6 (important but not critical)
- 2 (4.44444%) rated this item 1-3 (not important).

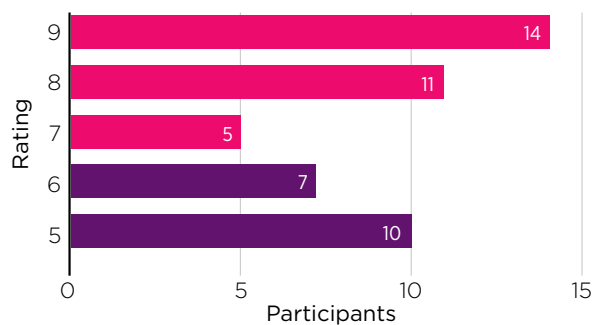
Equity of choice and access to elder abuse specialist services regardless of geographic location, gender, ethnicity, or Indigenous status



47 out of 49 participants rated this item. Out of those 47 participants:

- 34 (72.3404%) rated the item a 7 or above (important and critical)
- 13 (27.6596%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

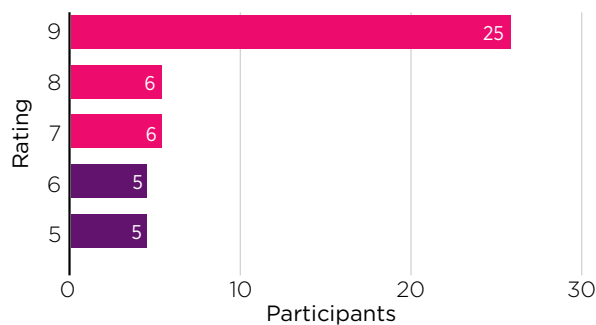
Improve diverse hiring in services and organisations responding to elder abuse



47 out of 49 participants rated this item. Out of those 47 participants:

- 30 (63.8297%) rated the item a 7 or above (important and critical)
- 17 (36.1702%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

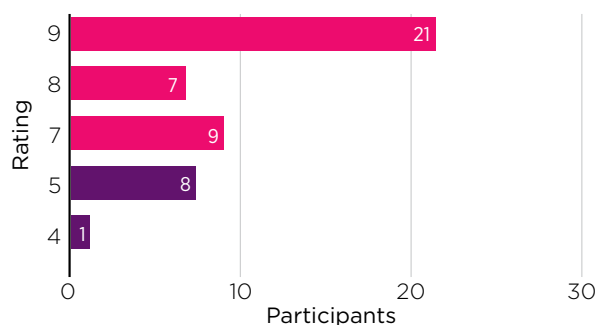
Materials used by specialist elder abuse services are accessible for older people including, for example, use of plain language



47 out of 49 participants rated this item. Out of those 47 participants:

- 37 (78.7234%) rated the item a 7 or above (important and critical)
- 10 (21.2766%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

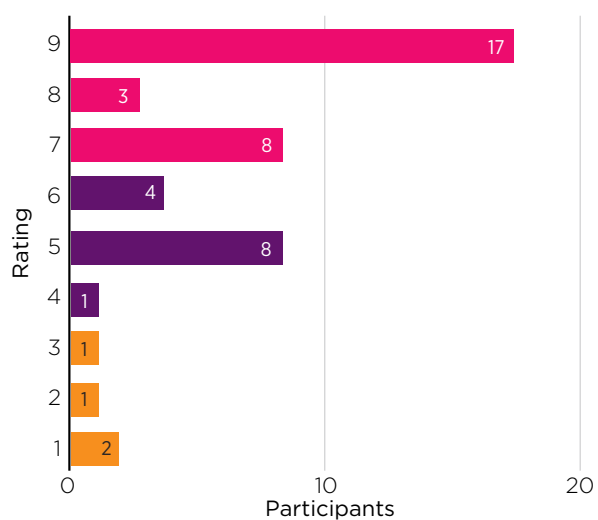
A national supported decision-making framework to achieve greater national consistency and commitment to the principle of supported decision-making across jurisdictions



46 out of 49 participants rated this item. Out of those 46 participants:

- 37 (80.4348%) rated the item a 7 or above (important and critical)
- 9 (19.5652%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

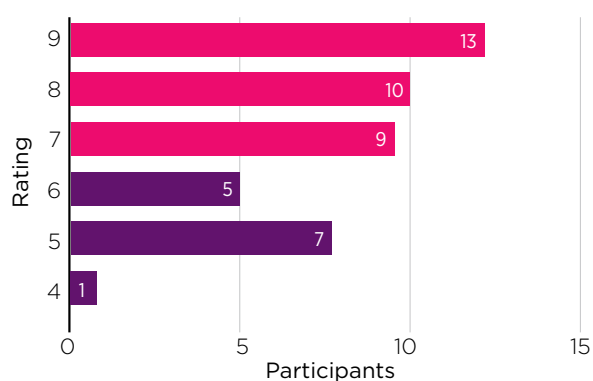
Adult safeguarding agencies in each state and territory



45 out of 49 participants rated this item. Out of those 45 participants:

- 28 (62.2222%) rated the item a 7 or above (important and critical)
- 13 (28.8889%) rated the item between 4–6 (important but not critical)
- 4 (8.8889%) rated this item 1–3 (not important).

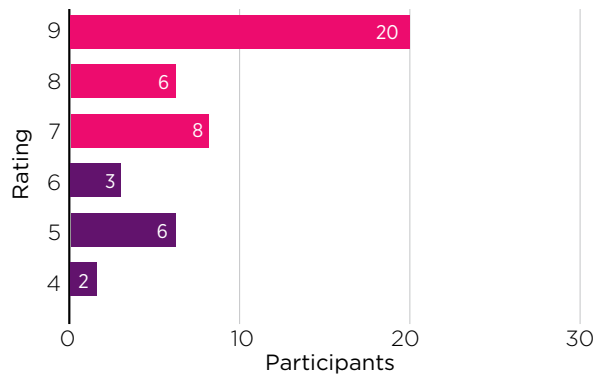
Interagency protocols between Commonwealth, state and territory service providers to assist workers across sectors to respond to potential, suspected or actual abuse



45 out of 49 participants rated this item. Out of those 45 participants:

- 32 (71.1111%) rated the item a 7 or above (important and critical)
- 13 (28.8889%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

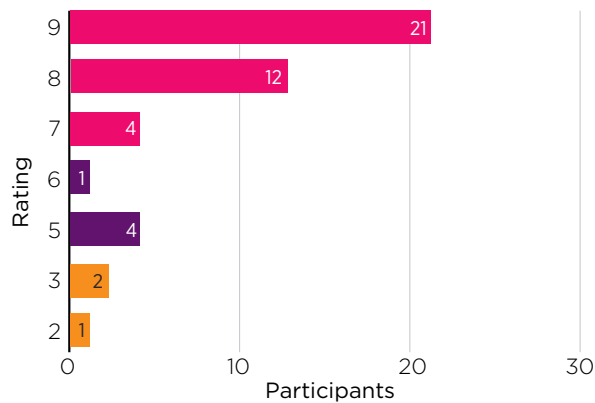
Analysis of Commonwealth laws and policies that may impede effective service responses to elder abuse at the state and territory level



45 out of 49 participants rated this item. Out of those 45 participants:

- 34 (75.5556%) rated the item a 7 or above (important and critical)
- 11 (24.4444%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

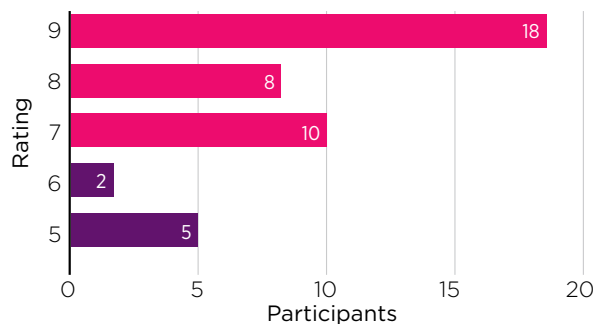
Strengthen oversight of aged care facilities to include criminalisation of elder abuse



45 out of 49 participants rated this item. Out of those 45 participants:

- 37 (82.2222%) rated the item a 7 or above (important and critical)
- 5 (11.1111%) rated the item between 4-6 (important but not critical)
- 3 (6.6666%) rated this item 1-3 (not important).

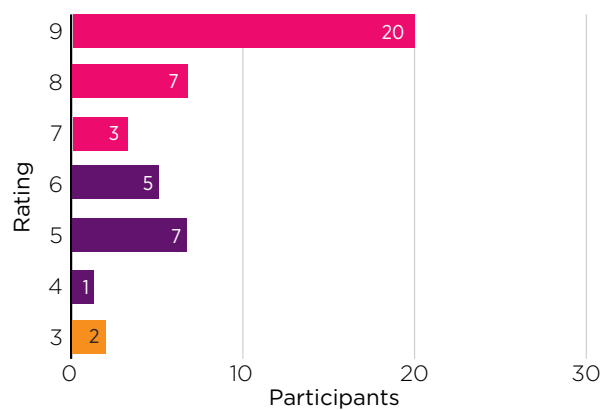
National framework for ambulance and emergency services response to elder abuse



43 out of 49 participants rated this item. Out of those 43 participants:

- 36 (83.7209%) rated the item a 7 or above (important and critical)
- 7 (16.2791%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

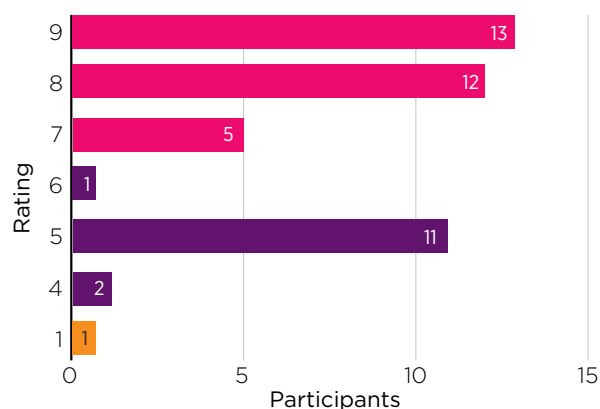
Ability for third parties to report elder abuse in all states and territories



45 out of 49 participants rated this item. Out of those 45 participants:

- 30 (66.6667%) rated the item a 7 or above (important and critical)
- 13 (28.8889%) rated the item between 4-6 (important but not critical)
- 2 (4.44444%) rated this item 1-3 (not important).

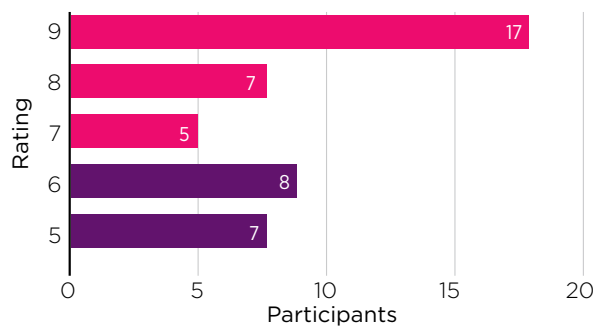
Standards and accreditation requirements for elder mediation services



45 out of 49 participants rated this item. Out of those 45 participants:

- 30 (66.6667%) rated the item a 7 or above (important and critical)
- 14 (31.1111%) rated the item between 4-6 (important but not critical)
- 1 (2.22222%) rated this item 1-3 (not important).

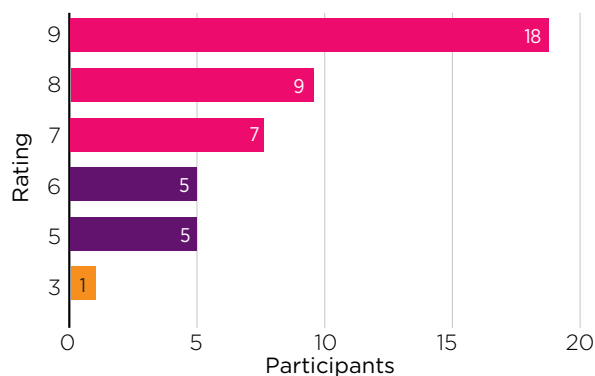
Investigate the use of government services by perpetrators to facilitate elder abuse, for example the improper use of Centrelink payments



44 out of 49 participants rated this item. Out of those 44 participants:

- 29 (65.9091%) rated the item a 7 or above (important and critical)
- 15 (34.0909%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

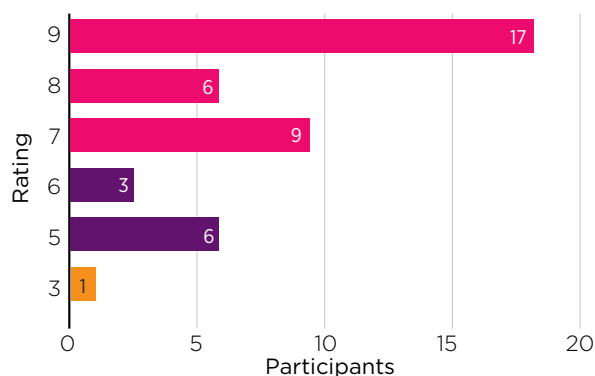
Address commercial predatory practices that are targeted at people who are older and/or who have a disability



45 out of 49 participants rated this item. Out of those 45 participants:

- 34 (75.5556%) rated the item a 7 or above (important and critical)
- 10 (22.2222%) rated the item between 4-6 (important but not critical)
- 1 (2.22222%) rated this item 1-3 (not important).

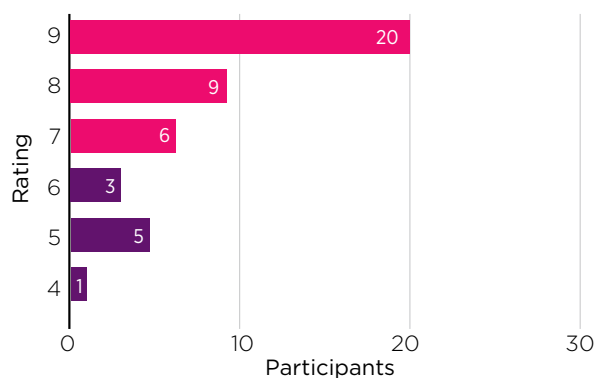
Consider amendment to the Australian Solicitors' Conduct Rules to make it easier for lawyers to assist people with cognitive impairment



- 32 (76.1905%) rated the item a 7 or above (important and critical)
- 9 (21.4286%) rated the item between 4-6 (important but not critical)
- 1 (2.38095%) rated this item 1-3 (not important).

42 out of 49 participants rated this item. Out of those 42 participants:

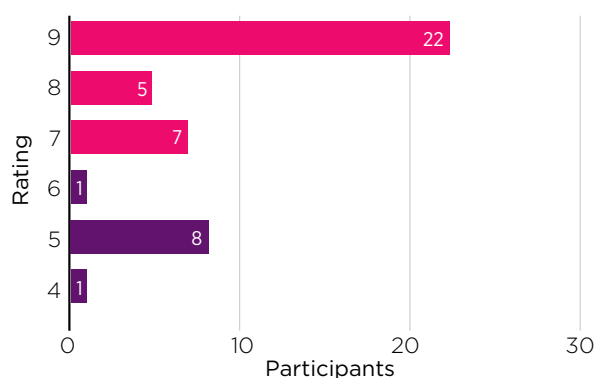
A fixed time frame to complete harmonisation of enduring powers of attorney and guardianship



44 out of 49 participants rated this item. Out of those 44 participants:

- 35 (79.5455%) rated the item a 7 or above (important and critical)
- 9 (20.4545%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

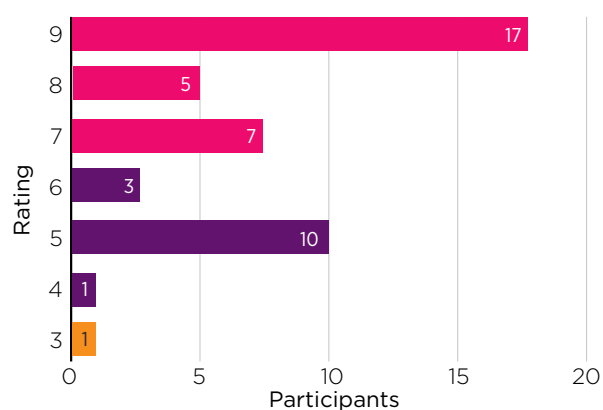
National reform and harmonisation on avenues for abuse victims seeking redress, to adopt least onerous pathways: for example, via civil and administrative tribunals



44 out of 49 participants rated this item. Out of those 44 participants:

- 34 (77.2727%) rated the item a 7 or above (important and critical)
- 10 (22.7273%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

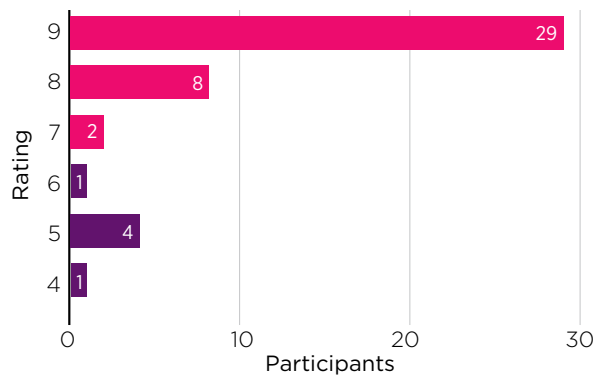
Consistent police responses to elder abuse across states and territories



44 out of 49 participants rated this item. Out of those 44 participants:

- 29 (65.9091%) rated the item a 7 or above (important and critical)
- 14 (31.8182%) rated the item between 4–6 (important but not critical)
- 1 (2.27273%) rated this item 1–3 (not important).

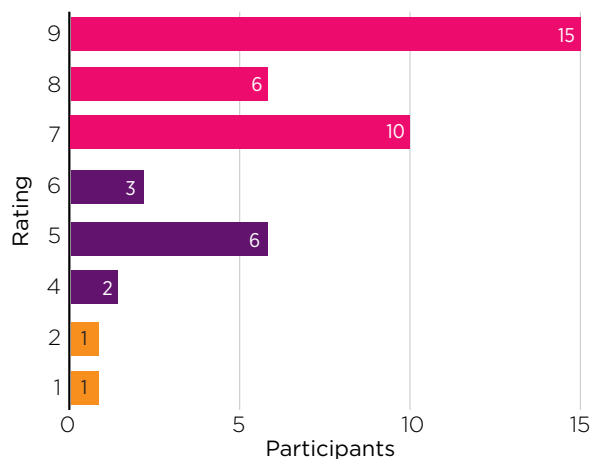
Victims of elder abuse have the same legal protection as victims of family violence



45 out of 49 participants rated this item. Out of those 45 participants:

- 39 (86.6667%) rated the item a 7 or above (important and critical)
- 6 (13.3333%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

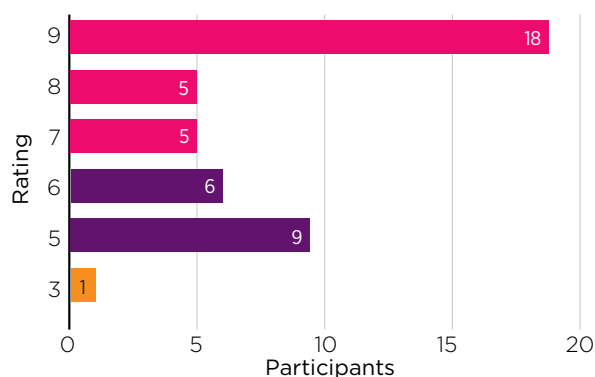
Agencies/officers with investigatory powers to cover matters that fall short of criminal acts



44 out of 49 participants rated this item. Out of those 44 participants:

- 31 (70.4545%) rated the item a 7 or above (important and critical)
- 11 (25%) rated the item between 4–6 (important but not critical)
- 2 (4.54545%) rated this item 1–3 (not important).

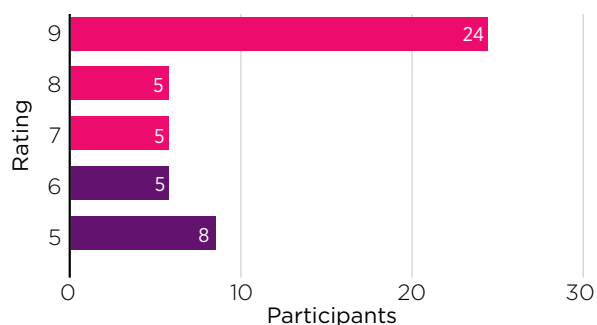
Align the National Plan with reforms in aged care to improve independent regulatory bodies



44 out of 49 participants rated this item. Out of those 44 participants:

- 28 (63.6364%) rated the item a 7 or above (important and critical)
- 15 (34.0909%) rated the item between 4–6 (important but not critical)
- 1 (2.27273%) rated this item 1–3 (not important).

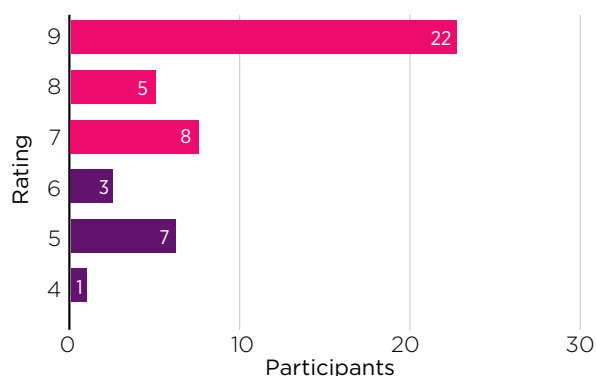
Research about perpetrators, abuse relating to cognitive impairment, and the abuse of people who identify as LGBTQI+, First Nations peoples, people from CALD backgrounds



47 out of 49 participants rated this item. Out of those 47 participants:

- 34 (72.3404%) rated the item a 7 or above (important and critical)
- 13 (27.6596%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

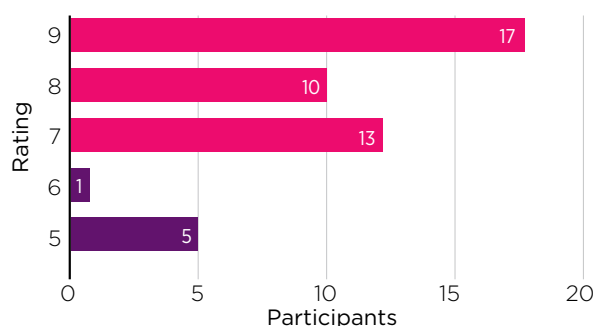
Ongoing consistent data collection across services including, for example, helplines, police and emergency services, and adult safeguarding units



46 out of 49 participants rated this item. Out of those 46 participants:

- 35 (76.08700%) rated the item a 7 or above (important and critical)
- 11 (23.91300%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

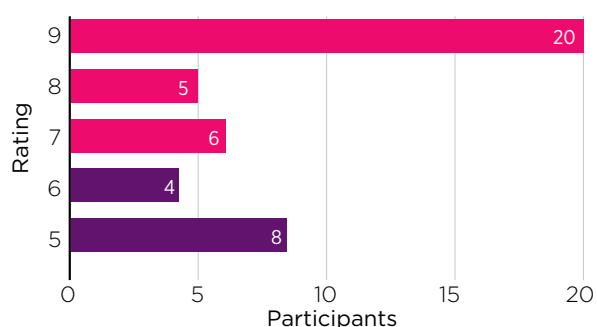
Focus research so that intervention and prevention are evidence based



46 out of 49 participants rated this item. Out of those 46 participants:

- 40 (86.9565%) rated the item a 7 or above (important and critical)
- 6 (13.0435%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

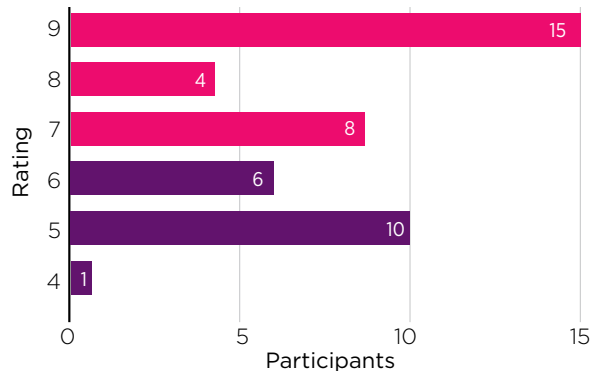
Continuity of programs and services by extending funding cycles so that services can gain traction, retain valuable staff and build on success



43 out of 49 participants rated this item. Out of those 43 participants:

- 31 (72.09300%) rated the item a 7 or above (important and critical)
- 12 (27.90700%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

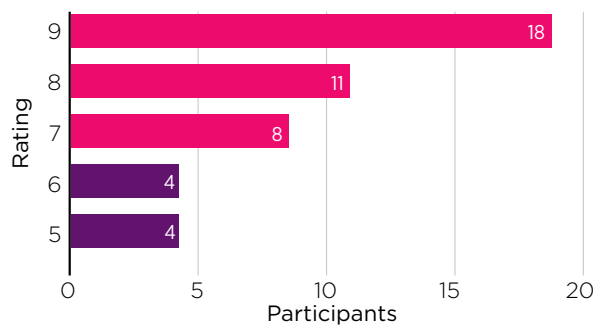
Strengthen inter-agency information sharing and networking arrangements



44 out of 49 participants rated this item. Out of those 44 participants:

- 27 (61.3636%) rated the item a 7 or above (important and critical)
- 17 (38.6364%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

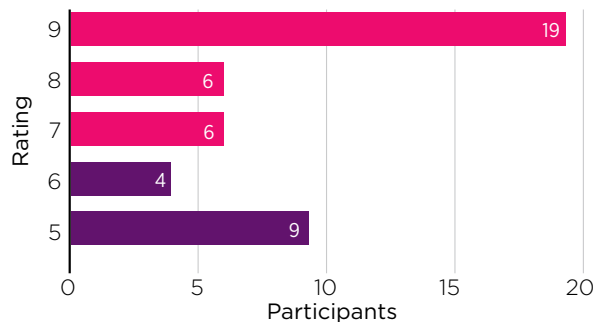
Further establishment of multi-disciplinary, combined and integrated service models that allow victim/survivors to access multiple services from one location



45 out of 49 participants rated this item. Out of those 45 participants:

- 37 (82.2222%) rated the item a 7 or above (important and critical)
- 8 (17.7778%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

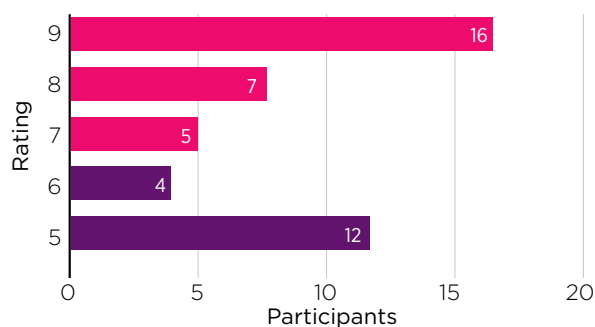
Address gaps identified in the National Elder Abuse Prevalence study



44 out of 49 participants rated this item. Out of those 44 participants:

- 31 (70.4545%) rated the item a 7 or above (important and critical)
- 13 (29.5455%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

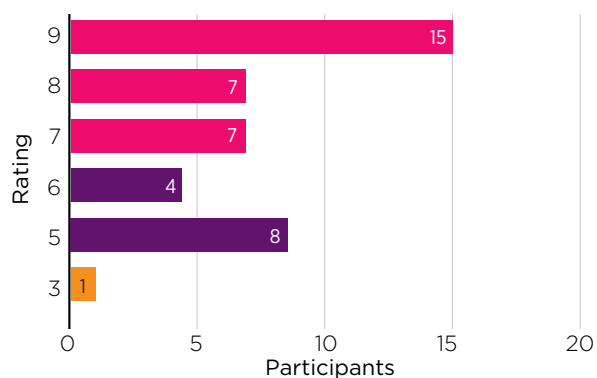
Review resourcing for state and territory frontline services



44 out of 49 participants rated this item. Out of those 44 participants:

- 28 (63.6364%) rated the item a 7 or above (important and critical)
- 16 (36.3636%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

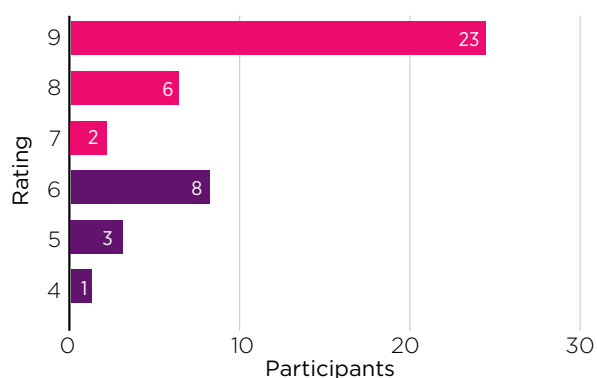
Better address the unmet needs of perpetrators that give rise to unintentional neglect



42 out of 49 participants rated this item. Out of those 42 participants:

- 29 (69.0476%) rated the item a 7 or above (important and critical)
- 12 (28.5714%) rated the item between 4-6 (important but not critical)
- 1 (2.38095%) rated this item 1-3 (not important).

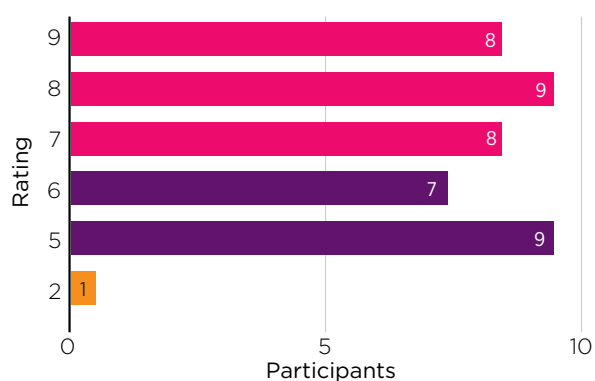
Better assessment and support for those with cognitive impairment and encourage supported decision making as a preferred option



43 out of 49 participants rated this item. Out of those 43 participants:

- 31 (72.09300%) rated the item a 7 or above (important and critical)
- 12 (27.90700%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

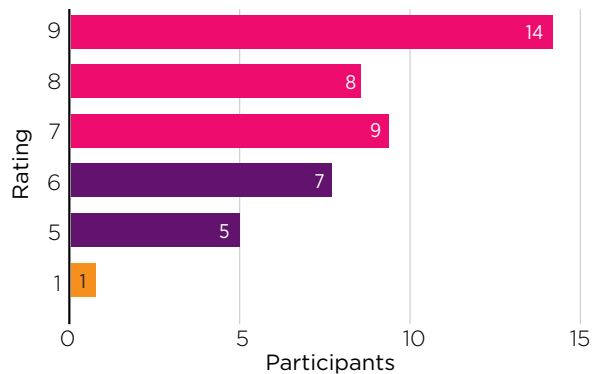
Increase funding for respite care and cleaning services to reduce neglect



42 out of 49 participants rated this item. Out of those 42 participants:

- 25 (59.5238%) rated the item a 7 or above (important and critical)
- 16 (38.0952%) rated the item between 4-6 (important but not critical)
- 1 (2.38095%) rated this item 1-3 (not important).

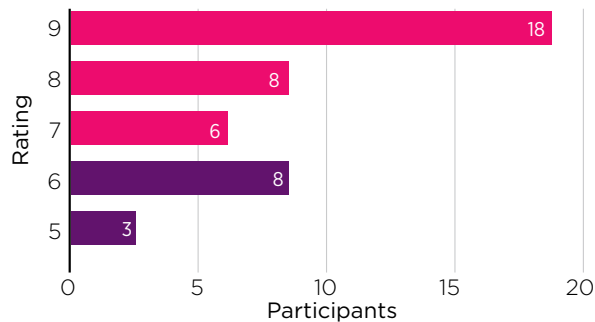
Longer term support and recovery services for people who are experiencing or have experienced elder abuse



44 out of 49 participants rated this item. Out of those 44 participants:

- 31 (70.4545%) rated the item a 7 or above (important and critical)
- 12 (27.2727%) rated the item between 4-6 (important but not critical)
- 1 (2.27273%) rated this item 1-3 (not important).

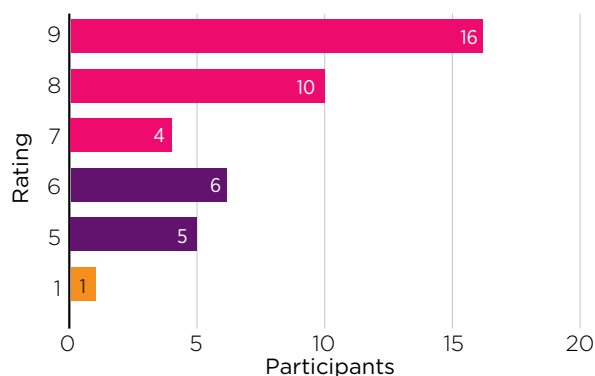
Improve support for people in abusive relationships and accommodation so they can change their living situation



43 out of 49 participants rated this item. Out of those 43 participants:

- 32 (74.4186%) rated the item a 7 or above (important and critical)
- 11 (25.5814%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

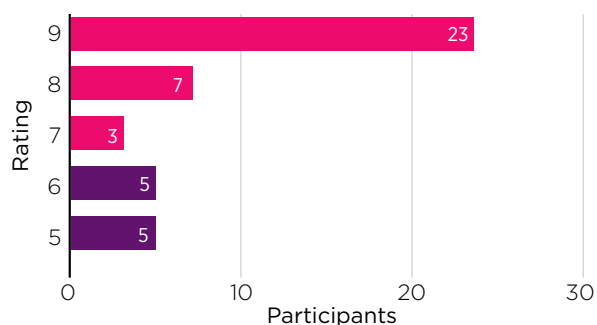
Grass roots engagement strategies to reach vulnerable people who are hidden in the community



42 out of 49 participants rated this item. Out of those 42 participants:

- 30 (71.4286%) rated the item a 7 or above (important and critical)
- 11 (26.1905%) rated the item between 4-6 (important but not critical)
- 1 (2.38095%) rated this item 1-3 (not important).

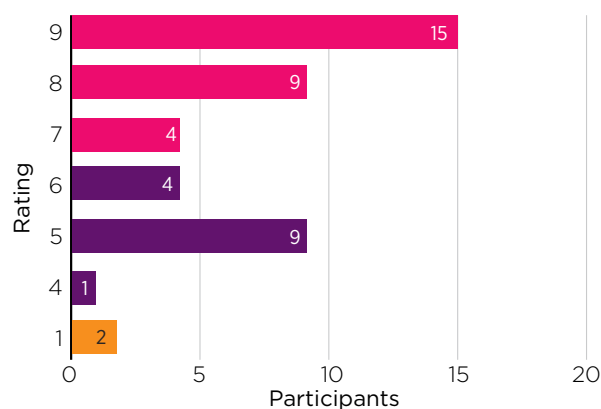
Specialist elder abuse services with the same funding and scope as family violence services



43 out of 49 participants rated this item. Out of those 43 participants:

- 33 (76.7442%) rated the item a 7 or above (important and critical)
- 10 (23.2558%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

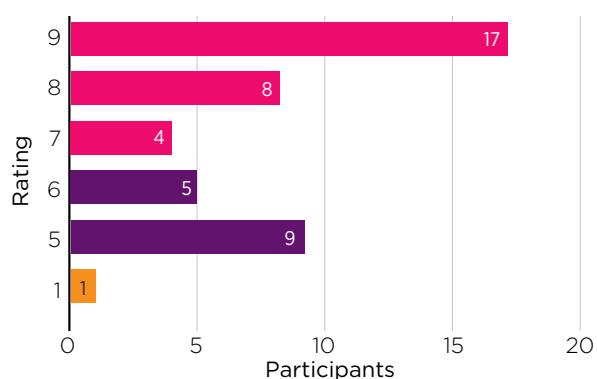
Programs for perpetrators of elder abuse which are appropriate for situations that are not intimate partner violence, for example abuse by adult children



44 out of 49 participants rated this item. Out of those 44 participants:

- 28 (63.6364%) rated the item a 7 or above (important and critical)
- 14 (31.8182%) rated the item between 4–6 (important but not critical)
- 2 (4.54545%) rated this item 1–3 (not important).

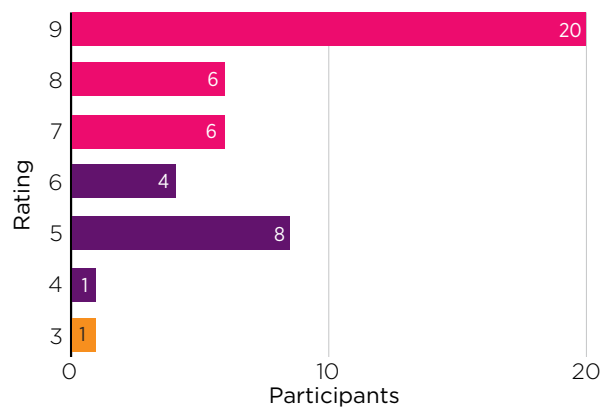
Improve services for perpetrators whose elder abuse is driven by addiction or mental health issues



44 out of 49 participants rated this item. Out of those 44 participants:

- 29 (65.9091%) rated the item a 7 or above (important and critical)
- 14 (31.8182%) rated the item between 4–6 (important but not critical)
- 1 (2.27273%) rated this item 1–3 (not important).

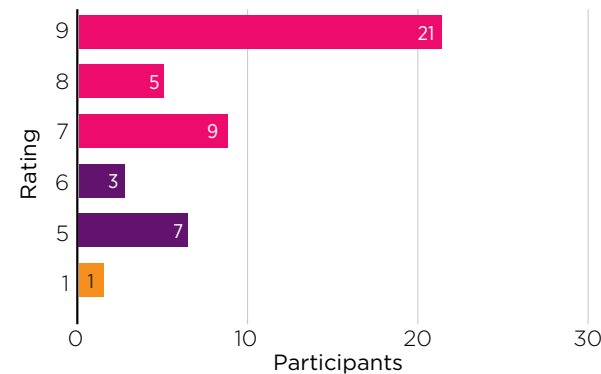
Improve information access for digitally disadvantaged or excluded community members



46 out of 49 participants rated this item. Out of those 46 participants:

- 32 (69.5652%) rated the item a 7 or above (important and critical)
- 13 (28.2609%) rated the item between 4–6 (important but not critical)
- 1 (2.17391%) rated this item 1–3 (not important).

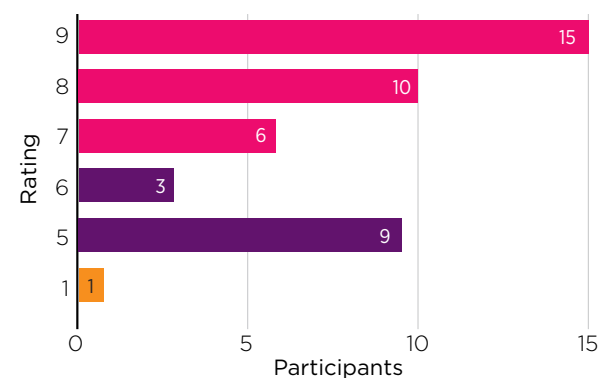
Address social isolation, family conflict, carer stress and financial stress as risk factors for elder abuse



46 out of 49 participants rated this item. Out of those 46 participants:

- 35 (76.08700%) rated the item a 7 or above (important and critical)
- 10 (21.7391%) rated the item between 4–6 (important but not critical)
- 1 (2.17391%) rated this item 1–3 (not important).

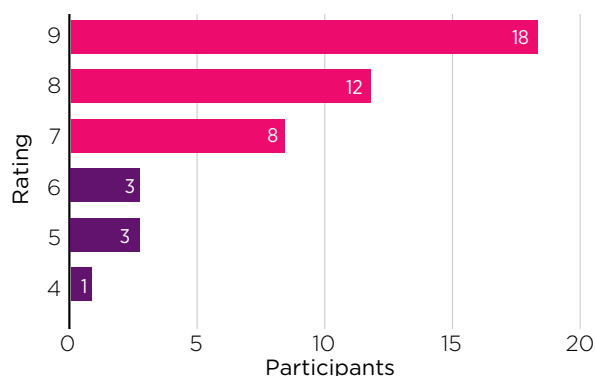
Programs promoting constructive community connection to address isolation and loneliness



44 out of 49 participants rated this item. Out of those 44 participants:

- 31 (70.4545%) rated the item a 7 or above (important and critical)
- 12 (27.2727%) rated the item between 4–6 (important but not critical)
- 1 (2.27273%) rated this item 1–3 (not important).

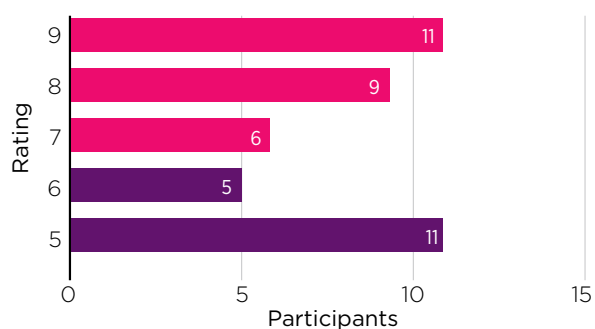
Increase safe housing options for older people



45 out of 49 participants rated this item. Out of those 45 participants:

- 38 (84.4444%) rated the item a 7 or above (important and critical)
- 7 (15.5556%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

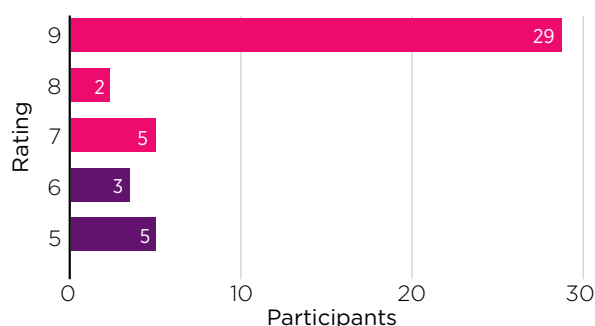
Better assistance for people who have difficulty with or are unable to transition to cashless and online transaction environments



42 out of 49 participants rated this item. Out of those 42 participants:

- 26 (61.9048%) rated the item a 7 or above (important and critical)
- 16 (38.0952%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

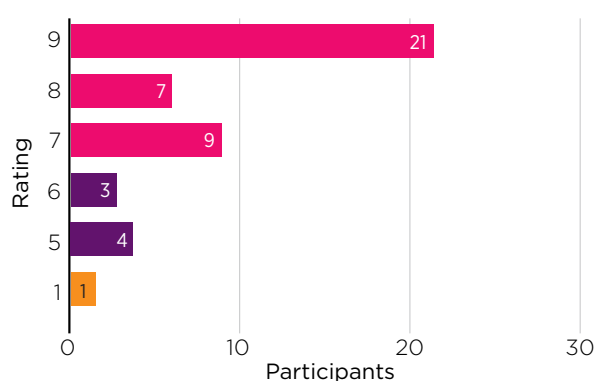
Support older people to stay in their homes safely by reducing the wait times for home care packages



44 out of 49 participants rated this item. Out of those 44 participants:

- 36 (81.8182%) rated the item a 7 or above (important and critical)
- 8 (18.1818%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

Enable people aged 65+ to access specialist services and programs according to their needs rather than their age, so they are not solely reliant on aged care services



45 out of 49 participants rated this item. Out of those 45 participants:

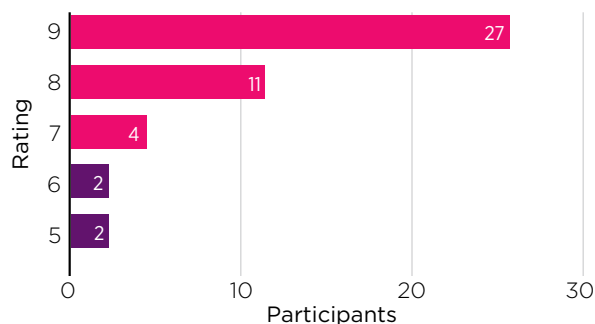
- 37 (82.2222%) rated the item a 7 or above (important and critical)
- 7 (15.5556%) rated the item between 4-6 (important but not critical)
- 1 (2.22222%) rated this item 1-3 (not important).

Appendix B3: Detailed results of the Round 1 Delphi survey (section 3)

This appendix contains detailed results of all recommendations (proposed as options to guide the implementation and development of the next National Plan) that were presented to participants in round 1, section 3 of the Delphi survey. Participants were presented with a list of recommendations proposed to guide the implementation and

development of the next National Plan, by participants of the focus groups conducted by NARI in March of 2023. Participants of the Delphi survey were asked to use the same 9-point scale used in section 1 and 2 to rate the importance of the proposed recommendations (with 1-3 being 'not important', 4-6 being 'important but not critical' and 7-9 being 'important and critical'.

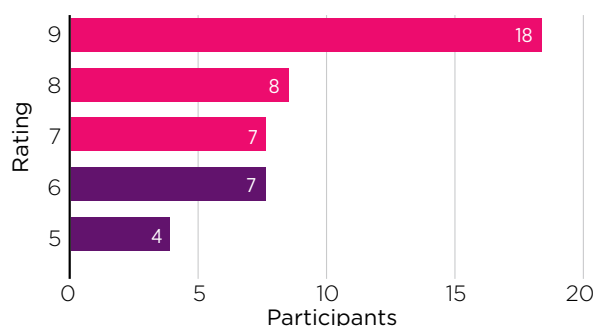
There should be a whole of government response, with Commonwealth responsibility for elder abuse shared across several departments, not just the Attorney-General's



46 out of 49 participants rated this item. Out of those 46 participants:

- 42 (91.3043%) rated the item a 7 or above (important and critical)
- 4 (8.69565%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

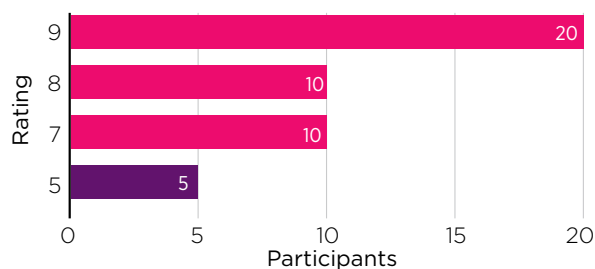
There must be better collaboration between states and territories



44 out of 49 participants rated this item. Out of those 44 participants:

- 33 (75%) rated the item a 7 or above (important and critical)
- 11 (25%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

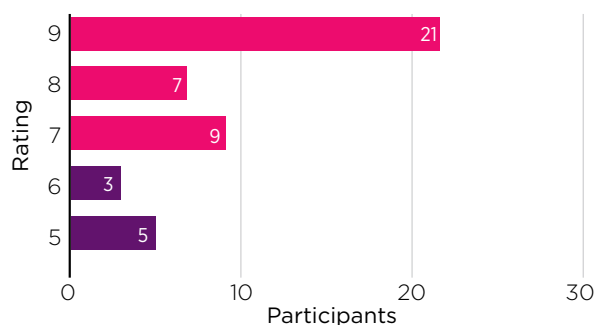
The National Plan must have clear goals e.g. SMART goals that are Specific, Measurable, Attainable, Relevant and Time-bound



45 out of 49 participants rated this item. Out of those 45 participants:

- 40 (88.8889%) rated the item a 7 or above (important and critical)
- 5 (11.1111%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

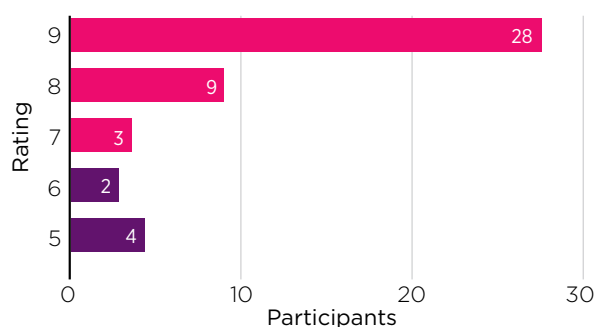
The National Plan should integrate findings and recommendations from the Royal Commission into Aged Care Quality and Safety



45 out of 49 participants rated this item. Out of those 45 participants:

- 37 (82.2222%) rated the item a 7 or above (important and critical)
- 8 (17.7778%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

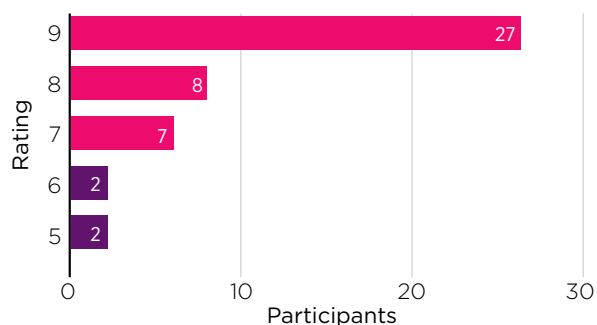
Consult with older people, including older people with lived experience of elder abuse, on their service needs and access gaps



46 out of 49 participants rated this item. Out of those 46 participants:

- 40 (86.9565%) rated the item a 7 or above (important and critical)
- 6 (13.0435%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

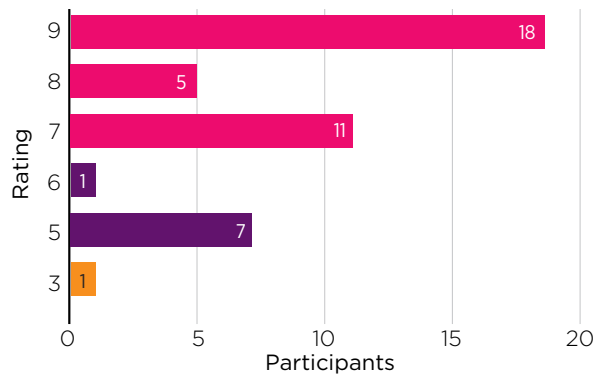
Consult widely with frontline services on what works and where the gaps are



46 out of 49 participants rated this item. Out of those 46 participants:

- 42 (91.3043%) rated the item a 7 or above (important and critical)
- 4 (8.69565%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

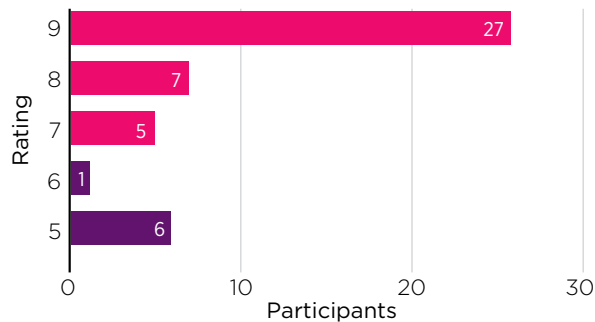
Expand the scope of the National Plan to include the Royal Australian College of General Practitioners



43 out of 49 participants rated this item. Out of those 43 participants:

- 34 (79.0698%) rated the item a 7 or above (important and critical)
- 8 (18.6047%) rated the item between 4–6 (important but not critical)
- 1 (2.32558%) rated this item 1–3 (not important).

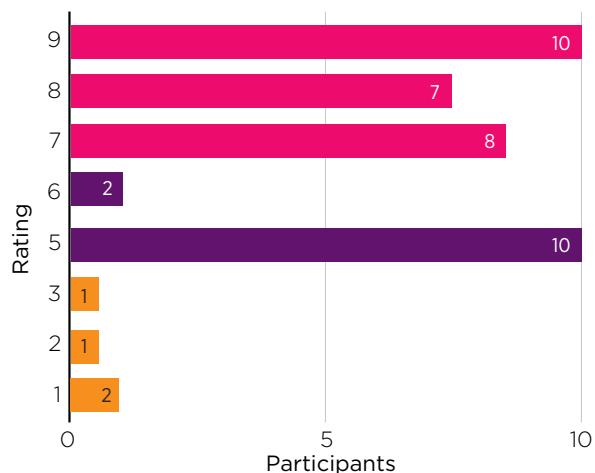
The next National Plan must address variations in presentations of elder abuse, and the needs of older people according to their characteristics and communities



46 out of 49 participants rated this item. Out of those 46 participants:

- 39 (84.7826%) rated the item a 7 or above (important and critical)
- 7 (15.2174%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

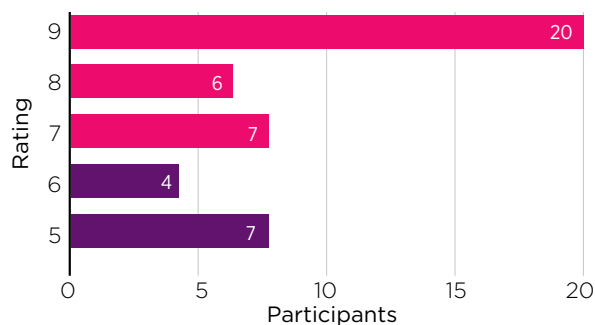
The next National Plan should run for a longer term than the current plan (e.g. 10 years) to enable forward-planning and to cover multiple government cycles



41 out of 49 participants rated this item. Out of those 41 participants:

- 25 (60.9756%) rated the item a 7 or above (important and critical)
- 12 (29.2683%) rated the item between 4–6 (important but not critical)
- 4 (9.7561%) rated this item 1–3 (not important).

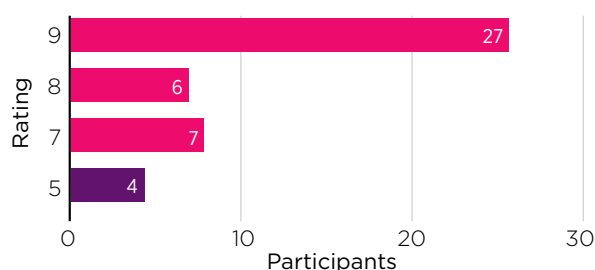
Any longer-term Plan must be subject to regular review and include shorter term action plans with measurable goals



44 out of 49 participants rated this item. Out of those 44 participants:

- 33 (75%) rated the item a 7 or above (important and critical)
- 11 (25%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

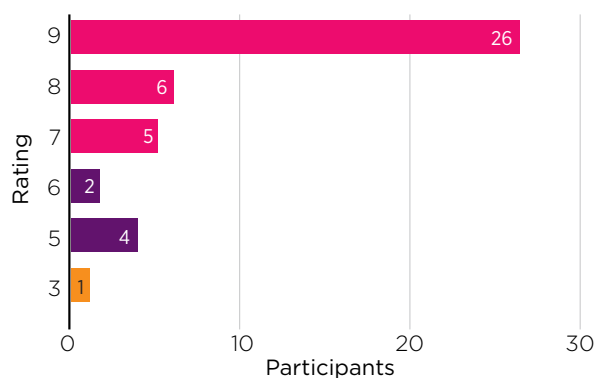
The National Plan must be underpinned by a human rights focus with inclusivity and equity



44 out of 49 participants rated this item. Out of those 44 participants:

- 40 (90.9091%) rated the item a 7 or above (important and critical)
- 4 (9.09091%) rated the item between 4-6 (important but not critical)
- 0 (0%) rated this item 1-3 (not important).

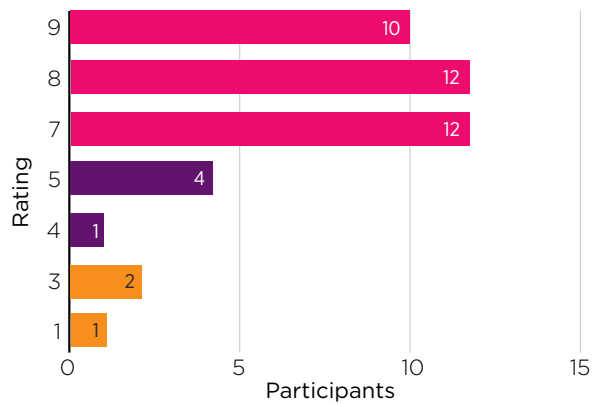
Ensure that future decision making and safeguarding measures are guided by a human rights framework



44 out of 49 participants rated this item. Out of those 44 participants:

- 37 (84.0909%) rated the item a 7 or above (important and critical)
- 6 (13.6364%) rated the item between 4-6 (important but not critical)
- 1 (2.27273%) rated this item 1-3 (not important).

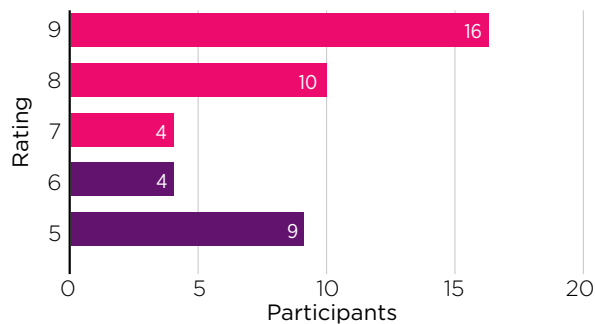
There should be modelling to determine the level of Commonwealth investment required to tackle elder abuse as a whole of government response



42 out of 49 participants rated this item. Out of those 42 participants:

- 34 (80.9524%) rated the item a 7 or above (important and critical)
- 5 (11.9048%) rated the item between 4–6 (important but not critical)
- 3 (7.14286%) rated this item 1–3 (not important).

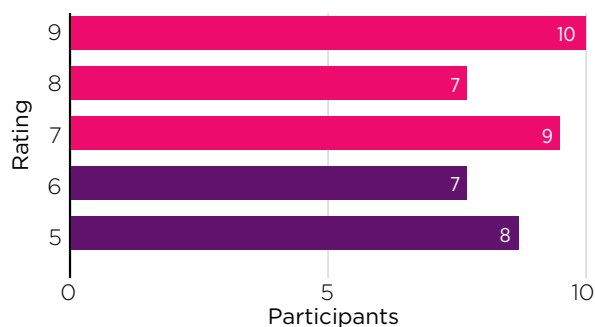
The National Plan should be cast in language not of responding to elder abuse, but to ending elder abuse



43 out of 49 participants rated this item. Out of those 43 participants:

- 30 (69.7674%) rated the item a 7 or above (important and critical)
- 13 (30.2326%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

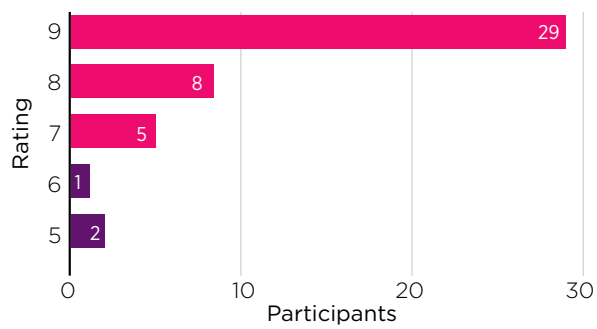
The National Plan should lead in the prevention of elder abuse



41 out of 49 participants rated this item. Out of those 41 participants:

- 26 (63.4146%) rated the item a 7 or above (important and critical)
- 15 (36.5854%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

Elder abuse has the same prioritisation as family violence



45 out of 49 participants rated this item. Out of those 45 participants:

- 42 (93.3333%) rated the item a 7 or above (important and critical)
- 3 (6.66667%) rated the item between 4–6 (important but not critical)
- 0 (0%) rated this item 1–3 (not important).

Appendix B4: Detailed results of the Round 2 Delphi survey

This appendix contains detailed results (rankings) of all recommendations (initiatives proposed as options to include in the next National Plan and recommendations proposed to guide the implementation and development of the next National Plan) presented in Round 2 of the Delphi survey.

The average ranking for each recommendation/initiative has been calculated to determine which recommendation/initiative was most preferred overall. The answer choice with the largest average ranking (referred to below as 'score') is the most preferred choice, followed by the next answer choice with the largest average ranking, and so forth.

The average ranking is calculated as follows, where:

w = weight of ranked position

x = response count for answer choice

$1w_1 + x_2w_2 + x_3w_3 \dots x_nw_n$

Total response count

Weights are applied in reverse so that the respondent's most preferred choice (which they rank as #1) has the largest weight, and their least preferred choice (which they rank in the last position) has a weight of 1. For example, if a Ranking question has 5 answer choices, weights are assigned as follows: The #1 choice has a weight of 5; the #2 choice has a weight of 4; the #3 choice has a weight of 3; the #4 choice has a weight of 2; the #5 choice has a weight of 1. Weights are applied in this way to ensure that when the data is presented, it's clear which answer choice is most preferred.

Initiatives relating to ageism	1	2	TOTAL	SCORE
A national anti-ageism campaign.	53.13% 17	46.88% 15	32	1.53
Government agencies to remove ageist policies and language.	48.48% 16	51.52% 17	33	1.48

Initiatives relating to educational programs	1	2	3	4	TOTAL	SCORE
National awareness campaign to build the average older person's knowledge of their rights and protections.	42.42% 14	15.15% 5	18.18% 6	24.24% 8	33	2.76
Community education on personal planning for ageing (for example, covering enduring power of attorney, advanced care planning, and wills).	30.30% 10	30.30% 10	21.21% 7	18.18% 6	33	2.73
Education for professionals who have regular contact with older people to assist them to identify and respond to elder abuse.	9.09% 3	33.33% 11	33.33% 11	24.24% 8	33	2.27
Educational programs to assist police and community services to work together on elder abuse.	18.18% 6	21.21% 7	27.27% 9	33.33% 11	33	2.24

Initiatives relating to human rights and equity	1	2	TOTAL	SCORE
Equity of choice and access to elder abuse specialist services regardless of geographic location, gender, ethnicity, or Indigenous status.	80.65% 25	19.35% 6	31	1.81
Materials used by specialist elder abuse services are accessible for older people, including for example use of plain language.	19.35% 6	80.65% 25	31	1.19

Initiatives relating to educational programs	1	2	3	4	5	6	7	8	9	10	11	TOTAL	SCORE
Interagency protocols between Commonwealth, state and territory service providers to assist workers across sectors to respond to potential, suspected or actual abuse using best practice principles.	23.33%	26.67%	13.33%	6.67%	6.67%	3.33%	13.33%	3.33%	3.33%	0.00%	0.00%	30	8.53
A national supported decision-making framework to achieve greater national consistency and commitment to the principle of supported decision-making across jurisdictions.	22.58%	12.90%	19.35%	9.68%	9.68%	6.45%	3.23%	3.23%	6.45%	3.23%	3.23%	31	7.94
Victims of elder abuse have the same legal protection as victims of family violence.	16.13%	22.58%	0.00%	12.90%	3.23%	19.35%	3.23%	0.00%	9.68%	9.68%	3.23%	31	7.13
A fixed time frame to complete harmonisation of enduring powers of attorney and guardianship.	6.90%	10.34%	20.69%	24.14%	3.45%	6.90%	0.00%	17.24%	0.00%	6.90%	3.45%	29	7.10
Strengthen oversight of aged care facilities to include criminalisation of elder abuse.	10.00%	6.67%	3.33%	16.67%	13.33%	16.67%	10.00%	3.33%	0.00%	3.33%	16.67%	30	6.20
National reform and harmonisation on avenues for abuse victims seeking redress, to adopt least onerous pathways: for example via civil & administrative tribunals instead of higher courts.	6.90%	3.45%	13.79%	10.34%	13.79%	6.90%	3.45%	10.34%	20.69%	6.90%	3.45%	29	5.93
Analysis of Commonwealth laws and policies that may impede effective service response to elder abuse at state and territory level.	3.23%	3.23%	12.90%	9.68%	9.68%	12.90%	12.90%	6.45%	16.13%	9.68%	3.23%	31	5.68
Agencies/officers with investigatory powers to cover matters that fall short of criminal acts.	11.11%	3.70%	3.70%	7.41%	14.81%	7.41%	7.41%	7.41%	7.41%	14.81%	14.81%	27	5.33
Address commercial predatory practices that are targeted at people who are older and/or who have a disability.	3.45%	3.45%	13.79%	0.00%	10.34%	13.79%	13.79%	10.34%	3.45%	17.24%	10.34%	29	5.17
Consider amendment to the Australian Solicitors' Conduct Rules to make it easier for lawyers to assist people with cognitive impairment.	3.70%	11.11%	0.00%	3.70%	3.70%	3.70%	14.81%	14.81%	18.52%	11.11%	14.81%	27	4.56
National framework for ambulance and emergency services response to elder abuse.	0.00%	0.00%	3.45%	3.45%	17.24%	3.45%	17.24%	20.69%	10.34%	10.34%	13.79%	29	4.34

Initiatives relating to service funding and expansion	1	2	3	4	5	6	7	8	TOTAL	SCORE
Continuity of programs and services by extending funding cycles so that services can gain traction, retain valuable staff and build on success.	40.00%	20.00%	10.00%	6.67%	6.67%	6.67%	3.33%	6.67%	30	6.13
Further establishment of multi-disciplinary, combined and integrated service models that allow victim/survivors to access multiple services from one location.	27.59%	20.69%	13.79%	17.24%	10.34%	6.90%	3.45%	0.00%	29	6.03
Specialist elder abuse services with the same funding and scope as family violence services.	26.67%	10.00%	16.67%	0.00%	16.67%	13.33%	10.00%	6.67%	30	5.17
Better assessment and support for those with cognitive impairment and encourage supported decision making as a preferred option.	0.00%	13.33%	23.33%	20.00%	20.00%	13.33%	6.67%	3.33%	30	4.70
Address gaps identified in the National Elder Abuse Prevalence study.	3.57%	10.71%	14.29%	21.43%	3.57%	17.86%	14.29%	14.29%	28	4.07
Longer term support and recovery services for people who are experiencing or have experienced elder abuse.	0.00%	6.67%	10.00%	13.33%	20.00%	23.33%	13.33%	13.33%	30	3.63
Improve support for people in abusive relationships and accommodation so they can change their living situation.	3.45%	10.34%	10.34%	6.90%	13.79%	13.79%	24.14%	17.24%	29	3.59
Grass roots engagement strategies to reach vulnerable people who are hidden in the community.	0.00%	10.00%	3.33%	16.67%	10.00%	6.67%	23.33%	30.00%	30	3.10

Initiatives relating to research and data collection	1	2	3	TOTAL	SCORE
Ongoing consistent data collection across services including, for example, helplines, police and emergency services and adult safeguarding units.	40.63% 13	31.25% 10	28.13% 9	32	2.13
Research about perpetrators, abuse relating to cognitive impairment, and the abuse of: people who identify as LGBTQI+, First Nations peoples, people from CALD backgrounds, and people in residential aged care.	28.13% 9	37.50% 12	34.38% 11	32	1.94
Focus research so that intervention and prevention are evidence-based.	31.25% 10	31.25% 10	37.50% 12	32	1.94

Initiatives relating to social issues	1	2	TOTAL	SCORE
Address social isolation, family conflict, carer stress and financial stress as risk factors for elder abuse.	80.00% 24	20.00% 6	30	1.80
Programs promoting constructive community connection to address isolation and loneliness.	20.00% 6	80.00% 24	30	1.20

Initiatives relating to systemic drivers of abuse	1	2	3	TOTAL	SCORE
Support older people to stay in their homes safely by reducing the wait times for home care packages.	45.16% 14	38.71% 12	16.13% 5	31	2.29
Enable people aged 65+ to access specialist services and programs according to their needs rather than their age, so they are not solely reliant on aged care services. For example, people aged 65+ who are newly diagnosed with a disability are not eligible for NDIS support.	25.81% 8	38.71% 12	35.48% 11	31	1.90
Increase safe housing options for older people.	29.03% 9	22.58% 7	48.39% 15	31	1.81

Recommendations relating to collaboration	1	2	TOTAL	SCORE
There should be a whole of government response, with Commonwealth responsibility for elder abuse shared across several departments, not just Attorney-General's: for example, Social Services; Health and Aged Care.	77.42% 24	22.58% 7	31	1.77
There must be better collaboration between states and territories.	22.58% 7	77.42% 24	31	1.23

Recommendations relating to commitment to act	1	2	TOTAL	SCORE
The Plan should integrate findings and recommendations from the Royal Commission into Aged Care Quality and Safety.	56.67% 17	43.33% 13	30	1.57
The Plan must have clear goals (e.g. SMART goals that are Specific, Measurable, Attainable, Relevant and Time-bound).	45.16% 14	54.84% 17	31	1.45

Recommendations relating to consultation	1	2	3	TOTAL	SCORE
Consult with older people, including older people with lived experience of elder abuse, on their service needs and access gaps.	83.87% 26	9.68% 3	6.45% 2	31	2.77
Consult widely with frontline services on what works and where the gaps are.	12.90% 4	70.97% 22	16.13% 5	31	1.97
Expand the scope of the Plan to include the Royal Australian College of General Practitioners.	3.45% 1	20.69% 6	75.86% 22	29	1.28

Recommendations relating to human rights and equity	1	2	TOTAL	SCORE
The Plan should integrate findings and recommendations from the Royal Commission into Aged Care Quality and Safety.	56.67% 17	43.33% 13	30	1.57
The Plan must have clear goals (e.g. SMART goals that are Specific, Measurable, Attainable, Relevant and Time-bound).	45.16% 14	54.84% 17	31	1.45

Appendix B5: Delphi open text responses

Delphi recommendations for the next National Plan

There were 118 individual recommendations contributed by participants via open text responses, many of which were duplicative or overlapping. These data have been aggregated into the following 39 recommendations:

Initiatives relating to ageism

- Fully implement the *Willing to Work* recommendations, to mitigate ageism in employment and education.

Initiatives relating to the Compass website

- Promote COMPASS within CALD communities, particularly by engaging with CALD community organisations, services and other community gatekeepers.
- Review resources on COMPASS to ensure content is correct and up to date.

Initiatives relating to educational programs

- Support community education on personal planning for ageing for younger as well as older adults, including by assigning funds to further roll out the *Justice Connect* program 'Preparing for your future'.
- Mandate education for professionals who serve and have regular contact with older people to assist them to identify and respond to elder abuse, including systems abuse and unintended neglect. This should include healthcare workers, lawyers and professionals working in civil and administrative tribunals.
- Train lawyers and solicitors to work with people with dementia in safe and appropriate ways.
- Support a national campaign that raises awareness of elder abuse, and varies in content and strategy to reach digitally disadvantaged communities and to ensure relevance for diverse communities.
- Educate aged care providers regarding the rights of residents, including residents with enduring power of attorney arrangements.
- Support national and rigorous training for police officers in engaging with people with dementia, including people with challenging behaviour.
- Support national and rigorous training for residential aged care staff and home care providers on identifying and responding to elder abuse (including systems abuse), on engaging with people with dementia (including people with challenging behaviour), and on human rights and supported decision making.
- Support community education about the role of elder mediation and elder caring coordination.
- Confer appropriate powers and commensurate resources on regulators such as the ACMA and eSafety Commission to promote online safety for older people, including education around romance scams.

Initiatives relating to human rights and equity

- Support increased use of translators and/or translation technology within frontline services.
- Improve pay and conditions for people employed in services and organisations relating to elder abuse.
- Legislate human rights in Australia federally.
- Support training that equips all those providing services for older people to respond in culturally appropriate ways.
- Increase information access and inclusion for older people in public places; for example, libraries.
- Improve access to specialists for residents of aged care facilities and people receiving support at home, including access to dental/oral care and allied health services.

Initiatives relating to legal and regulatory issues

- Confer appropriate powers and commensurate resources on regulators such as ASIC to address commercial predatory practices.
- Support mandatory referrals to elder mediation where older people are subjected to harmful family conflict.
- Reform legislation to ensure there are proportionate legal consequences for all forms of elder abuse, regardless of who the perpetrator is (e.g. family or otherwise).

- Create mandatory reporting of elder abuse for emergency services.
- Implement all recommendations of the Australian Law Reform Commission's *Equality, Capacity and Disability in Commonwealth Laws* report (ALRC Report 124).
- Introduce coercive control legislation nationally.

Initiatives relating to research and data collection

- Invest in appropriate and non-duplicative data collection, harnessing contemporary technological solutions.
- Support further research on barriers and facilitators to help seeking, and how to overcome barriers to help seeking.
- Support better consolidation of all individual data sources on victim and perpetrator profiling, interventions and outcomes.
- Support research on the effectiveness of elder mediation and elder care coordination in preventing ongoing abuse.
- Support further research into the relationship between ageism and elder abuse.

Initiatives relating to service funding and expansion

- Improve services that assist perpetrators to address their abusive or neglectful behaviour, including services for perpetrators whose elder abuse is driven by financial stress.
- Take actions to improve recruitment of staff within the elder abuse sector, including ensuring that all staff who serve and assist older people are fairly remunerated.
- Support the establishment of support groups for elder abuse victim/survivors, including victim/survivors recovering from elder abuse.
- Support relationship and partnership-building between family violence specialist services and services that work with older people.
- Support a 'no door is the wrong door' approach, meaning that an older person experiencing elder abuse can receive help anywhere they go.
- Establish mechanisms for the disclosure of evaluation methodologies across programs, regardless of funding source, to support meaningful comparison between elder abuse programs.
- Ensure that older men experiencing elder abuse can access domestic and family violence services.

Initiatives relating to social issues

- Eliminate 'couple pensions' to ensure that financial independence is not compromised by an individual's relationship status.

Initiatives relating to systemic drivers of abuse

- Mandate reporting of elder abuse for professionals, including healthcare and emergency service workers.
- Address abuse in institutional settings other than aged care (e.g. detention facilities).

Delphi recommendations to guide the development of the next National Plan

Participants were also invited to suggest additional recommendations to guide the development and implementation of the next National Plan. There were 31 individual recommendations contributed by participants, many of which were duplicative or overlapping. These data have been aggregated into the following seven recommendations:

Recommendations relating to collaboration

- Ensure that collaboration structures do not facilitate a siloed or reductionist approach to ending the abuse and neglect of older people.

Recommendations relating to commitment to act

- Establish a monitoring body for the National Plan, to ensure oversight of government, non-government and commercial actors.
- Ensure transparency and accountability through publicly accessible and regular (minimum of once or twice yearly) reports on National Plan progress.
- Table progress reviews for the next National Plan in parliament.

Recommendations relating to consultation

- Consult with courts and arbiters to identify gaps in elder abuse prevention and response.
- Consult with trusted multicultural organisations and community leaders to understand what support they need and the way they need to meet the needs of CALD seniors.

Recommendations relating to language and intent

The National Plan should be explicit that no level of abuse and neglect of older people is acceptable.