



**Australian Law Reform Commission:  
Elder Abuse and Commonwealth Laws  
Issues Paper**

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SUBMISSION

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**AGED AND COMMUNITY SERVICES AUSTRALIA**

Level 1, 10 Thesiger Court, Deakin ACT 2600 **P** (02) 6282 7827 **W** [agedcare.org.au](http://agedcare.org.au)

## ATTRIBUTION

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## ACSA CONTACTS

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Patricia Sparrow, Chief Executive Officer

[CEO@agedcare.org.au](mailto:CEO@agedcare.org.au)

02 6282 7827

Heather Witham, Manager, Government Relations and Policy

[hwitham@agedcare.org.au](mailto:hwitham@agedcare.org.au)

0437 911 276

Deidre Gerathy, Manager, Public Policy

[dgerathy@agedcare.org.au](mailto:dgerathy@agedcare.org.au)

0402 061 966

## ABOUT ACSA

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Aged & Community Services Australia (ACSA) is the leading national peak body for aged and community care providers. It represents church, charitable and community-based organisations providing housing, residential care, community care and home support services to older people, younger people with a disability and their carers.

ACSA members provide care and support in metropolitan, regional, rural and remote regions across Australia.

The ACSA Federation is made up of the following members:

- Aged & Community Services NSW & ACT (ACS NSW&ACT);
- Aged & Community Services SA & NT (ACS SA&NT);
- Aged & Community Services Tasmania (ACS Tas);
- Aged & Community Services Western Australia (ACSWA);
- Aged & Community Services Australia - Victoria (ACSA Vic);
- Aged & Community Services Australia - Queensland (ACSA Qld).

Mission-based and other not-for-profit aged care organisations are responsible for providing services to those older Australians who are most in need. As at 30 June 2015 not-for-profit organisations delivered 57.1 per cent of residential aged care services and 81.6 per cent of home care packages in Australia.<sup>1</sup>

These organisations are visible and highly accessible in the community and as a result, the public relies on them for service, support and care. The broad scope of services provided by ACSA's membership and the leadership they display gives it unique insights into the challenges and opportunities that come with the ageing of the population.

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<sup>1</sup> Based on Commonwealth of Australia (Department of Health) material (2015). '2014-15 Report on the Operation of the Aged Care Act 1997', Canberra, 49, 38.

## INTRODUCTION

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Commonwealth laws and frameworks should start from the position that abuse of anyone including older people is not to be tolerated.

ACSA considers Commonwealth (and State) laws and frameworks should be put in place with the aim of both preventing abuse and dealing with abuse when it occurs, regardless of the age of the person being abused. And people of all ages should have the same rights in the way the matter is dealt with. Having a single set of clear and simple laws and frameworks with consistent definitions will be easier to administer and to understand for the wide range of affected people including the person at risk of abuse or being abused, advocates, police, lawyers, staff in aged care and other facilities, educators etc. If needed specific laws and frameworks could then be put in place based on the age of people being abused, as a subset of the general laws and frameworks.

Research shows that the majority of elder abuse takes place in the person's own home, with family members the most likely abusers and financial abuse being a particular issue.

Research suggests a complex pattern of causation in cases of elder abuse. Depending on the type of abuse, anywhere from 10-50% of cases have a history of domestic violence. In Australian Aged Care Assessment Team (ACAT) studies around two thirds of cases first developed once the older person became frail. People with dementia were particularly vulnerable. In the ACAT studies, two thirds of victims were female and one third male, a proportion that matches the total number of ACAT clients. Also women are much more likely to be the perpetrators of elder abuse than domestic violence, especially in cases of financial abuse.

Aged care providers often find it difficult to address matters of abuse perpetrated by family/friends. The main means of redress in relation to a competent older adult is to encourage them to report the abuse to the police or seek advocacy while providing them with support and information about options available to them. For people with impaired capacity (for example people with dementia and other conditions); if there is an appointed guardian they may be able to work with the person to address the abuse or if the guardian is not acting in the best interests of the person then providers can make a report to the relevant statutory authority to review the circumstances.

Providers face a real challenge for the older person who has not legally appointed a substitute decision maker prior to loss of competency and where it is not evident there is a suitable substitute decision maker to work with. Any process requires a medical statement and some GPs are reluctant to become involved in the statutory processes required particularly if they are concerned about maintaining an ongoing relationship with their patient or there is evidence of family conflict and the GP is treating a wider group of family members.

For law enforcement the existence of dementia creates challenges as the person is often not seen as a credible witness in the case of the victim.

Beneficial actions could include: expanding education about abuse including to areas such as banking; implementing a national elder abuse helpline; implementing national consistency in areas such as powers of attorney and guardianship; supporting a national prevalence study in Australia; and combating the underlying ageism that often contributes to elder abuse.

Mandatory reporting, which ACSA opposes, is often raised as a response to address elder abuse. We should start from the position that older people have the capacity to make their own decisions. Further, the current reporting system in residential aged care duplicates the requirement for providers to report issues to the police.

For additional information we refer you to:

1. [Blueprint Area 13: Preventing elder abuse, page 23 of the National Aged Care Alliance Position Statement for the 2016 Federal Election.](#)

2. [The submission and additional material from Aged & Community Services NSW & ACT to the NSW Legislative Council Inquiry into Elder Abuse.](#)
3. [Elder Abuse: One Report Too Many? Results of the ACSA online survey on compulsory reporting of assaults; Paul Sadler.](#)

## COMMENTS AGAINST THE QUESTIONS ASKED IN THE ISSUES PAPER

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### 1. What is elder abuse?

**Question 1** To what extent should the following elements, or any others, be taken into account in describing or defining elder abuse:

- harm or distress;
- intention;
- payment for services?

**Question 2** What are the key elements of best practice legal responses to elder abuse?

**Question 3** The ALRC is interested in hearing examples of elder abuse to provide illustrative case studies, including those concerning:

- Aboriginal and Torres Strait Islander people;
- people from culturally and linguistically diverse communities;
- lesbian, gay, bisexual, transgender or intersex people;
- people with disability; or
- people from rural, regional and remote communities.

**Question 4** The ALRC is interested in identifying evidence about elder abuse in Australia. What further research is needed and where are the gaps in the evidence?

### RESPONSE TO QUESTIONS 1 TO 4 – what is elder abuse?

#### Question 2

Key elements of best practice would include:

- A clear and simple explanation of what constitutes elder abuse.
- A clear process to report, investigate and prove a case of elder abuse.
- Transparency about who can report and or give testimony of elder abuse – needs to be a simple process so as not to place undue burden on the reporter or victim.
- Mediation processes where appropriate.
- No anonymous reporting and a feedback process.
- Realistic timelines.
- Appropriate penalties for a conviction.
- Findings need to link to National Police Screening to avoid employment in aged care or disability, health industries.
- Greater public awareness of the issue of abuse to improve identification; clarity about referrals; and resources available.
- Clear outline of the rights and responsibilities of parties to an Enduring Power of Attorney including for example that the attorney is to avoid transactions that may conflict with their own interests and that the attorney is to keep good records of their decisions.

Often there is not enough evidence for an apprehended violence order (AVO) even though AVO conditions can be set to allow the older person to continue to see the alleged abuser.

- There is a need for another kind of mechanism (beyond the AVO) that works with the older person and advisory/advocacy services to resolve the situation in the best interests of the older person as determined by the older person.

Interventions should be focussed on the wishes and safety of the person - too often responses are to displace or remove the victim rather than take appropriate action against the perpetrator.

### **Question 3**

There appears to be a lack of understanding on the rights and responsibilities of attorneys under an Enduring Power of Attorney.

Situations of conflict have been observed within the aged care sector between the attorney and the principal of an Enduring Power of Attorney. For example the attorney chooses to ignore the principal's wish to sell his/her residential home or expend funds to pay for their care on the basis that the home/funds will be left to the attorney.

Some providers of community aged care services in remote communities have examples of where older people currently receiving services seek help to reduce practices where close relatives and friends are intimidating them out of essentials such as food and money. For example older people have asked to be supervised when attending an ATM to withdraw funds or where older people are not able to do weekly food shopping but need food delivered daily so they have food to eat.

### **Question 4**

A national prevalence study is needed to provide the evidence to understand the range of issues and therefore what strategies are needed to address them. Research should include risk factors; evaluation of responses and strategies; the links between vulnerability and abuse and factors such as gender, socio-economic status and geography.

## **2. Social security**

**Question 5** How does Centrelink identify and respond to people experiencing or at risk of experiencing elder abuse? What changes should be made to improve processes for identifying and responding to elder abuse?

**Question 6** What changes should be made to laws and legal frameworks relating to social security correspondence or payment nominees to improve safeguards against elder abuse?

**Question 7** What changes should be made to the laws and legal frameworks relating to social security payments for carers to improve safeguards against elder abuse?

**Question 8** What role is there for income management in providing protections or safeguards against elder abuse?

**Question 9** What changes should be made to residence requirements or waiting periods for qualification for social security payments, or the assurance of support scheme, for people experiencing elder abuse?

**Question 10** What other risks arise in social security laws and legal frameworks with regard to elder abuse? What other opportunities exist for providing protections and safeguards against abuse?

### **RESPONSE TO QUESTIONS 5 TO 10 – social security**

NO COMMENTS

### 3. Aged care

**Question 11** What evidence exists of elder abuse committed in aged care, including in residential, home and flexible care settings?

**Question 12** What further role should aged care assessment programs play in identifying and responding to people at risk of elder abuse?

**Question 13** What changes should be made to aged care laws and legal frameworks to improve safeguards against elder abuse arising from decisions made on behalf of a care recipient?

**Question 14** What concerns arise in relation to the risk of elder abuse with consumer directed aged care models? How should safeguards against elder abuse be improved?

**Question 15** What changes to the requirements concerning quality of care in aged care should be made to improve safeguards against elder abuse?

**Question 16** In what ways should the use of restrictive practices in aged care be regulated to improve safeguards against elder abuse?

**Question 17** What changes to the requirements for reporting assaults in aged care settings should be made to improve responses to elder abuse?

**Question 18** What changes to aged care complaints mechanisms should be made to improve responses to elder abuse?

**Question 19** What changes to the aged care sanctions regime should be made to improve responses to elder abuse?

**Question 20** What changes to the role of aged care advocacy services and the community visitors scheme should be made to improve the identification of and responses to elder abuse?

**Question 21** What other changes should be made to aged care laws and legal frameworks to identify, provide safeguards against and respond to elder abuse?

#### RESPONSE TO QUESTIONS 11 TO 21 – aged care

##### Question 11

Approximately 95% of older people live in private homes. Approximately 1% of people between ages of 65 – 79 years and 15% of people over 80 years live in residential aged care.<sup>i</sup>

The research is clear that most perpetrators of elder abuse are relatives. Both Australian and international studies report that 90 per cent of alleged perpetrators of elder abuse are related to the older person.<sup>ii iii iv v</sup>

In residential aged care, the available statistics are largely based on the compulsory reporting requirements introduced in 2007. These require providers to report "allegations and suspicions", not just proven or substantiated cases. The reports amount to around 1% of residents per year.

The issue of elder abuse is complex. While there is agreement that the bulk of abuse occurs within the community with most perpetrators being family and friends, when this issue is raised, discussion quickly moves its focus to residential aged care when there should be a strong focus on addressing elder abuse in the community.

While residential aged care is not without its problems, there are already a number of provisions and monitoring in place.

However ACSA considers the current reporting requirement in residential aged care duplicates the requirement for providers to report issues to the police.



While it may be difficult to find workable strategies within the community, the level of vulnerability can be great and we can't let this area be overlooked.

The growing ageing population and the increasing numbers of older people with complex support needs who are living at home for longer provides an environment where older people may be increasingly dependent on informal or formal care or who may be isolated. Ensuring there are sufficient, available and affordable supports is an important piece of the puzzle to preventing and responding to abuse.

#### **Question 12**

Aged Care Assessment Teams (ACATs) used to play an important role in identifying, assessing and case managing situations where abuse was suspected. The multidisciplinary nature of ACATs and their link to the health system positioned them well to undertake this work. The limiting of their role to assessing for eligibility for commonwealth funded programs has left a very real gap and has removed this significant and skilled resource from this important work.

Regional Assessment Services (RASs) were intended to provide short-term case management to assist vulnerable older people access services they need. It is unclear whether they provide sufficient support to older people who are vulnerable to abuse.

Assessment agencies interact with older people in a way that is unique in the service system and can be a point of information and referral. Their position as arm's length from service provision also allows them to be more independent and helps preserve the provider's relationship with the older person and their family which is important to being able to continue to support the older person.

There is a need for multidisciplinary assessment and case management to be available where abuse is suspected. This could be done using the existing ACAT structure or as suggested by Dr Susan Kurrle to the recent NSW Legislative Council General Purpose Standing Committee No. 2 Elder abuse enquiry 'teams of health care professionals within each Local Health District's aged care services to assist in the identification, assessment and management of cases of abuse. This could be in partnership with the corresponding Primary Health Network for each Local Health District to allow for the involvement of general practice'.<sup>vi</sup>

Another option may be the resourcing of elder abuse helplines to provide case work support where there are no other parties available to take on this function.

#### **Question 13**

The decision making capacity and individual rights of a competent older adult to make their own choices is already protected under law. However, familial conflict can be a source of difficulty that impacts on an older person in their decision making and interactions with aged care providers.

There are already many safeguards for providers in regards to key personnel, police checks, accreditation review of systems, community visitors' scheme, health professional registration etc.

The substantial matter is the role of family as decision makers for people with impaired capacity who have no formally appointed guardian/attorney or when the appointed guardian/attorney is seen not to be acting in the best interests of the person. The accountability of legally appointed guardians/attorneys and the follow up of relevant state authorities to evaluate the effectiveness of the formally appointed guardian/attorney need to be strengthened.

#### **Question 14**

An unintended consequence with the move to more choice and control for older people within Commonwealth aged care programs, such as consumer directed care in Home Care Packages, may provide increased opportunity for family members, acting as the older person's representative, to exclude service providers from oversight of aspects of the older person's care, removing protections

that previously existed.

Providers do see family members who are reluctant to have older relatives spend money on their care as it reduces the amount of inheritance. This can include decisions not to move into residential care at appropriate times relevant to care needs because of the asset tests and the need to pay for care.

Some aged care providers are concerned about the rising risk of financial abuse for vulnerable older Australians and an unintended consequence of consumer directed care that is now becoming more evident. Examples include family members who are in a position of power and control over the consumer seeking to spend home care package funding to improve the quality of the consumer's home (which may be being rented from a relative; or is the primary residence of the carer). These requests are often not in line with the consumer's personal goals for example a request for a new garage roller door when the consumer doesn't drive or for the whole house to be repainted when the consumer is palliative and has extensive clinical needs.

A risk that will need to be managed is the change from February 2017 requiring unspent funds contributed by older people to be returned back to them or their estate, as it may also provide motivation for some family members to limit home care package spending.

Ensuring that there is a requirement for regular and timely planned reviews of a Home Care Package by the provider, even when a family member or representative is self-managing the package, would allow some level of external oversight to minimise the risk of abuse going unobserved.

#### **Question 15**

The standards are already rigorous with regard to provider systems which are assessed by independent reviewers who also talk extensively with care recipients in the course of the reviews.

Aged care providers are always keen to make informed recruitment decisions to ensure they have appropriate staff. As part of their funding requirements, the Commonwealth Government requires a Criminal Record Check to be undertaken for staff or volunteers working unsupervised with older people. However, providers are aware that the Criminal Record Check only provides part of the picture and also rely on reference checks as part of their recruitment process.

A working with older person/working with vulnerable person check has been proposed by some to supplement the Criminal Record Check – similar to the Working with Children Check and overseas models such as the Disclosure and Barring Service in the UK (<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>).

While ACSA understands the intent behind such ideas, it is cautious about introducing another administrative process unless there is clear evidence from an ageing/aged care sector perspective that demonstrates such a check provides additional protection for older people and employers without infringing on the rights of employees.

#### **Question 16**

There are already substantial guidelines and checks and balances in place in relation to the management of physical and chemical restraints.

The practices if and when in place require an assessment undertaken by a Registered Nurse and/or Doctor. For people with cognitive impairment their legal representative signs off on the practice and there is a review process for all parties in place. If the approval for restrictive practices is too onerous, people could be at risk; part of the management of the risk is about the safety of the resident, staff, other older people and family members.

We also note aged care providers may use perimeter restraints in the management of people with dementia to ensure their safety.

**Question 17**

The requirement already exists to report suspected elder abuse to the police. However ACSA considers the current reporting requirement to the Department in residential aged care duplicates the requirement for providers to report issues to the police.

**Question 19**

Elder abuse is a criminal activity that should be treated as such. Sanctions and penalties against an aged care provider should only be in the event the provider is found to have systematic issues and breaches of compliances.

**Question 20**

Longer contracts for organisations providing advocacy, legal and abuse helpline services to older Australians with the requirement to collect and collate consistent data to inform the development of appropriate responses. All forms of abuse suffer from under-reporting as older Australians often attribute a notion of social stigma, embarrassment, humiliation and shame to the abuse.

Funding for advocacy services or elder abuse helplines to provide case work support for victims of abuse when others are not available.

All advocacy services and Community Visitor Scheme staff/volunteers should be trained to recognise abuse and understand how they should respond appropriate to their role.

**Question 21**

More regulation is not necessarily going to improve outcomes for older people.

Privacy considerations are important when developing a national response to elder abuse so clear guidance is available on the sharing of personal information among the agencies involved with an older person experiencing elder abuse.

Also care needs to be taken to limit the number of departments and agencies' involved in elder abuse reporting and investigation and decision making as too many creates suspicion and frustration especially in CALD communities.

#### **4. The National Disability Insurance Scheme**

**Question 22** What evidence exists of elder abuse being experienced by participants in the National Disability Insurance Scheme?

**Question 23** Are the safeguards and protections provided under the National Disability Insurance Scheme a useful model to protect against elder abuse?

#### **RESPONSE TO QUESTIONS 22 TO 23 – the National Disability Insurance Scheme**

It is important that there are safeguards and protections for people in supported residential facilities that would fall under the NDIS (page 27). It is often the case that people living in supported residential facilities are especially vulnerable particularly where they don't have an advocate.

## 5. Superannuation

**Question 24** What evidence is there of older people being coerced, defrauded, or abused in relation to their superannuation funds, including their self-managed superannuation funds? How might this type of abuse be prevented and redressed?

### RESPONSE TO QUESTION 24 - superannuation

NO COMMENTS

## 6. Financial institutions

**Question 25** What evidence is there of elder abuse in banking or financial systems?

**Question 26** What changes should be made to the laws and legal frameworks relating to financial institutions to identify, improve safeguards against and respond to elder abuse? For example, should reporting requirements be imposed?

### RESPONSE TO QUESTIONS 25 TO 26 – financial institutions

A significant issue is the financial abuse which is able to occur at the hands of family/friends using the current financial systems. “Depending upon the definitions used 0.5% to 5% of older Australians have experienced financial elder abuse. These data are in keeping with overseas data. Rates are higher in more vulnerable groups”.<sup>vii</sup>

Further education is needed within the finance sector to ensure all front line staff are aware of and able to identify potential abuse and know what to do when they suspect it.

## 7. Family agreements

**Question 27** What evidence is there that older people face difficulty in protecting their interests when family agreements break down?

**Question 28** What changes should be made to laws or legal frameworks to better safeguard the interests of older people when family agreements break down?

### RESPONSE TO QUESTIONS 27 TO 28 – family agreements

NO COMMENTS

## 8. Appointed decision-makers

**Question 29** What evidence is there of elder abuse committed by people acting as appointed decision-makers under instruments such as powers of attorney? How might this type of abuse be prevented and redressed?

**Question 30** Should powers of attorney and other decision-making instruments be required to be registered to improve safeguards against elder abuse? If so, who should host and manage the register?

**Question 31** Should the statutory duties of attorneys and other appointed decision-makers be expanded to give them a greater role in protecting older people from abuse by others?

**Question 32** What evidence is there of elder abuse by guardians and administrators? How might this type of abuse be prevented and redressed?

### **RESPONSE TO QUESTIONS 29 TO 32 – appointed decision-makers**

NO COMMENTS

## **9. Public advocates**

**Question 33** What role should public advocates play in investigating and responding to elder abuse?

**Question 34** Should adult protection legislation be introduced to assist in identifying and responding to elder abuse?

### **RESPONSE TO QUESTIONS 33 TO 34 – public advocates**

NO COMMENTS

## **10. Health services**

**Question 35** How can the role that health professionals play in identifying and responding to elder abuse be improved?

**Question 36** How should professional codes be improved to clarify the role of health professionals in identifying and responding to elder abuse?

**Question 37** Are health-justice partnerships a useful model for identifying and responding to elder abuse? What other health service models should be developed to identify and respond to elder abuse?

**Question 38** What changes should be made to laws and legal frameworks, such as privacy laws, to enable hospitals to better identify and respond to elder abuse?

### **RESPONSE TO QUESTIONS 35 TO 38 – health services**

#### **Question 35**

Clarity of expectation is required for health professionals and others working with older people. Where policies exist at State level these should be widely promoted and training provided so everyone is clear on their responsibilities and required actions.

#### **Question 37**

Health-justice partnerships are still in their infancy but appear to be an emerging useful model for identifying and responding to elder abuse. Like anything, there is a need to harness the learning from existing good models (both from here and overseas) to ensure funding is available to move them beyond pilot stage and to ensure access to such interventions that are proven to be beneficial are available more broadly.

## 11. Forums for redress

**Question 39** Should civil and administrative tribunals have greater jurisdiction to hear and determine matters related to elder abuse?

**Question 40** How can the physical design and procedural requirements of courts and tribunals be improved to provide better access to forums to respond to elder abuse?

**Question 41** What alternative dispute resolution mechanisms are available to respond to elder abuse? How should they be improved? Is there a need for additional services, and where should they be located?

### RESPONSE TO QUESTIONS 39 TO 41 – forums for redress

NO COMMENTS

## 12. Criminal law

**Question 42** In what ways should criminal laws be improved to respond to elder abuse? For example, should there be offences specifically concerning elder abuse?

**Question 43** Do state and territory criminal laws regarding neglect offer an appropriate response to elder abuse? How might this response be improved?

**Question 44** Are protection orders being used to protect people from elder abuse? What changes should be made to make them a better safeguard against elder abuse?

**Question 45** Who should be required to report suspected elder abuse, in what circumstances, and to whom?

**Question 46** How should the police and prosecution responses to reports of elder abuse be improved? What are best practice police and prosecution responses to elder abuse?

**Question 47** How should victims' services and court processes be improved to support victims of elder abuse?

**Question 48** How should sentencing laws and practices relating to elder abuse be improved?

**Question 49** What role might restorative justice processes play in responding to elder abuse?

**Question 50** What role might civil penalties play in responding to elder abuse?

### RESPONSE TO QUESTIONS 42 TO 50 – criminal law

NO COMMENTS

### OTHER COMMENTS

Any discussion of elder abuse brings with it the suggestion of mandatory reporting.

Mandatory reporting has been referred to as an ageist response, treating victims differently simply by virtue of their age.<sup>viii</sup>

ACSA does not support mandatory reporting. Older people are adults who should be allowed (and

empowered) to make decisions for themselves (unless they have been found to require the support of a substitute decision maker).

Approaches to elder abuse need to be based on an empowering approach, respecting the older person's autonomy, right and ability to make decisions for themselves. It is important that paternalistic and stereotypical views of older people as being frail, dependant and cognitively impaired do not hijack the agenda, treating elder abuse in the same way as child abuse, but rather recognise its greater similarities with other forms of family or domestic violence.

It is important not to take away the right of the older person to make their own decision thus further disempowering them at a time when they may already be feeling vulnerable. Mandatory reporting can lead to older people not seeking help for fear of a report being made whether they want it to be or not.<sup>ix</sup>

However, ACSA recognises that the consideration of mandatory reporting helps put the issue on the social agenda and provides clear procedures to be followed when abuse is identified.<sup>x</sup> ACSA considers that these are important outcomes but ones that can equally be achieved in other ways. ACSA supports the view expressed in the NSW Interagency Policy *Preventing and Responding to Abuse of Older People* that 'all workers employed in NSW agencies, whether government or non-government, have a responsibility to respond to abuse of older people in our community'.<sup>xi</sup> ACSA would extend this to include all providers of aged care and agrees that 'frontline workers will often be the first to recognise or suspect abuse of an older person. Agencies should ensure that their policies and guidelines protect and support their workers dealing with abuse'.<sup>xii</sup>

Strategies which tackle perceptions about ageing, and address ageism within our society are important aspects of any comprehensive policy which aims to prevent and respond to elder abuse.

It is important that elder abuse is seen as a criminal activity and responded to as such, with responses based on evidence.

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- <sup>i</sup> ABS Age Matters: Latest Findings, Catalogue No 4914.0.55.001 20011 cited in Australian Human Rights Commission, Respect and Choice: A Human Rights Approach for Ageing and Health 2015
- <sup>ii</sup> Administration on Aging, National Center on Elder Abuse
- <sup>iii</sup> MetLife Mature Market Institute, Broken Trust, Elders, Families and Finances, March 2009
- <sup>iv</sup> OWL, Elder Abuse: A Woman's Issue, March 2009. revised 30 March 2010
- <sup>v</sup> Profile of elder abuse in Victoria Analysis of data about people seeking help from Seniors Rights Victoria Summary Report. June 2015 National Ageing Research Institute in partnership with Seniors Rights Victoria
- <sup>vi</sup> 5.69 Legislative Council General Purpose Standing Committee No. 2 *Elder abuse in New South Wales* enquiry printed 24 June 2016 according to Standing Order 231
- <sup>vii</sup> *Financial abuse of the elderly a review of the evidence* Monash University Faculty of Medicine, Nursing and Health Sciences June 2009:5
- <sup>viii</sup> Faulkner, L. "Mandating the Reporting of Suspected Cases of Elder Abuse: An Inappropriate, Ineffective and Ageist Response to the Abuse of Older Adults," *Family Law Quarterly*, Vol. XVI, No. 1, 69 – 91 (1982)
- <sup>ix</sup> Mandatory Reporting of Abuse of Older People: Advisory Committee on Abuse of Older People. 1997
- <sup>x</sup> Mandatory Reporting of Abuse of Older People: Advisory Committee on Abuse of Older People. 1997
- <sup>xi</sup> NSW interagency policy - Preventing and responding to abuse of older people, NSW Family & Community Services, 2014
- <sup>xii</sup> NSW interagency policy - Preventing and responding to abuse of older people, NSW Family & Community Services, 2014