

THE WALK
TALK

7th NATIONAL
ELDER ABUSE CONFERENCE
14-15 FEBRUARY 2022 | HOBART | TASMANIA

STEPPING UP TOGETHER

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EAAA
Elder Abuse Action Australia

COTA
TASMANIA



Australian Government
Attorney-General's Department

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Document collaborators

This document is a collation of
rapporteur notes taken from the
7th National Elder Abuse Conference.

EAAA would like to acknowledge the following people who developed this report:

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Executive Summary

Key takeaways from the National Elder Abuse Conference 2022

The 7th National Elder Abuse Conference in February 2022 was a welcome opportunity for people from all over Australia to come together and share the work they had been doing for the last few years to prevent and elder abuse.

National Elder Abuse Prevalence Study

The National Elder Abuse Prevalence Study, released in December 2021, was a prominent focus of the conference. The study estimated a prevalence higher than previously anticipated, with one in six (14.8%) older Australians reporting abuse in the twelve months prior to the survey.

The study confirmed some aspects of abuse that were already well-known (such as two-thirds of older people don't seek help when they're abused), and also highlighted some lesser-known aspects such as the high number of non-family members (friends, neighbours and acquaintances) found to perpetrate elder abuse, and the lower-than-expected prevalence of financial abuse (2.1%). This showed the importance of paying attention to less well-known or obvious types of abuse and being inventive in the ways the abuse is tackled.

It is likely that prevalence study findings will influence future policy directions, for example, opening up an increased focus on prevention and interventions for non-financial abuse types, as well as abuse by non-family members.

Living through a pandemic

The ongoing effects of the pandemic were a common theme. Multiple presenters identified the increased social isolation experienced by older people during the pandemic as a significant risk factor for abuse, while also highlighting some of the innovative uses of digital technology that enabled some people to keep in touch. Some organisations saw an increase in their client caseload during the pandemic, and others a concerning decrease – in all instances showing how external factors can influence the individual's need for support and help-seeking behaviours.

Community service organisations, health services and researchers all identified the added pressures on their workforces, work and opportunities because of things such as lockdown restrictions and moving to working from home, redirected funds and grant opportunities, and government and policymakers focus on the pandemic.

While acknowledging the difficulties there was discussion of the positive change that might come from the pandemic having highlighted areas of social inequity and ageism, as well as challenges faced by vulnerable older people.

First Nations prevention learnings

A number of presentations considered the particular needs of older First Nations people and what elder abuse can look like in different communities or situations. The keynote address 'No More Humbug' on reducing financial elder abuse in the Kimberly was a conference highlight.

There is an ongoing need for culturally appropriate oversight and support to prevent financial abuse where there is an intergenerational lack of money management. Need to be wary of paternalism and taking away of agency.

Cultural mindsets of 'caring is sharing' and generosity within the family create a cultural norm that makes it hard for older people to focus on their own needs.

Historical trauma can be embedded in the memory of generations of family members – supports need to be trauma informed and be led by Indigenous communities using familiar language.

Geographical location and access to services

A common discussion at the conference was the effect of a person's location on the services available to access and the extent of those services.

People living in regional and rural areas have fewer options for support, making it more difficult to seek help or have someone recognise and respond to their abuse. Different services will be appropriate for different kinds of abuse or support.

Differences in state and territory jurisdictions have effect on issues related to adult safeguarding. This includes what abuse can be investigated, which can be difficult particularly in cases where there is impaired decision-making, cognitive impairment, or neglect, including where an older parent and their adult child might be co-dependent and unintentionally unable to provide one another with necessary support.

Living with dementia or cognitive impairment

The challenges of identifying and addressing elder abuse when the victim or perpetrator were living with dementia were a prominent theme in many presentations. It was noted that too often a person is presumed not to have capacity if they have a dementia diagnosis, and they can effectively be excluded from conversations and decisions about their own care.

Supported decision-making is a way for people to maintain agency but it is not often recognised or used.

Older people with dementia or cognitive impairment are often excluded from services (such as instances where they cannot give instruction) or from research (such as the Prevalence Study). There needs to be an effort to empower older people with dementia and disability to take part in research, co-designed projects, etc.

There needs to be a reassessment of the use of institutional care as the best way of housing and supporting older people, particularly those with dementia.

Informal and family carers are often unsupported and neglected, despite providing such enormous amounts of care. Many carers are older people themselves, supporting a spouse or family member, and anxieties about the level of care provided in residential care services can increase the pressure on them to provide care at home.

Ageism

Ageism was well accepted as a driver of elder abuse and many presentations looked at the ways that addressing ageism through positive messaging could assist in preventing elder abuse as well as wider violations against older people.

The Hon Kay Patterson AO, the Age Discrimination Commissioner, offered statistics from the AHRC that 90% of Australians surveyed believe ageism exists, 83% believe it's a problem, 63% of those surveyed experienced ageism (64% of older people).

Intergenerational relationships and age friendly communities were discussed as ways of addressing ageism and strengthening community bonds.

Policies that need to change

Discussion at the conference identified areas where policies need to change to better support older people and prevent elder abuse.

- Need for information, support and training for families and professionals to better understand and utilise supported decision-making.
- Disappointment at the slow enactment of recommendations of the Aged Care Royal Commission – the sector needs to continue to push for these issues (including abuse in aged care settings) to be rectified.
- The National Elder Abuse Prevalence Study is a benchmark study that needs to be built on to continue growing our understanding of the different aspects of abuse and the people it affects. The effectiveness of future interventions and prevention activities should be measured against repeated studies.
- Need for a continual consideration of intersectionality and the different experiences of individuals – older people, and the vulnerable, are not homogeneous.

Monday 9.30am

Driving long-term change: Australia's response to elder abuse

Name of Rapporteur	Melanie Joosten
Session name	Driving long-term change: Australia's response to elder abuse
Session time	9.30am
Session room	Plenary
Moderator	Philippa McDonald
Session speakers	George Megalogenis, Nicki Hutley, Anna Bligh

KEY POINTS

- This session looked at the consequences of elder abuse with an economic lens, highlighting the need to understand (and measure) relevant costs and benefits of different interventions and prevention activities.
- Discussion of how the caring economy is under recognised, despite being highest single employer in Australia, and utilised by most of the population. There is a need for governments to reflect this and make decisions in line with what is needed and expected.
- Overview of efforts to harmonise EPOA laws and create a national register.
- The importance of passion and persistence when advocating for change.
- The session made an argument for positive change to come from the pandemic, as it had identified gaps in the social safety net, particularly for vulnerable older Australians.

SPEAKER SUMMARY – GEORGE MEGALOGENIS

- George Megalogenis made an argument for how the pandemic had magnified fault lines in Australia, revealing gaps in the safety net, particularly for vulnerable older Australians.
- Five fault lines described were between:
 1. Men and women
 2. Indigenous and non-Indigenous people
 3. City and country
 4. Migrants and local-born
 5. Young and old
- Data provided by government can be difficult to explore – it's not provided in an accessible way. It is only now emerging that the toll of the pandemic was heavier on migrant populations.

- Australia is very focused on the view of itself in the past (as a manufacturing society) rather than seeing the current situation where the caring economy (health and social assistance) is the #1 employer. This social change is not yet reflected in political change.

SPEAKER SUMMARY – NICKI HUTLEY

- Economist Nicki Hutley was able to describe the need for cost-benefit analysis of societal issues, and how this can influence political change.
- She noted that economic language can often be ageist and needs to change – referring to older cohorts as a ‘burden’ or ‘costly’. But that economics can have a positive contribution of advocating for change, as governments want to know the costs and potential returns on investments.
- Hutley demonstrated a way of measuring the cost of elder abuse, including financial costs as well as costs to wellbeing. To calculate a cost, she noted it was necessary to know:

SPEAKER SUMMARY – ANNA BLIGH

1. The population at risk
 2. The prevalence and type of abuse
 3. What to measure (costs to individual or society)
 4. Tangible versus intangible costs
 5. Measurable or qualitative costs
- Anna Bligh of the Australian Banking Association gave an overview of the recommendations from the ALRC report related to banking, and where the industry and government were at. These include:
 1. The same POA laws nationwide
 2. National POA register to check if documents are legitimate and current
 3. A place to report abuse and investigate suspected cases in every state/territory
 - Described ways the banks were trying to effect change through public campaigns and advocacy.
 - She described ways of lobbying local members for change and trying to seek a commitment to harmonise national EPOA laws, and create an online register, before the next election.
 - Necessary for advocates to have passion and persistence.

Monday 11am

Future-proofing Australia's longer-term strategy

Name of Rapporteur	Melanie Joosten
Session name	Future-proofing Australia's longer-term strategy
Session time	11:00am
Session room	Plenary
Moderator	Philippa McDonald
Session speakers	Ian Yates, Rae Kaspiew, Cybele Koning, Susan Cochrance, Jenny Blakey

KEY POINTS

- This panel discussion looked at what needs to happen next to make the Australian government commit to addressing elder abuse.
- Included an overview of the National Elder Abuse Prevalence Study released in December 2021, which showed an estimated 15% overall prevalence.
- The National Elder Abuse Prevalence Study has given some new information about what elder abuse looks like in the community.
 - > Characteristics of higher risk:
 - > Lower socio-economic status
 - > Housing type – higher if in rented accommodation or mortgagor
 - > Being divorced or separated.
- It was noted that while family members are primarily responsible there were also significant numbers of neighbours, friends and acquaintances involved.
- Most people who experience abuse don't seek help or advice from a third party. Those who did mainly spoke to the perpetrator or broke off contact which can compound social isolation and maintain secrecy around what has happened.

SUMMARY

- Speakers were keen to see the prevalence study influence next steps. There was comment that financial abuse was lower than expected, and whether this should be reflected in interventions.
- The prevalence study is a timely reminder we need to pay attention to the less visible types of abuse and develop strategies that address them.
- Panellists suggested the sector needs to write the national plan for government and take it to them – make it easier for them to commit.

- The Prevalence Study also highlighted the issues faced by perpetrators of abuse, and these need to be addressed to stop the abuse from happening (mental health issues, physical health issues and financial difficulties).
- The importance of equity of access to services was discussed, and that older people should not be hindered by demographics, identity or location from accessing appropriate services. We need to actively get good evidence on experiences of abuse in priority populations.
- Age-friendly communities and intergenerational relationships are important ways to safeguard against abuse, address known risks and support older people.
- Society needs to stop looking at older people through a biomedical lens or a burden/vulnerability lens. Everyone has the right to dignity, and it doesn't matter what contribution you can or have ever made.

Preventing and responding to elder abuse

Name of Rapporteur	Christine Robertson
Session name	Preventing and responding to elder abuse
Session time	11:00am – 11:55am
Session room	Breakout 2
Moderator	Soula Houndalas
Session speakers	Robert Fitzgerald, Jaqueline Au, Mrs Alison Wiss

KEY POINTS

- Everyone has a right to live free of abuse.
- Social isolation, which increased during the pandemic, increases risk of abuse. The ADC recognises that people connect differently, and older people connect locally. It is important that initiatives are local to where they live and culturally appropriate.
- Elder abuse is a key priority of AHRC, with future focuses to include getting messages to minority groups, harmonization of laws around power of attorney.
- Despite the compulsory financial EPOA registration system in Tasmania, financial abuse still occurs. There is no proof that it occurs less in Tasmania or that a register is effective.

SPEAKER SUMMARY – ROBERT FITZGERALD (Ageing and Disability Commission)

Preventing and responding to elder abuse in the family, home and community

- The right to live free of abuse is the basis behind all other statements such as the right to financial freedom, etc.
- The ADC (Ageing and Disability Commission) is centred on giving:
 - > agency to older people
 - > treating them with dignity and,
 - > dealing with human relationships.
- Coronavirus pandemic has highlighted 3 important things
 1. That government matters
 2. We are citizens with rights, not just consumers of health/aged care
 3. Community matters – community engagement and involvement are important. Most importantly it has shown us that the social isolation is dangerous, especially for older adults
- In 2021, ADC had 56% rise in call rates, and an increase in misuse of POA and the level of neglect and abuse. Financial abuse was the fastest growing category.
- We need an overarching public policy framework to drive policy in practice. It needs to be specific to prevention of and response to the abuse of vulnerable adults – including older people, the disabled and those experiencing homelessness. It needs to include:
- The ADC recognises that people connect differently, and older people connect locally. It is important that initiatives are local to where they live and culturally appropriate.
 1. Community and social inclusion
 2. Social systems, policies, and infrastructure
 3. Family and relationships - support and interventions
 4. Individual help and advice
- 3 strategies can improve community responses and attitudes:
 1. Abuse prevention collaborative
 2. Training and capacity of volunteers and support workers - every aged care and disability care worker will do an elder abuse module because they are key to reporting.
 3. New initiative – ADC wants to partner with ever NSW local governments as they are vital for quick and effective responses to elder abuse.

SPEAKER SUMMARY – JACQUELINE AU (Australian Human Rights Commission)

Australian Human Rights Commission: Getting the elder abuse message out

- Elder abuse has been a key priority of both the former and current Age Discrimination Commissioners. The AHRC is working to increase awareness of elder abuse and the rights of older adults.
- AHRC activities include:
 - > Specific priorities to support the National Plan to Respond to the Abuse of Older Australians
 - > Supporting and advocating for the establishment of EAAA
 - > Pushing for the establishment of the National elder abuse helpline and activities to promote awareness of this phone line:
 - » Video 2020 Video: Know the Signs (“open your eyes”) – it reached 700000 people on social media and was also broadcast on TV and radio. It was picked up by the Red Cross in Serbia where it was widely used
 - » Video 2021 Video: What can you do to help? – aimed at community members who interact with older adults such as friends, family, health professionals, and hairdressers etc. It outperformed the first video on social media, also on TV and radio
 - » Elder abuse bookmark and poster, distributed to seniors through newsletters, libraries, pharmacies, Australia post. Diverse outlets to suit diversity of older adult population
 - > Other activities involve facilitating connections and sharing resources – e.g., Dr Patterson interacted with the Pharmacy Guild to facilitate an option for government funded elder abuse training for pharmacy workers
- Future focuses include getting messages to minority groups, harmonization of laws around power of attorney.

SPEAKER SUMMARY – ALISON WISS

Enduring Powers of Attorney: The Tasmania experience of a registration system

- An EPOA (Enduring Power of Attorney) is very important for everybody. Best to prepare an EPOA with legal advice when the person has full capacity. If one is not in place and an older person is deemed not capable, the Public Trustee will be appointed in 98% of cases.
- Tasmania is only state that has an existing register for powers of attorney (financial). A national register has the potential to safeguard against elder abuse, but a national standard EPOA document needs to be developed first.

- Positives of registration system:
 - > The land titles office provides oversight
 - > The Register can be checked by banks, service providers, families, professionals
 - > Can register POAS and EPOAs from other states and territories
- Issues with current registration system:
 - > Revocations of POAs and EPOAs are not linked to new ones
 - > Cannot determine when it became effective (from signing or from when a certain event occurs) and institutions may not ask for that proof.
- Despite the compulsory registration system in Tasmania, financial abuse still occurs. There is no proof that it occurs less in Tasmania.
 - > Has anyone investigated this question?
 - > Victoria records 11% misuse of finances and Queensland 15%. Tasmania's helpline data shows a 15% misuse of EPOAs, indicating that the registration system has not led to lower rates of financial abuse
 - > Does a registration system alone lead to lower rates? This is questionable, there is no evidence it does.

Abuse Prevention: Trialling a new approach from the United States in Australia

Name of Rapporteur	Briohny Kennedy
Session name	Abuse Prevention: Trialling a new approach from the United States in Australia
Session time	11:00am
Session room	Breakout 3
Moderator	Dr Lise Barry
Session speakers	Linda Fieldstone, Nick Tebbey, Sue Bronson

Note

Unfortunately, due to technical difficulties online participants were unable to attend the first 40 minutes of this presentation. This included any moderator remarks and the presentations by Ms Linda Fieldstone and Mr Nick Tebbey.

SPEAKER SUMMARY – SUE BRONSON

Elder Justice Initiative on Eldercaring Coordination

- Included a video presentation used to promote the service ('I wish this family could just get along'). It involves 20 US and Canadian organisations.

- Eldercaring coordination is unique in that a court order can be made to bring family members 'to the table' and to resolve issues. The coordinator is allocated by a judge while the court still deals with any legal issues. They aim for everyone to feel listened to, while focusing on the older persons wishes and safety, in a private setting and outside of the court environment. Fees are paid by family members as allocated by a judge, which increases affordability and buy in from family members. The coordinator develops a plan with the family, can assist when circumstances change outside of the courts, and can help to identify and mitigate elder abuse. This removes the older person from the centre of family conflict, provides families with a new model for solving differences and gives space for relationships to heal.
- Eldercaring coordination is based on the UN awareness to action model and centres around the older person, who is involved regardless of any cognitive barriers.
- Linda Fieldstone then described the Australian experience, beginning the eligibility for training in eldercare coordination and the benefits of having a person that is working with the older person and their family over time (a movie versus a photograph). The process addresses everyone's needs while keeping the older persons needs and safety at utmost importance. The immediate results from the study were that families avoided going to court and family could provide the care the older person needed in the first place.
- Discussion was around practicalities of applying eldercaring mediation in the Australian setting.
- In the US, the court order and the requirement to pay, even if a small amount, helps commitment. In regard to referrals, an older adult may not want family members reported to the police.
- When it is difficult to get families in the same room to discuss issues, significant work is needed to address underlying issues. Counselling support, information delivery and referrals are needed. Helping people working through trauma and loss before getting to the decision-making issues. The eldercare model helps with the decisions but keeps the older person central. Eldercare coordinator can identify elder abuse risks within that family.
- In Australia it will be costly and a challenge to train everyone and work across different jurisdictional settings and referral points. The current set-up involving a 45-minute dispute resolution session means eldercaring issues cannot be resolved. This has potential to grow as with parenting orders or compulsory mediation that have put children at the centre of decision making.
- The cost of conflict is enormous. There is a need to capture families before they get to tribunals as the conflict is so entrenched by the time they get to court. Once the conflict deflates, relationships and social capital are regained.

Prediction and Early detection of Elder Abuse

Name of Rapporteur	Sophie Frank
Session name	Prediction and Early detection of Elder Abuse
Session time	11:00am – 11:55am
Session room	Breakout 4
Moderator	Helen Wallace
Session speakers	Anna Gillbard, Stephanie Lithgow, Assistant Commissioner Peter McKenna

KEY POINTS

- EAPU is using data from abuse reported to the helpline to inform frontline workers on how abuse occurs/what abusive behaviours look like.
- Women may utilize euphemistic language to explain their abusive situation, past and present. By getting a better grasp of this, frontline workers may be able to see the subtle signs of abuse or older women attempting to open about their experiences of abuse.
- Police don't always know what abuse looks like or who can assist, not aware of previous cases and don't always understand the vulnerabilities.

SPEAKER SUMMARY – ANNA GILLBARD (Elder Abuse Prevention Unit Queensland)

Predicting Co-occurring Types of Elder Abuse from Abusive Behaviours

- In 20 months EAPU had 2596 cases of elder abuse.
- Analysis of separate elder abuse types found elder abuse behaviours were significant predictors for the type of abuse found (excluding sexual abuse as number of cases were not significant to draw conclusions, n = 26 instances).
- Abuse behaviours increase the likelihood of co-occurring abuse types.
- Types of abuse were financial (psychological abuse, pressure and emotional blackmail), neglect (physical, social abuse, limit contact with others and bank card restrictions/inappropriate use), physical (psychological abuse), Financial (property damage), psychological abuse (financial, physical and social abuse behaviours) and social abuse (had the most predictors: physical, psychological, neglect and financial).
- Research implications: working to make this information more accessible, Anna has developed a model that she hopes to inform frontline workers on how abuse occurs, Anna hopes that health workers, police and supports of the like will be able to utilize her model in the future and as it develops will be easier to use.

SPEAKER SUMMARY – STEPHANIE LITHGOW

The Terminology of Abuse Among Older Australian Women from the Australian Longitudinal Study on Women's Health

- A PhD candidate with a background in speech pathology, Stephanie utilized a longitudinal study approach to understand how abuse may be experienced by older women over a 15-year period.
- The data looked at the experience of abuse/vulnerability through the vulnerability to abuse screening scale. With the permission granted, dementia data was also utilized to understand how women speak about abuse and whether they utilize direct or indirect language to speak about abuse.
- The study data collection also allows for women to anonymously make comments about the abuse experienced.
- From the study 165 women indicated abuse at some stage.
- Abuse the women noted was divided into three major categories: 37 were isolated events, 34 were past abuse comments and 40 women noted present abuse occurring.
- In the study 81 women had a dementia diagnosis at some stage.
- Of note: women tend to use indirect language to speak about abuse – this may be due to the dementia disease.
- Women may utilize euphemistic language to explain their abusive situation, past and present. By getting a better grasp of this, frontline workers may be able to see the subtle signs of abuse or older women attempting to open up about their experiences of abuse.

SPEAKER SUMMARY – ASSISTANT COMMISSIONER PETER MCKENNA

NSW Police Force Aged Crime Prevention Officers: Response to Elder Abuse

- Spoke about the Aged Crime Prevention Officers (ACPO) within the NSW police force.
- Originally designated 6 officers which has expanded to 12 officers.
- As part of the Ageing Disability and Homelessness sector: prevention, disruption, response capability.
- ACPO can bring services to alleviate the problem of fraud against older persons and recover from the experience.
- Victim data: it is increasing to 49 000 incidences of fraud in people over 50.
- Police don't always know what abuse looks like or who can assist, not aware of previous cases and don't always understand the vulnerabilities.
- Opportunities for police to understand elders, dementia, referrals of prevention, knowledge of fraud/financial abuse.
- Challenges: jurisdiction, lack of legal avenues, time and resource restraints/complexity, reliance on external agencies and/or families
- Crossovers with DV/family violence, indigenous communities and mental health.
- Lessons learned (so far): the complexity of elder abuse, prevention is key, successful strategies are required and challenges are still present.
- For the future: prevention is key, liaise with other services and expand the focus.

Monday 12.10pm

Adult safeguarding: Five Years after the Australian Law Reform Commission report

Name of Rapporteur	Melanie Joosten
Session name	Adult safeguarding: Five Years after the Australian Law Reform Commission report
Session time	12.10pm
Session room	Plenary
Moderator	John Chesterman
Session speakers	Robert Fitzgerald, Lauren Adamson, Shayna Smith, Elicia White, Karen Toohey

- This session gave an excellent overview of the differences in powers and responsibilities of each state in regard to safeguarding of vulnerable adults (those with impaired decision making or cognitive impairment).
- Pros, cons and observations of safeguarding within an independent or government body were discussed.
- All agreed that there were always difficulties in situations where a person was resistant to receiving supports; also challenges where there is unintentional abuse from a person in position of care.
- The lack of adequate support services for 'perpetrators', particularly adult children, was discussed. This lack led to many older people having to decide between the abuse or the child being homeless. Court options are often unrealistic and don't provide good outcomes.
- Noted there needs to be more education for attorneys (and support) on their roles and responsibilities.
- Capacity is too often assumed to be lacking – needs to be push across the board for the opposite to occur.
- Discussion of elder abuse in aged care and whether it should be treated differently. There was a general agreement that it was a different context and required different responses, that a separate system can better provide.

Responding to elder abuse: Training innovations

Name of Rapporteur	Christine Robertson
Session name	Responding to elder abuse: Training innovations
Session time	12:00pm – 1:00pm
Session room	Breakout 2
Moderator	Briony Dow
Session speakers	Associate professor Bianca Brijnath, Ms Helen Walker, Ms Karen Williams

SPEAKER SUMMARY – ASSOCIATE PROFESSOR BIANCA BRIJNATH (National Ageing Research Institute)

Elder abuse in the context of dementia: Development of film resources

- The National Ageing Research Institute produced 3 short films of 3 scenarios of common abuse that service providers grapple with.
- The concept developed from a question a provider brought in: “Where’s the line where the police need to be brought in?”, and how to balance the burdens and challenges.
- The process involved research, script writing and workshops with families prior to filmmaking.
- After online launch, we ran a social media campaign with link to website and fact sheets.
- Outcomes:
 - > Taken up by the sector
 - > Positive effect on the sector
 - > Each film viewed 600 times YouTube
 - > Taken up by social media - 35000 on twitter, 4000 on linked in and 2000 on Facebook
- NARI asks today’s audience to watch the films and share with others.
- The benefit of using coproduction method increased reach and uptake, increase knowledge and confidence among aged care and health services, and increased awareness in community.

SPEAKER SUMMARY – HELEN WALKER

Abuse of the older person: eLearning program for health professionals

- OPAN (Older Persons Advocacy Network) is made of 9 state and territory organisations that delivers services to older Australians. Independent from government and aged care providers, it has supported 2300 older Australians in cases of suspected abuse.

- The focus is on:
 - > Championing older people human rights
 - > Embracing diversity
 - > Preventing abuse
- Their work is the outcome of Australian Law Reform Commission Report's recommendations of Elder Abuse (2017) – 43 recommendations to safeguard older adults and has been developed in a collaborative partnership with the Age Discrimination commissioner.
- E-learning was created with the objective to understand how complex abuse situations are, and ensure rights and self-determination are upheld. There has been an overwhelming response for the entire health-force to access the free training.
 - > 3 modules with 44 topics
 1. understanding abuse of older person
 2. Identifying, responding to, and preventing abuse of older person (the screening tools, best practice, and referral pathways)
 3. Rights of older person, POA and the law, organisational governance (legislation, terminology, clear information for each state/territory)
- OPAN makes issues clear:
 - > Abuse occurs across all settings
 - > Often not recognised - making sure health professionals can recognize and respond to signs of abuse
 - > Recognise that dependency on perpetrator is very complex.
- Presenter showed an example of an OPAN video of health care, social workers, and professionals discussing their role and position in recognising elder abuse, understanding the intersecting drivers of abuse.
- Another video shown of a full topic – ageing and disability – highlights vulnerability and invisibility, losing connections, losing their voice. Health is the most important point of connection where they let down their guard. Health professional is uniquely placed to identifying and responding to abuse.

SPEAKER SUMMARY – DEIDRE VENZ AND MS KAREN WILLIAMS

Responding to abuse of older persons: One size does not fit all

- The Gold Coast Elder Abuse Response Panel:
 - > based on NZ model, no funding, co-chaired by Deidre Venz and an Elder Abuse Prevention Unit (professionals from various community areas)
 - > has been 6-7 years in operation
 - > has received 57 referrals from community and hospital. Alleged perpetrators are family, care givers and friends.

- When a referral is made, panel discussions are held to try to identify who is already involved and who might be best to provide intervention. Collaborative approach and culture of learning and identifying emerging trends.
- In 2021, Legal Aid QLD offered an opportunity for increased training for professionals who are panel members – this is particularly relevant to the national plan, looking at strengthening service responses and safeguards for older Australians.
- We have recognized a need for supported decision making, views and preferences of the person, and overall, a more inclusive and participatory approach required in this supported decision-making space.
- For the training project a Stakeholder Group was formed with a list of 20 core topics. Key topics currently in use are:
 - > Human rights and the concept of agency
 - > Balancing risk and autonomy
 - > Financial abuse
 - > Guardianship
 - > Domestic and family violence
 - > Understanding roles and responsibilities of formal decision makers
- The next step is topics to know more about:
 - > Human rights and the concept of agency
 - > Balancing risk and autonomy
 - > Supported decision making
 - > Ageism
 - > Dementia and cognitive decline
 - > Medication and chemical restraint
 - > Undue influence
 - > Information and sharing guidelines
- Next steps are to hold a webinar with experts in the field. Wanting them to respond to case studies where they outline the practical steps to take, in particular with people with cognitive impairment.

Elder abuse in families and intimate relationships

Name of Rapporteur	Briohny Kennedy
Session name	Elder abuse in families and intimate relationships
Session time	12:00pm
Session room	Breakout 3
Moderator	Katy Roy
Session speakers	Dominique Horne, Sarah Judd, Michael Perkins, Megan Frost

SPEAKER SUMMARY – DOMINIQUE HORNE, SENIOR SERGEANT ALASDAIR GALL (Family Violence Command Policy and Projects) AND LUKE WRIGHT (State Trustees)

Dementia, intimate partner violence and elder abuse: A collaborative response

- Elder abuse response service has been operating over the past 5 years and presentations have been changing with a strong intimate partner violence stream and an increase in the relationship between older people with dementia and intimate partner violence and associated challenges.
- Increase in elder abuse and referrals from across Vic, including from FV services and police mainly older women for IPV. May be longstanding IPV – violence that’s been experienced over a long time – often related to dementia, or dementia itself has led to partner violence. 27.9% of older Australians have cognitive impairment. Has changed over last 10 years with the ageing population. People living with dementia are at risk of elder abuse, FV and IPV.
- Dementia is an umbrella term referring to changes in brain – doesn’t mean lack of capacity, etc. It affects thinking and behaviour and ability to perform everyday tasks. It is important to keep this in mind when reporting elder abuse or FV.
- In IPV, the approach is around supporting the victim-survivor. Challenges with older adult IPV are understanding the relationships, what their wishes may be and what the challenges are regarding safety and decision-making. Often there is conflict regarding wanting support for the perpetrator with dementia and wishing to leave. Support for the victim-survivor as well as assurance of support for the perpetrator with dementia is needed. Conversely, if a victim-survivor has dementia, understanding the needs and that of the perpetrator are also required.

- Some typologies of IPV and dementia for older adults.
 1. Older men that are long term FV perpetrators, who have escalated due to cognitive decline.
 2. Older men without history of FV, who are exhibiting harmful behaviour due to cognitive decline. This can include sexual abuse – not remembering what the relationship was like or remembering what they have done.
 3. Older women with cognitive impairment, who have a diminished ability to be safe from long term FV. They may not be wanting to leave but requiring assessment and support.
 4. Older men caring for older women with cognitive decline that are experiencing carer stress, increasing their risk of harmful behaviour.
- Dynamics can impact both in the dyad. Service providers experiencing this for the first-time face challenges. These can include magistrates' courts, legal services, and financial administration. In Victoria there is a central point of triage for family violence services that includes older persons (Orange Door). Some areas of the health and aged care systems recognize dementia very well while others don't. There is a need for a collaborative approach for a full service.

Panellists then discussed the challenges and approaches used from the perspective of Victoria Police and the State Trustees, followed by questions and discussion from the audience.

- Alasdair explained challenges police face when a perpetrator has cognitive impairment. It is one of the most difficult and challenging situations in FV calls, that often occurs out of business hours when referral services are scarce. This issue can't be solved immediately, but police start the process.
- Police are responsible for protecting those in need of assistance (including both the victim and perpetrator with cognitive decline). Taking action does not mean charges are laid. May be accidental, may be predetermined, and criminal intent can be established later on. Hopefully a close friend or family member are available to assist with contact with the Office of the Public Advocate.
- Police in Victoria can issue a family violence safety notice, similar to an AVO, however the person receiving this can't have cognitive issues. Would expect the policing unit to get a mobile sergeant to come around and assess. Once victim's safety is ensured, and if no cognitive issues, police can then get their version of events. Unfortunately, sometimes attending officers are new and have little experience of FV.
- Victim may be the sole carer of the perpetrator. Police need to make sure that nothing further would happen when they leave. If civil action might be required, getting an independent person aboard. They would contact out of hours magistrates court, sometimes there are after hours services. Better Place, and dedicated family violence sergeants. All police referrals go through the Orange Door (family violence triage). The situation is different to mainstream intimate partner violence.

Luke Wright discussed what dementia diagnosis means in terms of capacity, in particular in relation to understanding elder abuse perpetrators and victim-survivors.

- It's not certain that someone will have an order and a decision maker appointed. Sometimes less restrictive or paternalistic approaches can be made in difficult circumstances.
- The assumption that an older person does not have capacity to make their own decisions because they were shouting at 2am in the morning is incorrect. Capacity can be demonstrated if someone can understand, retain and use that information to make a decision and communicate that.
- In Victoria there is an expectation that a supported person can make a decision. The approach has changed over time and is more protective of human rights and dignity. Where the perpetrator is the person with dementia, then it is up to the victim to drive the story. Harder decision making is required when the victim has dementia and has lived in a long-term relationship. Now there is more respect for the victim's capacity and their wishes, whereas 10-15 years ago they may have been removed from the situation.

Dominique discussed the need to balance someone's wishes with safety and risk. A take home message is there is a range of services they may need. What is required is a wraparound service or organization that can recognize what the person needs and make all of the necessary referrals.

QUESTIONS

- Whether someone without capacity can have an IVO served against them to which the answer was not without a court and a third party. Capacity is not black and white and while someone may have decreased capacity to make financial decisions, they could still be held responsible for other actions they have taken.
- In particular there was discussion around sexual abuse of older women and the need for support through intimacy in dementia. The complexity of mandatory reporting of sexual abuse in healthcare and institutional settings and the need to listen to the voices of older women was also discussed.
- Family violence is complex, and individuals have the right to make decisions about their own life, victims and perpetrators can be interchangeable within a relationship and a person-centred individualized approach is necessary; the general misunderstanding of dementia patient behaviour; vulnerable people leaving mental health facilities, being subjected to abuse and falling through gaps in the community.
- Luke Wright made a great closing comment regarding the use of age or dementia diagnosis used as a proxy for vulnerability – There are a number of impairments and a spectrum of issues that can increase a person's vulnerability to abuse.

SPEAKER SUMMARY – SARAH JUDD-LAM

Preventing elder abuse through a family-centred approach using supported decision making

- The increase in person-centred systems has increased the emphasis on supported decision making. This brings up the issues of decision-making capacity, abuse, and preventative opportunities. Carers NSW is addressing the need to support carers.
- This includes identifying the needs of carers, and how to identify and prevent abuse. Key considerations are supporting decision making and a shared understanding of the persons requirements.
- There are three key propositions:
 1. Shared decision making is key
 2. Early facilitated conversations can address problems before they arise
 3. Information, support and training for family and professionals to build understanding and skills to identify and prevent elder abuse.

SPEAKER SUMMARY – MICHAEL PERKINS

- Michael Perkins from Autonomy First, is a Lawyer and a clinical neuropsychologist. A blended medico-legal service. To communicate with the client/patient, their supporters and family from the perspective of law and clinical neuropsychology. Use the legal description to understand their decision-making capacity. A high number of referrals come in. Initially a simple screening conversation. And the purpose is a sustainable future for the patient.
- After two years running the service, one in two referrals are people under care who don't have the ability to express their will and preference in a reliable way. The research indicates there are one to two decades of cognitive decline before the dementia diagnosis sets in. Early intervention is necessary. Healthcare sectors approach to SDM (supported decision making) for better care outcomes. As a lawyer, Michael is better aware of agency, etc. There are four archetypes of decision making include autonomous, dependent decision maker, delegator, and supported. Working out who is delegating (their decision making) and who is supporting is a large task.
- Capacity assessment is not diagnosis bound. A capacity assessment trigger does not mean a person can't make a decision; it means understanding capacity in context. At the heart of the decision-making ability. Five criteria have evolved from the practice: Understanding, knowledge/insight, believability/rationality, reasoning/ adaptive capability, and proactivity. To evaluate decision making, start by asking 'why?'. Decision making needs to be assessed as early as possible, such as at the early stages of dementia diagnosis. Lawyer can only act within the decision-making ability of client, and this needs to be assessed every time.

SPEAKER SUMMARY – MEGAN FROST

- Megan Frost presented on the 'Let's Talk Mediation support service. Elder mediation is built on the national trial based on Canadian mediation model and is unique.
- At Relationships Australia 'Let's talk' works with older people, their families to improve relationships, safety and wellbeing, future planning and living. It is centred around the rights of the older person; Their wishes are respected, their rights upheld. It serves as a key referral point and around half of clients calling in are the older person themselves. Some clients have not moved forward with mediation until a year from the first contact. Carers sometimes need someone like a mediator help them stay in their role in terms of their needs as well as their caring needs – a lot of the older people are actually carers.
- The process is voluntary, and agreements are based on goodwill. A point of difference with family mediation is that elder mediation can move forward without others. Being an elder mediator offers a different and rewarding path.
- Working and communicating well with other services is important, and 'Let's Talk' has key linkage with Carers NSW and Autonomy First. Police service interaction includes Multicultural Liaison Officers, Domestic Violence Liaison Officers and Aged Crime Prevention Officers.
- Points of discussion included what methods were used to assess people from CALD backgrounds; costs to clients of program delivery for 'Let's Talk' and Autonomy First. There are trained mediators that can deliver service in (Chinese) language, and where interpretation is required, interpreters are used, and communication is not solely taken from family members. There is still more work to be done to better address CALD, ATSI and LGBTIQ+ groups. Programs have started as no cost and are still determining best models to ensure access and future funding.

Breaking Cycles of Abuse

Name of Rapporteur	Sophie Frank
Session name	Breaking Cycles of Abuse
Session time	12:00pm - 1:00pm
Session room	Breakout
Moderator	Lyn Mcgaurr
Session speakers	Donna Askew, Kate Gibson, Jill Exon, Natasha Spicer, Liz Orlov

KEY POINTS

The first section of this workshop presented a focus on primary prevention and early intervention of elder abuse. Jill spoke of the ageist views some have in Australian society and Kate backed this up with the derogatory tone society speaks about ageing, this could lead to elder abuse in the future. Nikki spoke of the collaborative approach we need to take in order to reduce and in some circumstances eliminate elder abuse. This was impacted even more due to COVID-19 where older persons were isolated further from Australian society, in some extreme circumstances with their perpetrator.

In the second presentation, Natasha spoke about challenging ageism to end elder abuse. She spoke of the online services that lots of older people tend to utilise. This is an avenue to further explore as older Australians tend to engage with online platforms more than first thought, especially from COVID-19. Natasha's campaign for online service use is reflect, connect and support those older persons online. The campaign supports the inheritance not an entitlement campaign.

Liz spoke about supporting older Australians and the abuse they may face in the family violence context. Liz promoted the Steps for Respect campaign that supports women in intimate partner violence. Liz promotes forming a network and platform for seniors online.

SPEAKER SUMMARY – DONNA ASKEW, KATE GIBSON, NIKKI HARRIS-ALLEN and JILL EXON

Breaking the Cycle of Abuse: Collaborating Across the Elder Abuse Prevention Continuum

- We need to shift societal norms and reduce elder abuse before it starts.
- Focused on the response after abuse has occurred and early intervention within partnerships.
- Sees primary prevention occur more often to reduce issues
- Growing evidence of elder abuse evidence: links with ageism and elder abuse and how it plays a role.

- Experienced on a continuum: ageing is talked about in society in a derogatory light – where we learn these attitudes to behave towards older persons in demanding ways – this can lead to elder abuse problems.
- We need to ask how is elder abuse experienced? How do we inform each other of abuse and the interactions with ageism through the primary prevention lens?
- Inconsistency between types of prevention: prevent abuse before it occurs.
- Need to be asking what is happening in the environment that supports these ageist views.
- We need to ask what needs to change? We need to recognize the issue and promote the awareness.
- If we want to reduce elder abuse, we need to reduce the drivers of abuse in our environment.
- Presented a real elder abuse case that talked about the financial abuse they had experienced including physical abuse that they experienced from their son.
- Working across the continuum: primary prevention – before it occurs, secondary prevention – identify the act and early signs of abuse, tertiary prevention (response): intervening after abuse has occurred.
- We need a collaborative approach to respond to elder abuse.

SPEAKER SUMMARY – NATASHA SPICER & LIZ ORLOV

A Grassroots Approach to Elder Abuse Prevention: Reflections of the Frankston Mornington Peninsula Respecting Seniors Network

- Respecting seniors: challenge ageism to end elder abuse.
- Primary prevention.
- Forms of normal engagement were impacted by COVID-19.
- Chose to take the approach online which grew the network considerably.
- Older people interact with online services more than first thought.
- Campaign: reflect, connect and support those online and engage with older persons.
- Supports the inheritance not an entitlement campaign.
- Can be adapted across Victoria but also nationally.
- Responding to elder abuse within the broader family violence context.
- Respect to women campaign – support women in intimate partner violence through the steps for respect campaign which lasted 16 days.
- About forming a network.
- We need to provide a platform for our network seniors online.

Monday 2pm

One Year on from the Royal Commission: Will the rights of older people be better protected?

Name of Rapporteur	Jessica Lockitch
Session name	One Year on from the Royal Commission: Will the rights of older people be better protected?
Session time	2:00pm
Session room	Plenary
Moderator	Samantha Edmonds
Session speakers	Ian Yates, Val Fell, Danijela Hlis, Kevyn Morris, Theresa Flavin

PANEL DISCUSSION KEY POINTS

- 12 months since final report of Royal Commission into Aged Care (RC). RC recommendation implementation is a 5-year journey, but it's good to reflect from one year on.
- Panel: all (bar one) panellists are members of OPAN's National Older Persons Reference group; three panellists are members of the Council of Elders. OPAN provided funding for providing education and advocacy support for those at risk of or experiencing abuse.
- Importance of co-design.
- Hearing older people's voices; listening to them and acting on them.
- Importance of consent and supported decision making.
- Importance of human rights.
- Respect and cultural safety, and the role it plays in preventing elder abuse and in making environments safe for our older people.
- We as a community are responsible for calling out elder abuse out; up to us to raise the profile of elder abuse.
- Need laws and regulations that are implemented and enforced.
- Need to address ageism and stop using the language of ageism.

Q: Why come to the conference?

Theresa:

- Living with dementia.
- Wanting to highlight gaps in the Royal Commission.
- Importance of codesign and bringing people with dementia on board to design and implement strategies; to allow people with dementia to be a part of the conversation, not just an add-on.
- Gap of human rights implementation and acknowledgement in Royal Commission recommendations.

Kevyn:

- Living with dementia, Indigenous Australian.
- Questions of the effectiveness and consistency of policy and practice; differs from state to states.
 - > Confusing for elderly people, health professionals, those with dementia, etc.
 - > Covid19 highlights gaps regarding a charter of rights.
- Many elderly people are isolated and neglected; the system is non-existent and failed dramatically.
 - > E.g., Indigenous lady removed from hospital space because they needed her bed and was taken to a transitional nursing home. No family or Indigenous liaison officers were contacted about her relocation. May have had severe impacts on her mental health, especially if she was a part of the Stolen Generation. No consideration for her wellbeing.
- “All these questions, and no acceptable answers”
- Many more stories that we don't know about.

Danijela:

- Importance of conference to discuss and observe.
- Not just the responsibility of police and government, up to us too as workers and family to be responsible for what is happening.
- Interest in abusive actions “out of love”, e.g., adult children wanting what is best for their parents and putting them into residential aged care → “who told them that is what's best for their parents?”
- From a Culturally and Linguistically Diverse (CALD) background.
 - > More needs to be done for advocacy for older CALD and First Nations communities.

Val:

- Came to conference to learn about what others are doing; importance of learning what's happening everywhere; where others are and what they're doing to represent everyone.
- A need to change culture and intergenerational society.
- “Help one another from the cradle to the grave”.

Ian:

- Many examples across Indigenous, CALD communities, etc. throughout the pandemic.
- Speaking to Danijela's point: "have we institutionalised a process which itself is abusive, but we don't see it?"
- Royal Commission had holes but is a lever we can use in the way the Government works to change issues.

Q: Is this time any different? Do you think we'll get the transformation in aged care?

Ian:

- RC and the government's response is the most comprehensive set of measures seen in Australia thus far.
 - > Quite comprehensive and interrelated, measures reinforce each other
- Reforms will advantage better providers in system and put more pressure on lower quality providers to improve.
- Bias towards more homecare in the community; more people in home-care packages than residential. A game-changing degree of change, pandemic accelerating, balance shift.
- Encapsulation of new system in an act is critical. Providers will tell you too much regulation, but certain percentage of providers need it.
- Caveat: in the end, whether it transforms aged care, it's not just what the government has done, it's also if the community thinks differently towards aged care and older people.
 - > We have a cookie cutter approach with what to do with elderly people when they get frail and older.
 - > Up to the whole community, not just the government.

Q: Do you think the recs will support prevention for First Nations and what else would you like to see change?

Kevyn:

- Australia has failed to implement domestically the terms of the two founding covenants: Australia's ratification of both covenants: ICCPR and ICESCR and other human rights treaties have had little influence in Australia.
- Australia has never adopted these into domestic law.
- Key feature of the legal situation: number approaches suggested but nothing implemented or changed.
- "Until they make it law and legislation, I don't put any faith in any of these recommendations".

Q: Unique experiences of abuse for CALD people and where should implementation of recommendations focus to support CALD communities?

Danijela:

- Don't just need recommendations, need laws and regulations, need action when those are broken.
- Poor communication with health providers due to language barriers.
 - > Serious misdiagnosis and lack of consequences for not meeting requirements.
 - > Why are service providers not trained to use tools to help?
 - > We don't talk about the abuse by lack of interpretation for health professionals to provide services; accreditation should not be given if service providers cannot provide services to everyone.
 - > Funding shouldn't be given to studies that exclude CALD communities.
- Restrictive services are used because providers can't translate or don't have dementia specialists to understand people's needs.
 - > A question of consent; should need to get family or an advocate to communicate and advocate on their behalf.
- Educate older people to stand up and protest; "give them and us a voice."

Q: What lessons do we have to learn to go forward with the transformation of aged care? What have you seen?

Val:

- A lot of social isolation outside of residential care (as well as within).
- Residential care – barriers to family seeing the person they've been caring for years.
- No attention given to informal carers; no respite services.
- Carers can't come to people's homes because of Covid19 contact or burnout.
- Social isolation impacts person with dementia, but also impacts carer as their only support.
- "Things are not as good as they used to be."
- Having to make decisions about residential aged care because of poor home care; either have to go to hospital because there's no rooms in a facility, or facilities aren't taking new residents.
- Need to have a pandemic workforce or practices in place.
- Social isolation in nursing homes.
 - > Residents get depressed and not moving as much, leading to reducing mobility and loss of muscle tone – can't be bothered to do or eat anything.
 - > Fatigue and lack of appetite leading to dehydration.

- > Nobody there to help.
- > Lots of workers (who are trained in dementia) who have just left the workforce, however there are limits to how much they can casually work as it would affect their pensions → what if it didn't have an influence on pension? Importance of these volunteers/casual workers.

Q: Barriers that heighten risk of abuse. Approaches that may assist.

Theresa:

- Superfunds had to have a level of understanding of risk management planning in future. Normal practice in banking and insurance in many years. Why are we still working with a backward-looking, compliance-based, aged care act; when we should be learning from the finance industry that's so successful in Australia, and get a forward-looking, risk-based approach to regulation that will actually give freedom to retirement homes and providers to service in a way they know they can best.
- Shed some light on an area of abuse: sexual abuse of people by their intimate partner, most particularly for older people with dementia.
 - > Statistics don't capture how much it is in the community at the moment.
 - > When you have dementia, you can't call a helpline and navigate a menu.
 - > When a diagnosis or suspicion of dementia occurs, why do we not roll out services to train families?

Kevyn:

- No doubt in Australia that intimate partner abuse is primarily perpetrated by males. Worse in Indigenous communities but it also happens to men. Must accept domestic violence and abuse happens on both sides of fence.

Q: The Final Report recommended SIRS scheme in aged care at home. Will this make a difference and how should it work?

Ian:

- RC recommended a "beefing up" of residential care SIRS and its application in home care.
- The point is not the reporting; the point is that it means the provider has a process for identifying, analysing, responding to, and preventing it from happening.
 - > Point is to make sure you have systems and a capacity to identify them and then move to prevent them.

- Design process for homecare has only just started; it's important that the scheme empowers rather than removes agency of people receiving homecare.
- The only real informed person is the person receiving the care.
- New design is about how we reach out and engage and empower users of services; how we put law behind it.
- Fundamental cultural shift, shifting culture around and changing system as a whole.
- RC didn't get everything right, but it's a trigger for getting the government to act; it doesn't mean we can't improve on what they said.
- RC written by lawyers which means they don't always understand what consumer wants and needs.

Q: What do you think of the proposed new Aged Care Act, and how will having human rights enshrined in the new Aged Care Act contribute to preventing abuse of older people?

Val:

- For me, having the right to maintain independence or agency, having the right to control my life, is the major thing: How and where I'm going to live, what I'm going to do, when I want to go into nursing home.
- Don't want people taking away autonomy presumably just because of getting older.
- While I have capacity, I want to make decisions. Before I lose capacity, I want to have supported decision making; need to have that in the act.
- Need to think about other forms of abuse that exist.
- Think a form of elder abuse is having people on the wrong side of the digital divide. Don't know what's happening in aged care, can't afford computers, can't afford data, iPhone, or homeless etc.
- A lot of elderly people not connected to internet, haven't got the access or right to be provided info and material from which to base rest of their lives.

Danijela:

- Concerned more about funding; dying before they get them.
- SIRS: should have a reporting system in place has a duty of care to document "at date and time I noticed a bruise."
- Abuse between residents, advanced dementia and other mental health; lack of funding means we don't have trained groups of staff to not leave groups of people, etc.
- If you can't speak English, how are you meant to report things?
- Any step will be in the right direction because the act is outdated. Any emphasis on human rights will be a step in the right direction.
- A rights-based approach also means the right to be heard, to be listened to, to be understood.

- Need for interpreters.
- Need to consult with each other and co-design real laws and regulations that are going to bring us forward to better times in the aged care sector.
- Unpaid/family carers abused by system, govt, society: out of this comes further abuse, elderly get put in homes etc too early because carers can't continue; it's overused. More support and recognition, carers packages, will lead to reduced abuse.

Theresa:

- If human rights were enshrined in the aged care act, it would show there was some leadership starting to happen in this space from the government.
- We need to remove discriminatory name of aged care act, change ageist culture.
 - > A community care act that was human rights based.
- Change from being a country that's lagging. An amazing opportunity for change.

Kevyn:

- Considering Australia's attitude of Human Rights to Indigenous people, can't see human rights ever being implemented.
- Supported decision making is a great thought and well intentioned, however, what about accessibility for people in middle of nowhere, Indigenous, non-Indigenous, immigrants, refugees:
 - > Need equipment to find out what your human rights are.
 - > Inaccessibility due to legal terms, etc.
 - > "I've got dementia, where's my human rights?"

Ian:

- Understand and agree with comments.
- There WILL be a new act, and the federal government will define what's possible in aged care for at least the next decade.
- It's really important that as many people as possible are engaged in the process.
- Working with the Council of Elders to take into account their voice.
- Other people tell the lawyers what the act has to say so it's important to get involved.

One size doesn't fit all: How health justice partnerships deliver client-centred care

Name of Rapporteur	Briohny Kennedy
Session name	One size doesn't fit all: How health justice partnerships deliver client-centred care
Session time	2:00pm
Session room	Session room Breakout 3
Moderator	Melanie Joosten
Session speakers	Lee Archer, Nikki Harris-Allan, Tilé Imo, Belinda Lo

PANEL DISCUSSION SUMMARY

- One in five Australians have a legal problem, and not all know they have a legal problem or that there might be a legal solution. They tend to approach health practitioner, family or friends with their legal problems. Traditionally a lawyer comes from a community legal centre or legal aid to the health setting once a fortnight for clients to see them. In health justice partnerships a lawyer is embedded in the health setting, and can be focused on elder abuse, mental health, young people, or ATSI.
- Four main components of Health Justice partnerships are casework, secondary consultations (corridor consultations, for example pre-referral), education for health staff and education for community or patient education.
- Nikki Harris-Allan presented on ELSA (Engaging and Living Safely and Autonomously), a collaboration between Eastern Health and Eastern Community Legal Service. One of 10 federally funded national service trials. Ten percent of elder abuse is intimate partner violence. A case example was discussed of an older woman who gained access to ELSA after a hospital admission following a fall. She disclosed IPV, and the ELSA team were able to meet with her son at the hospital and to assist the women into aged care as per her wishes. The ELSA team assisted to set up enduring power of attorney and manage credit card debt. The woman changed from disempowered to hopeful and empowered as the service helped her to choose a new life.
- A video was shared about Health Justice Partnerships in Queensland. Increasing recognition of elder abuse risk factors and early intervention. Lawyers are part of the team, with no distinction between lawyer and clinicians. Social workers perceptions of lawyers have changed. Secondary consultations i.e., hallway conversations, are possible, and other services and referrals available. Opportunity to help people when the legal help will make the most differences to them. Challenges lay in keeping the justice partnership front-of-mind and keeping an eye out for elder abuse. Vulnerable people in the community have complex

issues, i.e., homelessness, so legal issues may be the bottom of their list. Finding safe environments to meet with clients (i.e., away from abusers that they live with). Lawyers can build strong relationships and provide one-on-one support to clients in a less transactional environment. Health Justice model should be properly funded and rolled out.

- Tile Imo then talked about Older Persons Advocacy and Legal Service (OPALS), a health justice partnership between Caxton Legal Centre (oldest in Queensland) and Metro-South Health. It involves a lawyer and a communities-based social worker. Can take referrals from community health. Identifying elder abuse in community. Human Rights approach. Community legal services reach marginalized people, de-mystify the law, and alleviate concerns (i.e., barriers to reporting elder abuse).
- Discussion around how health justice partnerships operate. Tile explained there is no one way to do it. There can be contracts and MOU's etc., but you need to figure out who the champions are in the health service. The key strength is that you are providing legal service as a social determinant of health and an international human right.
- Justice Connect provide several programs and 100 plus lawyers in NSW and Vic and pro Bono partners. They receive funding from philanthropists and state governments and have seven different health partnerships, with seven different models. The strength is that it is relationship-based. When it works well it is organic and innovative., but changes in personnel etc., makes it more difficult. If there is difficulty you need to ensure structure and executive buy in, with up-to-date MOU's so people know what to expect. Need to have a way of dealing with conflict or problems when they arrive. Social workers are very knowledgeable; They know what happens in a hospital, who to talk to, and micro and macro solutions.
- The impacts of the pandemic were discussed. Tile said that during COVID they have had to work on and off; Visibility is key, and those hallway conversations were missed.
- For Justice Connect the partnership struggles when a lawyer is not onsite; referrals weren't being made during lockdowns. Patients were also not turning up at the health service. Developed a methodical education program to increase awareness in the health service.
- Opportunities for health justice partnerships were also discussed. For Justice Connect, a broader response to problem solving has arisen as the model has matured, for example a joint grant application for an elder abuse screening tool. Tile commented on unexpected opportunities to do with collaboration, cross-pollination and identifying systemic gaps. Tile – HJP's are new in QLD – model is based on informed consent (from the patient) for referrals. Creating a network of HJP's in QLD. Marrying services with health services (World wellness group).
- Lee commented that HJP's are in their infancy and there is an appetite to see how other partnerships are working.

- Take away messages included that health justice partnerships have been a great innovation which is difficult in the community sector; If you have an idea, go for it; and Opportunities to learn about perpetrator responses and how to respond to perpetrators of elder abuse.
- Questions included those about capacity and decision making, is there a better understanding between lawyers, health and social workers? what could be changed about the partnership model; accessibility for CALD groups; what the next innovations are and have lawyers' perspectives changed.
- The panellists all responded, with some key points as follows: Everyone has benefitted from the partnerships and different lenses are important, data collection can be burdensome and there needs to be more funding, so the services are available to everyone. There are efforts to include lawyers with multiple languages, and printed materials for languages other than English, but there is also a need to engage with CALD groups to dispel fear of the law. Expansion and growth are needed and to do this, providers will need to work together as a community of practice. Lawyers working with social workers and health produces a sum that is greater than the whole. Lawyers have had to lead the supply to their demand and have learnt the benefit and value of early intervention, and the value of the non-lawyers in the client's journey.

Perspectives on Financial Elder Abuse

Name of Rapporteur	Sophie Frank
Session name	Perspectives on Financial Elder Abuse
Session time	2:00pm - 3:00pm
Session room	Breakout 4
Moderator	David Strong
Session speakers	Rebecca Edwards, Senior Sergeant Alasdair Gall, Shannon Wright

KEY POINTS

- Rebecca and Alasdair spoke of the issues older Australians experience when reporting financial abuse to the police in VIC. They spoke of a trial unit that is specially trained in dealing with older persons and their reporting of financial abuse which tend to be a hidden issue mostly perpetrated by family members. The aim of the trial was to increase reporting, higher satisfaction of clients, increase understanding of the capability of police, heighten collaboration and increase prosecutions. The evaluation so far shows an improvement of both agencies and better access to organisations for support of financial elder abuse, improved understanding of elder abuse, and better access to older Australians to specialist police officers.

- Shannon is from the Senior Rights Service, a society that respects and upholds the rights of older people. They supported the Money Matters Campaign which was both a television and radio campaign that targeted older Australians with differing language backgrounds (English, Arabic, Hindi, Cantonese and Mandarin). It is a communication tool to combat financial abuse. The program demonstrated a 100 percent increase in calls for financial abuse compared to the previous year.

SPEAKER SUMMARY – REBECCA EDWARDS

Victoria Police's Financial Elder Abuse Trial: A Partnership Approach

- SRV's experience with police pre-trial: incorrect identification of perpetrator in family violence callouts, no willingness to assist older person to remove the perpetrator, police told the older person nothing could be done, and financial abuse concerns were a civil matter.
- Ring us back when something serious happens.
- Financial abuse vs criminal offending: lack of documenting from all parties, verbal agreements are difficult to prove in a court of law, cognitive issues of the older person, victims are unwilling to report due to family getting into trouble, the carer is the perpetrator.

SPEAKER SUMMARY – ALASDAIR GALL

Victoria Police's Financial Elder Abuse Trial: A Partnership

- Elder abuse is on the rise; Predominantly the perpetrator is an adult family member.
- Financial abuse is a significant issue that is hidden.
- There are 32 IPV and family violence units in Victoria that are nuance in Family violence including elder abuse.
- Aim of the trial: different types of financial abuse, strengthen reporting channels, police response, understand the options to protect victims of financial elder abuse and early interventions.
- Aim of the trial: increase reporting, investigations, higher satisfaction of clients, awareness and capability of police, collaboration, prosecutions.
- What have we done? 4 trial sites, new reporting pathways, increased awareness, publications and resources.
- Evaluations: multi-discipline between agencies, integrate training to banks etc. improve knowledge of agencies, improve access to the system/organizations for support.
- Victims are more accepting to police response.
- Strong policy developments in the banking sector/community health sector.
- Limitations: geographical boundaries and need more support from sector agencies for expansion, need better communication from staff and those on the frontline, need better data collection.
- Post-trial: improved understanding of investigating elder abuse, relationship with the forensic accounts Victoria, improved client satisfaction, access to experienced police investigators in the matters of elder abuse.

SPEAKER SUMMARY – SHANNON WRIGHT

Money Matters: Combatting Financial Abuse in Diverse Communities

- Senior Rights Service: society that respects and upholds the rights of older people.
- Regional reach. 9313 inquiries, 380 were about elder abuse.
- Communication tool: to combat financial abuse.
- Older people were quite isolated due to COVID-19 and the strain of COVID led family to move in with older family members.
- Money Matters campaign: radio campaign for the senior rights service.
- Target audience: first nations, English, Arabic, Hindi, Cantonese, Mandarin.
- SBS radio: over 200 commercial spots in NSW/VIC respectively.
- Social media campaign as well.
- 100% overall increase in calls related to financial abuse compared to the previous same period.
- Won the MACA award 2021.
- Work collaboratively with AASHA, the Arab council and CASS.

Tuesday 9.15am

No More Humbug!!! Reducing Aboriginal Financial Elder Abuse in the Kimberly

Name of Rapporteur	Sophie Frank
Session name	No More Humbug!!! Reducing Aboriginal Financial Elder Abuse in the Kimberly
Session time	9:15am - 9:45am
Session room	Plenary
Moderator	Jenny Blakey
Session speakers	Natasha Short, Dorothy Lee Tong, Maree Cutler-Naroba

KEY POINTS

- Natasha and Maree note the disadvantaged, indigenous, older person population in the Kimberly and the extent of elder abuse in the community, specifically financial abuse.
- They both noted the lack of cognitive and digital ability to understand and manage their funds which can lead to an over-reliance on family members. This is problematic as family members can also have a money management difficulty which can lead to stealing funds of older persons, family members could have substance misuse problems and rely on elders' funds or that older persons have a cultural mindset where they share their funds even if that means they cannot pay their own bills.
- Natasha and Maree believe that more oversight from those with cultural understanding are needed in the Kimberly to reduce financial abuse and raise awareness to banks and staff that older people are pressured into giving money to their loved ones.

SPEAKER SUMMARY – NATASHA SHORT

No More Humbug!!! Reducing Aboriginal Financial Elder Abuse in the Kimberly

- Kimberly population according to 2016 census is 3500 people and 40% are Indigenous.
- There are over 30 language groups and were able to find a diverse number of cultures of the region.
- The extent of abuse in the community is alarming were worried about the limited support for elders.

- Lack of cognitive ability of elders or what their rights are or get support.
- Elders are reliant on loved ones to get support which could be the perpetrator - they could do it for their own benefit.
- Lack of services where some of this financial abuse could be reported.
- Lack of money management both for young and elders that contributes to elder abuse.
- Drug and alcohol abuse is prevalent in the Kimberly – we have a welfare dependency – they don't have the money to sustain themselves – the easiest target is the elder to support habits.
- English literacy is limited, and elders cannot speak with liaisons.
- Biggest drivers of abuse are the cultural mindset – we have elders that believe that caring in sharing and it is big on giving to the family – they give to their detriment – this is a cultural norm, but it means that they can't pay their own needs and support the community around them.
- The Kimberly is a complex issue and a lack of awareness.
- How do we treat our elders in a modern Australia?
- Some banks are completely aware of elder financial abuse, and they are attempting to support the elders especially those without the cognitive ability – they are being proactive.
- It is the responsibility of all of us to reduce elder abuse.
- We hope it is transferrable to other indigenous communities with some modification – I believe the information in the report is transferrable.
- No more harassing elders – we are using local language – the protocol of sharing and caring is not necessarily wrong, but we are trying to reduce it.
- Investment into facilities – the unit is not operational due to funding.
- We need a culturally appropriate units that are sustainable: what a waste of funding, 10 million for a facility and no operational funding.
- Employing people and researching what services are actually are provided and conducting an evaluation of current service funding – there are many services in the Kimberly, but they are not appropriate for support.

SPEAKER SUMMARY – DOROTHY LEE TONG & MAREE CUTLER-NAROBA

- Spoke about threats of violence against elders.
- Technology is a problem especially in the Kimberly where bank services are limited.
- Culturally specific issues in rural areas compared to city: the Kimberly is considered remote or very remote – the Kimberly has an issue of addiction especially from their children.
- Our elders find it difficult to report abuse against their own family – not straight forward.

- Elders don't want to go into residential and feel the need to support their family they live with.
- Royalties given to elders are under pressure to give it to the family.
- There is a lot of greed from the family against the elders in the Kimberly.
- There needs to be innovative and culturally appropriate: services in the Kimberly try to help but with a western mindset and not mindful of Kimberly culture.
- De-normalizing humbugging.
- Needs to be additional funding for elder support especially for financially affected abuse.
- Recommendations: stakeholders to bring together a forum of stakeholders to create a plan on how we are going to address financial abuse, gov. Department of social services with more oversight on how payments are delegated to elders and who receives funding, better oversight of the carers allowance is used to support the elder, raise awareness of how police deal with elder abuse and make the elders feel comfortable.
- Banks: strengthening money practices, be able to access bank atm/ apps etc. So, they don't have to ask their family, training for staff to notice and are aware of elders being pressured into giving money.
- Professionals to continue the cultural awareness training.
- Share and interact with their elders' ways in which they can support the elders.

Emotional, Physical, Medical and Financial Elder Abuse

Name of Rapporteur	Sophie Frank
Session name	Emotional, Physical, Medical and Financial Elder Abuse
Session time	9:45am - 10:30am
Session room	Plenary
Moderator	Jenny Blakey
Session speakers	Sharon Kingaby, Margaret Clarke, Vicki Walker

SPEAKER SUMMARY – SHARON KINGABY

- To survive, Indigenous people had to suppress their feelings of distressed witch becomes internalized in families through abuse of alcohol etc.
- Historical trauma: widespread nature collective trauma, those embedding in the memory of the family.

- Trauma becomes normalized.
- What needs to be done to address abuse in elders? Education through messaging from indigenous people to other indigenous people through language that they use constantly, use artwork in literature, use language that is appropriate fit the literacy level of the people, work with services and consult with communities.
- Know who to report elder abuse to – the pathways are written for those who do not use them.
- Services work in silos – probably due to funding.
- A range of services are available, but elders are reluctant to use the services especially when abuse is the issue.
- Institutionalised racism – subconscious bias, safe accessible services with training that is appropriate for those who work with indigenous people.
- Aware of policy that disadvantaged elders.
- Work with other entities.
- Change the way we do business with Indigenous elders.

SPEAKER SUMMARY – MARGARET CLARKE AND VICKI WALKER

Q. Do you have advice on where to start the conversation?

Aunty Margaret: I think cultural awareness/safety and that is the first step. We need to know about our culture before you walk into a unit and say I am here to talk to you.

Q. What are the legal supports and the financial education areas within the Kimberly?

Community law centres and financial education has some service providers that offer counselling in financials but it's very vast if elders are looking for support or ways to improve their financials there isn't very much in terms of elders accessing.

Q. Is there is a culturally appropriate word for elders to use instead of abuse?

Which is why we use the word humbug (no more nuisance). Language should be used appropriately as what they experience is virtually abuse but you should try and find out the local language.

Q. It seems like a whole system approach not just for elders but across the board. Have any politicians been met with to try and start the conversation?

Unfortunately, people are putting this problem at the bottom of the pile. Its 2022 and nothing has been done. This conversation needs to be had with the people who can afford the conversation, tackle the hard stuff and see how we can support the older people and those most vulnerable the Kimberly. You are talking to the older people who love their family – they don't want to talk the police we need to adapt.

Q. How can we reduce the bank ATM fees especially when elders are checking their bank accounts through private machines that charge elders. Especially when elders are checking what their children are doing

We want elders to be educated about safe banking practices. We definitely need to work on elders and their digital literacy, so they don't have to go to the ATM. And even getting the confidence to go into the bank. Bank needs to look into their procedures and how they operate were reviewed with interactions with elders and not all old people want to learn the new services. Banks are going away from in-person services and elders don't want that, they want to see real people.

Tuesday 11am

Rights matter: Global and national perspectives

Name of Rapporteur	Briohny Kennedy
Session name	Rights matter: Global and national perspectives
Session time	11:00am
Session room	Breakout 3
Moderator	Russell Westacott
Session speakers	Bill Mitchell, Dr Susan Cochrane, Russell Westacott, Margaret Young

PANEL DISCUSSION SUMMARY

- Bill Mitchell provided an update on where older persons human rights are globally, and reflections on where we are locally. He discussed an absence/presence paradigm and the need for a dedicated instrument for older people.
- Many will say older persons are the last remaining major population group without dedicated protections. Ageism and invisibility are two main violations of older persons rights. Elder abuse is one area, but the issues are broader. And pertain to how older people are treated in a range of settings. Almost all systems treat older people like they are not there.
- No form of elder abuse is contained in a normative standard or international law. There is no clear articulation, specific standard for neglect or abuse. No overarching consideration of ageing, ageism, etc. Structural inequalities are not recognized.
- Disability has provided some standards relevant to older people (a large proportion of disabled are over 65, but what about those that are not). There is lack of downward pressure from a normative standard.
- After talking through a timeline of the work to date on human rights for older people, Bill explained we are now at a critical juncture. There is a mandate from the WHO general assembly, HRC independent expert, main elements, and possible content for an international legal instrument.
- We don't have guaranteed proof of impact, for evidence we have the recent ageism report and evidence on impact of COVID, but there is still no groundswell of support.
- Australia does not support a convention on the rights of older persons. Voluntary commitment is not there, and we need to be pushed to engage. There is an interest in older persons rights in this country (and UK and Canada).

- The Aged Care Royal Commission was compared to the Disability Royal Commission. The Aged Care Royal Commission was not set up to succeed as there was no foundation, mandate, guidance, and normative guidance on how to move through.
- We are comfortable with using age as a proxy (i.e., for pension and exclusion in NDIS), but what if we did that with sex and race?
- Russell asked Susan how best to corral organisational involvement and her responses were around central leadership or coordination, for example by an organisation such as EAAA.
- Russell asked Bill what his thoughts were on a coalition and his response was about having organisations with impact (such as OPAN and Relationships Australia) involved, to determine the rights and normative issues and the need for a champion.
- Susan pointed out the critical role of community organisations. I.e., Slovenia has a strong and powerful pensioners organization, and there is research into how the UK has become more receptive, engaging MPs on importance of issues.
- Russell asked Bill how we get the federal government to support what Australians are asking for considering Australia led the role on the convention on the rights of the child. His response was that we need more people to take up the gauntlet, more political pressure, and for larger players to be involved.
- In response to a question in what the issues in drafting a convention on the rights of older people compared, considering that the same has been done for people with a disability, Bill responded that technical drafting points come up over time, including age and that a life course approach is appropriate.
- Further discussion ensued around rights-based decision making and failure to recognise the importance of cognition and context. This is a practical issue that should be discussed but all deserve rights. The cognitively impaired were excluded from the AIFS prevalence study. The statistics from the AIFS study and royal commission into aged care are likely highly underestimated.
- Dementia and disability, now a huge push for people with lived experience to be involved in research and be on boards, etc. All the legislation and rules are written by lawyers, people are asking to represent in their own language.
- Russell commented that Australia is in a unique position as a large number of community-based organisations that want to see the rights of older people enshrined in international legislation – the more involved these groups are, the better. Anyone interested in signing up should do so, with leadership organisations corralling.
- Acknowledgement of the need for federal government engagement, with both parties making a commitment to what is needed for a convention.

Embedding values and respect to help prevent ageism and elder abuse

Name of Rapporteur	Jessica Lockitch
Session name	Embedding values and respect to help prevent ageism and elder abuse
Session time	11:00am
Session room	Breakout 3
Moderator	Helen Wallace
Session speakers	Mark Chenery, Peta Cook, Lyn McGaurr

KEY POINTS

- Key is to target “persuadables” with messaging, rather than inflexible opposition.
- Engage altruistic, open-minded values in messaging, rather than selfish appeal.
- Emphasise similarities, not differences, to reduce “othering” and exclusion.
- Talk about what you want people to think, not what you don’t want them to think, to avoid reinforcing associations that you’re trying to dismantle.
- Using creative, “soft” approaches to promote community, increase awareness, and encourage discussions about what older people value and want for their future.
- Have the power to strengthen relationships and share perspectives; approaches such as Ageing My Way (as well as this program itself) may combat ageism by strengthening connections across different generations and cultures.

SPEAKER SUMMARY - MARK CHENERY (Co-Founder and Director, Common Cause Australia)

Value-based messaging for the primary prevention of elder abuse

Approach to communications

- Understanding that the way in which we make decisions, more about how we feel than any genuine logical assessments.
- Communicate in a way that influences how we feel.
- Bi-conceptualism → ability of our brain to see things from different perspectives.
- Most people are able to see your issue from multiple perspectives, the perspective people choose influences their choices.

Audience

- Base audience = supporters; inflexible with perspective.
- Opposition = don't agree with problem or nature of problem, don't agree with solutions, inflexible with perspective.
- Persuadables = can see from both perspectives, flexible in thinking.
- Can frame the issue to keep people looking from our perspective.
- Don't want to meet people where they're at; want to take them to where they're capable of going to have a productive conversation.
- Don't want to automatically talk about the issue in the dominant way it's talked about.
- Develop and test messages that reduce ageist attitudes.

Methodology

- Interviews and discourse analysis.
- Dial testing (Online survey), nationally representative population to get sense of how people think.
- Forced people to choose between our statement vs opposition message; dials are 30sec audio message, can dial up and down to indicate agreement while listening → shows how opinions change with messaging.

Findings

- 1,395 respondent's representatives of Australian population.
- Supporters 25%.
- Opposition 15%; some antagonistic, some "don't care."
- Older people were more likely to be supportive, younger more likely to fit into opposition.
- Approximately 60% of every age demographic are persuadables; gender results were similar.

How do we toggle persuadable audience into our frame of mind?

- Appeal to altruism (not selfishness).

Values priming

- Change values through which people interpret messages.
- When positive values (e.g., self-direction, universalism, benevolence) engaged, more likely to act more altruistically, cooperate, more tolerant and accepting of people 'not like them', more likely to value human rights, more likely to volunteer and donate.

Helpful attitudes and behaviours to engage in combatting elder abuse and ageism

- When "negative" values engaged (e.g., achievement and power), more selfish, antagonistic, more likely to discriminate, more ageist.

Unhelpful attitudes and behaviours

- Intolerance of ambiguity.

Findings

- Supporters unusually altruistic and open minded in value orientation.
- Opposition unusually attracted to more self-centred values.
- Persuadables somewhere in between.
- If we want to engage a supporter frame of mind around these issues, we want to engage altruistic, open-minded values.

How advocacy is approached

- Avoid selfish appeal (e.g., do you only care if you think about it from a selfish perspective? E.g., “discriminating against older people now is the same as discriminating against our future selves”).
- Engages more antagonistic, discriminatory frame of mind; unnecessary and unhelpful.
- Best testing messaging were those that engaged altruistic open thinking.
- Want to see the persuadables respond in the same way as the supporters; however, want the opposition line to oppose more strongly and get more uncomfortable.
- If opposition like the messaging, then the message is unclear.
- Do not rely on “do it because they matter, and you matter too”.
- Emphasise similarities (not differences).
 - > Advocates talk about “othering” about other groups, as opposed to “one of us”
 - > Avoiding saying “older people” when we don’t have to
 - » ‘people’ would do
 - » E.g., “this service was set up to support older people who are experiencing or at risk of elder abuse”; could say “people” and not lose meaning
 - > Talk about ‘us’ and ‘we’, not ‘them’
 - » Unifying
 - » Inclusive statements
 - » Subconscious effect on persuadable audiences
- Repeat your story, not myths:
 - > Every time an idea is activated in our brains, it strengthens/builds associations that we are trying to dismantle
 - > Unintentionally further building/reinforcing associations between things
 - > Instead of reiterating unhelpful ideas, go straight to telling them helpful ideas and narratives
 - > Talk about what you want people to think, not what you don’t want them to think

SPEAKER SUMMARY – LYN MCGAURR (Project Officer, Elder Abuse Prevention, Cota Tasmania)

Ageing my way: encouraging conversation to prevent elder abuse

- Ageing My Way is a “soft” approach to raising awareness of the protective benefits of talking to family members about your wishes as you age.
- Creative approach to promote conversations and share stories.
- Recommendations to talk to family before decline occurs.
- Often conversations aren’t happening before a crisis about what older people want.
- Leaves space for younger people to think they might know better, opportunity for taking advantage.
- Examined helpline data (Tasmanian Elder Abuse Helpline data for July 2020-June 2021).
- When this project started, we didn’t have the results of the National Elder Abuse Prevalence Study 2021.
- Differences in cohorts.
- Hard for people to believe their children might one day take advantage or neglect them.
- People often too ashamed to tell anyone.
- Often do not trust formal services.
- Better to prevent abuse occurring than try to correct the wrong and mend families once happened.
- Importance of improving community awareness.

SPEAKER SUMMARY – DR PETA COOK (University of Tasmania)

- Research on older people’s perspectives of ageing and identity.
 - > Photographs are an easier way for people to talk about hard issues.
 - > Photographs also shown in exhibitions.
- Photographs are shown in exhibitions, as well as online.
- Participants are invited to the exhibition and to bring family and friends along to promote discussion about stories and photographs.
- Not focused on elder abuse, “soft abuse”.
- Multiple agencies available for people to talk to or flyers.
 - > Some service providers.
- Promote conversations and open to public.
- Posters accompanied by quote.
 - > Importance of what is in the photo and what it means to them.

- Conclusions:
 - > Creative approaches have the potential to spark and nurture conversations between older people and their families.
 - > Pictures have the power to connect people and encourage conversations about desires and wishes as they grow older.
 - > Note: varied amount of understanding among participants, tended to have good literacy and already be engaged in their communities; disengaged challenging to reach for studies/research
 - > Shown to help create conversations in community.
- Future:
 - > Seek more opportunities to show exhibition.
 - > Explore how to use exhibition to address ageism.
 - » Realistic experiences of ageing, not just positive.
 - > Engage more groups, further connections with service-provider networks and awareness of older people and families.

Q: Would a positive primary approach to promote values of altruism in the community work for more than combatting ageism?

Mark:

- Australians tend to value altruism more than power and achievement.
- Could appeal to other causes.
 - > It's about prompting people to see values as relevant in specific contexts, using certain frames of mind when thinking of particular issues, and thinking about that issue from that perspective at that moment.
- Ageing My Way project is a brilliant from a values engagement perspective, creativity approach further primes values.

Peta:

- The Ageing My Way project wasn't necessarily about addressing the drivers of abuse and ageism; we know that if you can drive conversations and bring people together, it's going to be a positive outcome regardless of knowing the drivers or not.

Lyn:

- Importance of encouraging people to talk about issues.
- Makes us think about the importance of social linguistics theories and how it reflects reality.
 - > Focus on what we mean and how language reflects certain messages.
 - > However, sometimes we need to be specific, e.g., talking about people experiencing elder abuse in residential aged care, excludes younger people with disability experiencing other abuse in same context.
- Interrupted levels of literacy due to CALD background, therefore emphasizing the importance and power of imagery; photography and images is important and resonates with everyone.

Tuesday 12pm

Identifying and responding to elder abuse in communities and hospitals

Name of Rapporteur	Briohny Kennedy
Session name	Identifying and responding to elder abuse in communities and hospitals
Session time	12:00pm
Session room	Breakout 3
Moderator	Brigid Wilkinson
Session speakers	Fiona Tait, Anne De Ruiten, Professor Jill Wilson, Melissa Docker

SPEAKER SUMMARY – FIONA TAIT

A brave new world: Challenges of setting up an elder mediation service

- Fiona Tait is a mediator with Relationship Australia's 'Let's Talk' elder mediation service. The service responds to and mitigates elder abuse. It is run by trained counsellors and mediators and is confidential and free.
- About 50% of clients are concerned with financial or psychological issues. Screening of advertisement.
- Family relationships can be protective but also harmful. Boundaries can be blurred.
- Vulnerability can put at risk of abuse. Family members may want services involved but not want to cause further issues.
- This is different to the separated parents' space. Every case is different, requiring adaptation and flexibility. Future planning can become an important issue. Intergenerational and family relationship issues, carer stress and burnout.
- Identifying conflict or trauma can be subtle and come out over time through life history. Rapport and trust built to support the older person. Appointment of advocates or support services, via a referral network.
- Process issues include where a person accused of abuse may not want to participate. Some will not come to the table. Engagement, environment, capacity, and safety are all issues of process.
- There are no laws requiring report of elder abuse. When safety is an issue, mediators work closely with services on the ground. Interagency responses i.e., aged care, aged crime prevention, etc. to remove an abusive adult child from the house, for example.
- Some participants find it hard to respect the older person. The mediators meet with older person first, but strong gatekeeping can block this. There are complex dynamics within a family, intergenerational issues, culture, trauma, mental health, health, etc.

- Elder mediation is a new area of practice that is challenging but rewarding. It involves baby steps to strengthen the family system. The strategies are far-reaching. Clients have returned for other family issues. Need to raise awareness of the service and engage with older people. 'Let's Talk' has assisted 180 families so far and is actively partnering with other organisations.

QUESTIONS

Q – What options for rural and remote areas (Let's Talk)?

In person from Bathurst, Forbes and Blue Mountains, also Wagga to Riverina, and online technology. Further expansion into rural and remote is needed and will hopefully be addressed in coming iterations.

Q - With the integrated model of care in Vic, the focus has shifted to an elder abuse case management service (and away from mediation). Where are we getting to in terms of national best practice?

'Let's Talk' mediators can't deal with getting people to safety, so case management is still essential, mediation is for particular settings only.

SPEAKER SUMMARY – ANNE DE RUITER AND PROFESSOR JILL WILSON

Hospital nurses responding to elder abuse

- EA is associated with significant adverse outcomes. Hospitals provide a small window of opportunity to identify and respond to abuse.
- Aim of the project was to identify how nurses recognise abuse. There were focus group interviews with 19 ward nurses and nurse educators in acute or subacute care. Thematic analysis revealed themes of perceived flags, relationship building, and challenges with verifying abuse.
- Perceived flags include suspected and unconfirmed abuse, particularly financial. Observing family interactions or comments from patients. Patient distress, poor hygiene, pressure injury, poor hygiene, injuries (bruises).
- Relationship building includes subacute ward nurses have more time than acute nurses to spend time with patients. Conversational style is important and checking in with the older people. Confidence and learning to ask about abuse require skill and experience.
- Challenges include assessment is dependent on the ward, time availability and skills. Lack of privacy. Being able to talk to the older person without the carer present. Older person's reluctance to admit abuse a barrier. Cognitive impairment or delirium. Reluctance by nurses to name someone as an abuser, unless certain. All were aware that they could refer to a social worker, though that is identified with statutory intervention.

- Dealing with certain outcomes includes: If the older person is choosing to go back to an unsafe environment. A lack of alternatives and legal protections and pathways for the older person. Worry that the person may be more at risk if abuse is brought to attention. Only reported if severe.
- Relationship building is very necessary for having conversation with the older person but may be limited. In fast-paced wards this is not always possible. Issues include respecting autonomy, cognitive capacity, lack of referral options, and that social work is associated with being but into residential aged care.
- In conclusion, relationship -based model of care is central for patient-centred integrated care. Needed are a model of care for vulnerable adults, including education in identification and responding, a health justice partnership, and protocols for referral.

QUESTIONS

Q – Have you thought about screening at hospital admission as with other factors?

There are plenty of studies on using tools in hospitals. Nurses are pulling back on good nursing practices and helping people with problems. It is throughout the provision of care so a screening tool might not work. It comes up more naturally in conversation. What do the nursing staff do with the information? The pace at the hospital is the problem.

SPEAKER SUMMARY – MELISSA DOCKER

Alternative perspectives on informal carers and elder abuse

- Carers and family can often be perpetrators of abuse. 'The carer voice' is Carers NSW biennial survey. Risk factors include carer stress, social isolation (both carer and older people), limited skills and knowledge. Poor mental health, financial hardship, patient challenging behaviour, and lack of sleep. COVID-19 has exacerbated stressors.
- Some instance of neglect and unawareness. Carers need opportunities to build capacity and skills. There are barriers to autonomy and self-determination. Inadequate formal services. There is increased reliance on informal care due to wait for home care packages or aged care. Defining carer. Prevalence (of abuse by) is difficult to gauge and understand. Abuse of carers does occur, often due to mental health or cognitive impairments of person being cared for, but is unquantified. Carers are also reporters of abuse and are uniquely placed to identify. As partners in care, they should be treated with dignity and respect, and they should be included in investigations of abuse.
- Safeguards for carers include a national carer gateway for carer supports. Peer support, counselling, coaching, and respite. The NSW Ageing and Disability Commission investigates allegations of abuse, are carer aware and inclusive, and there is an ageing and disability abuse helpline. Data is collected and reported on carer status.

- Recommendations include to use appropriate and consistent terminology, i.e., Distinction between paid a care worker, a carer and a family member. What do they that makes them a carer? Refer carers for support, understand that intent is not uniform; invest in education and awareness and how to report; redress and definitions; share learnings from other environments. Perpetration is complex and siloing violence not helpful.

QUESTIONS

Q – Are family members and carers allowed to have good days and bad days?

As long as it is not repeated bad days. The key focus is that carers might have bad days, but abuse is not okay in home or other settings. Making sure carers are well supported for when they do have a bad day.

Elder abuse helplines: data collection and analysis

Name of Rapporteur	Jessica Lockitch
Session name	Elder abuse helplines: data collection and analysis
Session time	12:00pm
Session room	Breakout 3
Moderator	Dr Rae Kaspiew
Session speakers	Professor Briony Dow, Anna Gillbard, Louise Forster

SPEAKER SUMMARY – PROFESSOR BRIONY DOW (Director, National Ageing Institute)

Analysis of seven years of elder abuse helpline calls

- Victorian data from Seniors Rights Victoria – advice call service for older people who have contacted helpline but need further advice:
 - > Not including residential residents abused by staff.
 - > Advocate and lawyer schedule phone call or meeting to give advice.
 - > Only advice calls related to at least:
 - » 26% non-abuse issues.
 - » 74% concerned at least one abuse issues.
 - > Three time points: first 24 months, most recent 24 months, whole 7 years.

- Types of abuse:
 - > Psychological most common.
 - > Financial, physical, social, and sexual abuse all increased.
- Influenced by people self-reporting and reaching out to service themselves.
- 72% of older people seeking advice are women, 28% men:
 - > Greater proportion than in general population.
 - > Indicates gender significant.
- 65% of clients had disability.
- 1% Indigenous or Torres Strait Islander, overrepresentation.
- Over 78% metropolitan area, overrepresentation.
- High proportion reported low income, but using a ranking system identified that callers came from 5 more advantaged groups.
 - > Higher vulnerability or higher awareness.
- 48% born overseas.
 - > Reflected post-war migration.
 - » UK or Greece or Italy highest proportion.
- Perpetrator:
 - > 54% men, 46% women.
 - > Female increased from first to most recent 24 months.
- Differ from prevalence study:
 - > In 91% of calls, abuser was a family member – higher proportion:
 - » 2/3 perpetrated by adult children – sons 39%, 28% daughters.
 - » 9% experienced intimate partner violence, close to prevalence study.
- 35.56% of older people lived with perpetrator
- Cohabitation – Sons increased incident, daughters decreased incident.
- 35% perpetrators reportedly experiencing drug/alcohol or gambling issues.
- 31% perpetrators reportedly experiencing mental health issues.
- Often older person will call because they want help for their children experiencing these issues.
- Hunches: seeing more mental health, drug alcohol gambling issues, more financial abuse seen, increase in daughters and women as perps (supported by results).
- Comparison with national prevalence study may indicate who seeks help, who doesn't:
 - > Similar results of perpetrator gender and proportion of spouse/partner and grandchild perpetrators.
 - > This study saw proportionally more people with financial abuse than prevalence data suggests.
 - > Could be because this helpline is a legal service.

- > Similar gender distribution of perpetrators.
- > This study reported a much higher proportion of adult child/partner perpetrators than the prevalence study.
- Data raises more questions than answers - is it the characteristics of older person and what they're asking, or characteristics of service provider?
- Trigger points of perpetrators and how to prevent.

SPEAKER SUMMARY – ANNA GILLBARD (Research Officer, Uniting Care)

Elder abuse data collection: Learnings and strategies for improvement

- QLD – Elder Abuse Prevention Unit – funded by QLD government; phone-based support and referral service
- Designing and building database:
 - > Knowledge and language barriers. Not from IT background, no understanding of possibilities of design, translating between IT speak.
 - > Type of application and platform:
 - » Ongoing costs?
 - » Does something exist or do you need to build?
 - » Web-based? Stored on locked-down server? What browsers can access it? Off-site access?
 - » Locked-down server, how can it be updated?
 - » Consider security, personal data? Privacy principles, security.
 - » Australian or international server? Legal implications.
 - > Structure:
 - » User-friendly?
 - » Input from database architect, users, and data analyst.
 - » Mistakes: e.g., hard to analyse, thinking about end goals.
 - > Data fields:
 - » Purpose for data collection?
 - » Involve data analyst.
 - » Consistency.
 - » Do you really need that data point? Type of service they are providing. Is it worthwhile capturing? Can be important to capture small data (e.g., LGBTIQ+).
 - > How staff so good at entering data?
 - » Always talk about data as victim stories.
 - » Including frontline staff in database building decisions.
 - Creates sense of ownership and useful knowledge.
 - » Training:
 - Confidence using program.

- » Knowledge translation
 - How what we find in data can be used to influence practice and policy so people can see benefits of data.
- » Allow time for data entry.
- > Data quality: increase accuracy and consistency:
 - » Data dictionary.
 - Tried to align with existing definitions & how it aligns in practice.
 - » Design.
 - » Training – monthly sessions.
 - » Cross-checking.
 - E.g., selecting abuse behaviours (e.g., shouting), but forgetting to select ‘psychological abuse’ and ‘physical abuse’.
 - » Continuous improvement process.
- How data gets used:
 - > Training for practitioners and students.
 - > Feedback survey from data report.
 - > Conference presentations.
 - > Advocacy and guide development of awareness raising activities.
 - > Development of resources.
 - > Highlighting the issue.
 - > Community education systems.

SPEAKER SUMMARY – LOUISE FORSTER (CEO – Advocare)

Righting wrongs in WA: past, present and in a pandemic

- Older WA’s needs have changed overtime alongside societal norms and trends in the social, political and technological arenas.
- Advocare:
 - > Raising understanding of older people’s rights.
 - > Independent of government and aged care providers.
- To consider:
 - > How has the reporting, perception and prevalence of elder abuse changed?
 - > Can we identify trends or shifts over the last 25 years since Advocare’s inception?
 - > What are the emerging issues in 2022 and beyond?
- 1996-2000:
 - > Events – 1998:
 - » PM John Howard pledges \$270 million to keep ageing Australians living in their own homes.
 - » First National Sorry Day observed.

- > Findings – 1996-2000:
 - » *Advocare’s Speak out Survey – SOS.*
 - WA callers who had experienced elder abuse between 1993 and 2002 (sample of 99 people).
 - > 2/3 cases women, 70+ years.
 - > 2/3 cases financial abuse, 50% of these attributed to family conflict (financial stress and physical dependency).
 - > Survey helped validate anecdotal evidence.
 - > Estimated prevalence in WA was 1%
 - Few referral pathways.
 - Informing community about existence of and strategies for preventing and responding to elder abuse.
- 2001-2010:
 - > Events – 2005:
 - » WA Gallop State Government support referendum for extended late night and Sunday trading.
 - » National Sorry Day renamed National Day of Healing.
 - » Schapelle Corby convicted.
 - » Cronulla Riots in Sydney brought racism to a head and into our living rooms.
 - > Findings:
 - » *Research into Community Attitudes to Elder Abuse in WA.*
 - Sample of 801 people.
 - 35% of community respondents lived alone.
 - 2/3 of respondents 60+ had no Enduring Power of Attorney in place.
 - Perceived physical and psychological abuse as most common, sexual and financial less so.
 - Perpetrators perceived as mostly family and younger people, not friends or carers.
 - Prevalence of abuse estimate was 16% in WA.
 - » *Advocare statistics.*
 - 4,717 total calls.
 - 28.3% financial abuse, 27.8% psychological abuse.
 - 18.7% cases perpetrated by family outsiders; 17.9% cases perpetrated by family members.
- 2011-2021:
 - > Events – 2016:
 - » Australia’s unemployment rate rises to 6% (first rise in 6 months).
 - » Federal Government announces an inquiry into the laws and frameworks to safeguard elderly Australians from abuse.
 - » Claremont Serial Killer charged.

- > Findings:
 - » First ever national survey: National Elder Abuse Prevalence Study.
 - Sample of 7000 people.
 - 15% of older Australians reported experiencing abuse.
 - Most prevalent was psychological abuse (12%); financial abuse reported at 2%.
 - 61% of older people don't seek help when abused.
 - Family and friends are most common source of support, but also most common groups of perpetrators.
 - » Prevalence of abuse in WA was up to 15%.
 - » *Advocare statistics:*
 - 19,645 total calls.
 - 29% financial abuse, 25% psychological abuse.
 - » 19.2% of financial abuse perpetrated by family members; 5.7% perpetrated by family outsiders.
- > Differences between Advocare and National statistics:
 - » Advocare saw much higher prevalence of financial abuse in WA than national prevalence.
 - » Family and friends were consistent in being most common support groups, and most common perpetrators.
- 2022 and beyond:
 - > Example questions advocates are hearing in WA.
 - » Can I take leave from the facility and go home because there is an outbreak there?
 - » What do I do when a number of staff are off sick, and my home care services keep getting cancelled?
 - » A number of staff are off sick and I'm not getting showered, my medications are not given at the correct time; how do I get my services? (Residential aged care facility).
 - » My sibling has taken my mother out of the family home and moved her down to a remote, regional location to keep her safe from Covid19 and I'm not able to see her – what can I do?
- “Abuse of older people is everybody's business” – 2017 Australian Law Reform Commission.
- Alliance for the Prevention of Elder Abuse in WA.
 - > Started by and chaired by Advocare.
 - > Police, public reps, departments of communities, NFP providers, etc.
 - > Media guidelines, is it successful? How to accurately and helpfully report to increase understanding.

Question: Do other services (e.g., Beyond Blue) get calls that would be categorized as elder abuse?

Anna:

- Lifeline did get calls that constituted elder abuse but there's no concrete data.
- We do get a lot of calls from people that aren't victims themselves.

Question: Data can indicate types of service improvements needed; what kinds?

Briony:

- Picking up gaps in services, e.g., in regional and rural areas may need to be thought about more.
- More improvements around advocacy of perpetrator issues (e.g., gambling, substance abuse).
 - > A lot of elder abuse concerns arise because the victim wants help for someone else (usually the perpetrator).
- Targeting education areas around underrepresented groups.

Anna:

- Looking where there is underrepresentation of calls and targeting those groups.
 - > E.g., if we're not getting certain types of calls (e.g., type of abuse) or from certain groups of people
 - > So many fewer calls from CALD communities; how can we increase/reflect representation and what are the challenges?

Tuesday 2pm

Can You Imagine a World Without Ageism?

Name of Rapporteur	Jessica Lockitch
Session name	Can You Imagine a World Without Ageism?
Session time	2:00pm
Session room	Plenary
Moderator	Lucy Best
Session speakers	Rose Connors-Dance, Kay Patterson AO, Michael Smith, Professor Briony Dow, Margherita Coppolino, Marlene Krasovitsky

SPEAKER SUMMARY – ROSE CONNORS-DANCE

Embraced Inc and Creator of the Centenarian Portrait Project

- Intergenerational project where Teenager paired with centenarian, teenage artists paints portrait of centenarian and tells their story. Portrait gets given to centenarian upon completion.
- To connect teenager with centenarian, through sharing stories and experiences.
 - > Explore art for youth.
- Developed 2017 in Melbourne.
 - > First included 9 centenarians and 9 artists.
 - > Positive feedback and impacts.
 - > Melbourne, NSW, QLD events each of 100 centenarians and 100 teenage artists.
 - > Covid19 hiatus; resuming with SA, TAS, WA and NT instalments in 2022.
- Honours life at 100 in all its forms – embrace diversity of experience.
 - > E.g., teenage artist created 3D portrait for centenarian who couldn't see.
- Portraits given to centenarian upon completion.
- Sensitivity and compassion, simple moments of kindness and connection; reflect times we live in
- Embraced.com.au.

SPEAKER SUMMARY – THE HON DR KAY PATTERSON AO (Age Discrimination Commissioner)

- 90% of Australians surveyed believe ageism exists, 83% believe it's a problem, 63% experienced ageism (64% older people).
- Stereotypes, prejudice, and discrimination directed towards people on the basis on their age.
- Generalized negative views of older people, also expressed in media
- Malevolent or benevolent.
- Taken to extreme, these attitudes can lead to elder abuse.
- Barrier to noticing or reporting elder abuse, negative assumptions can lead to an environment where concerns aren't taken seriously.
 - > E.g., ear issues assumed to be elderly issues of hearing.
- Importance of intergenerational projects in combatting ageism.

PANEL DISCUSSION SUMMARY

- The Hon Dr Kay Patterson AO (Age Discrimination Commissioner).
- Rose Connors-Dance (Embraced Inc and Creator of the Centenarian Portrait Project).
- Michael Smith (CEO – Eastern Community Legal Centre).
- Professor Briony Dow (Director, National Ageing Research Institute).
- Margherita Coppolino (National Ethnic Disability Alliances).
- Marlene Krasovitsky (Co Chair and Director, EveryAGE Counts Campaign – The Benevolent Society).

Q: Can you imagine a world without ageism?

Rose: intergenerational projects key, especially within Western societies where we've shifted into age bubbles, need to have friends in different generation brackets.

Marlene: in this world, the human rights of older people would be upheld; older people would be more visible, there would be more intergenerational connections, less prejudice and discrimination; a society where every person is valued, connected, and respected. It would be harder for elder abuse to occur.

Margherita: one less label people would have to wear or be categorized by.

Briony: also, where every stage of life would be valued equally. E.g., elder people having services indicative of love and care and value.

Michael: think about young people as well as old people; thinking practically about events like this, where we would have conferences like this with young people and less generational bubbles.

Kay: no more "isms", a world more blind to discrimination of age, disability, etc.

Q: What parallels do you see between ageism and ableism?

Margherita: wasn't ableism problem until I got older; had to pick up an extra intersectional lens, how to manoeuvre the aged system with disability.

Q: Is campaigning against ageism the first and most important step to prevent elder abuse? And if so, how can we embed anti-ageism?

Marlene:

- In prevention, we think about legislation and education; we need to take a step back and start with awareness.
- We know ageism is not visible; campaigning is important to shine a light on impacts and increase awareness.
- Awareness of ageism as a driver of elder abuse is the beginning; context is shaped by shared social values and norms; ageism is embedded in the context; elder abuse is a manifestation of ageism where an older person's life and future is diminished.
- Until recently in absence of prevalence data, elder abuse tended to be framed as an interpersonal issue instead of systemic issue. Systematic: creates very conditions in which elder abuse can occur and how we've been able to turn a blind eye for so long.
- More ageist = more likely to not care and not recognize elder abuse. Stop scourge of elder abuse before it happens.

Q: Ageism is not just about older people. What do you see is the role of different generations in fighting ageism?

Michael:

- See experiences of both older and young people.
- Agreed with Marlene about drivers of elder abuse such as ageism and discrimination.
- Tackling images and stereotypes we perpetuate and are barriers.
- Importance of intergenerational work, all ages who can explore those conversations together.

Q: If we feel that real battle is against ageism, and we see a world without ageism as a world without elder abuse; who should we focus our messaging on?

Briony:

- In that world, we would be able to value elder's lives, and remove barriers that allow elder abuse to occur.
- *Age Encounters* project interviewed younger and older people of experiences of age and age discrimination.
 - > e.g., what do you imagine it's like for older/younger generation?

- > found huge amount of empathy from both generations about challenges and experiences.
- > what emerged was so few opportunities outside of family where older and younger people could interact e.g., youth programs not including older people.
- More intergenerational programs: research shows intergenerational programs reduce the driver of ageism, and therefore may reduce elder abuse.
 - > The government has a role to play in promoting, etc. these programs.
 - > Key to reducing ageism; harder to hold stereotypical views when you have relationships with individuals from those groups.

Q: Comments on self-ageism?

Kay:

- Importance of not taking on ageist values yourself as an older person – taking on ageism is detrimental.
- “Old and bold”.
- We can let people make us invisible, but we’ve got every right to be seen as everyone else; we need to be proud of who we are, that we are individuals.
- We should contribute to conversation and expect to be heard.
- “let’s not fade away”.

Lucy:

- Make friends with other generations of people, get involved in and learn about intergenerational projects.
- Be bold.
- Consider intersectionality; can’t examine ageism without other “isms.

Protecting older people's rights: Listening, seeing, framing

Name of Rapporteur	Briohny Kennedy
Session name	Protecting older people's rights: Listening, seeing, framing
Session time	2:00pm
Session room	Breakout 2
Moderator	Carolanne Barkla
Session speakers	Tanya Chaman, Chris Mead, Colette Bots, Helen Wallace

SPEAKER SUMMARY – TANYA CHAPMAN

Growing stronger: Using entertainment to tackle elder abuse

- Solicitor, wills, estates, and elder law. Need to do more to raise awareness of elder abuse and the legal rights of older people in the community. How to get noticed? People engaged with individual stories, and this was the way to bring attention to issues. Growing stronger podcast. Examples of property issues. 29 episodes to date. Why a podcast? In 2021 27% of Aussies were weekly podcast listeners. Growing. Highest engagement among podcast listeners. 30mins-1hr.
- One or more legal cases and examples of legal processes. 'Knowledge is power' – knowledge and encouragement to put themselves first, and to raise awareness of elder abuse within the community.

SPEAKER SUMMARY – CHRIS MEAD

Moving Story: When we move, our story moves with us

- Film screening, and invitation to continue conversation.
- Moving story involves 5-minute documentaries about people with dementia. Useful for relationship between family and care providers to increase knowledge about the patient. Authentic co-producing and inclusive around showing the story the family wants to tell. Project evaluation involves everyone. A new carer was shown non-clinical insight into the person. If meaningful connection decreases cognition diminishes. When they move (into age care) the story moves with them. If you feel like you are making it together, it's not journalism, it's not ruled by a script. Has been emotionally challenging and have unintentionally caused agitation. Cues for staff if patients/residents become anxious. Knowing what interests, them, for example listening to music. Giving people agency and a voice to contribute.

SPEAKER SUMMARY – COLETTE BOTS AND MS HELEN WALLACE

Rights. Camera. Action.

- Seniors legal and support service (16 years). Reviewed 50 recently closed files, focusing on perpetrators. Cases were commonly financial abuse (the type most likely to lead to legal action). Deliema et al 2018. Developed perpetrator typologies: Caregiver (financial), temperamental (emotional), dependent (financial), dangerous abuser (emotional-highest, but also most likely to be physical abuse).
- A caregiver abuser (daughter) helped mum into temporary aged care, then moved into her house. Daughter kept referring to original ACAT referral and would not let her back in the home. The client was re-assessed, revoked power of attorney over self, and got her home back. There had been no education on the role of attorney with the daughter.
- A daughter invited her mother to live with her, promised to help her buy a unit. Daughter used some money toward the unit and gambled away \$100,000. Daughter repaid ½, then lost job and became estranged. Got client into affordable long-term counselling and perpetrator on a payment plan.
- Intervention gaps include inability to assist the perpetrator for example, increase independence, job skills, and tailored support for dependent caregivers.
- Temperamental abuser. Violent daughter with mother. The daughter left mother alone after police visit. No addressing of behaviour of perpetrator.
- Son was a drug abuser, in and out of jail, children in care, etc. Didn't contribute, hocked client's belongings, fear of son being violent. Did not pursue a DVO, social worker helped with safety planning. Basic human right to be free from DV is not met.
- Early intervention in this situation would be to remove abuser. Is the best response a DVO against the older persons wishes? Restricting access to an older person against their wishes. If it was intimate partner, police would intervene. Not the case for older adults, where do we draw the line? The research into 50 cases reflects the US study into abuser typologies.
- Lenses: human rights, safety and protection, social connection, trauma-informed, community education, tailored perp interventions.
- Listen to older people, they just want the abuse to stop. Large gaps in addressing perpetrators behaviours and providing support where needed.
- Response to question about addressing perpetrators was that we need a mirror service with multiple programs to refer perpetrators to. In QLD the wait for DV perp program is narrow, a 6 month wait list and does not happen unless by court order.
- In response to question about case scenarios where there were impaired decision making, the answer was that if there were significant impairments and solicitors can't be instructed, there is a different service referral. The service creates an unrushed and comfortable experience to optimize the decision-making domain (i.e., whether complex or simple decision-making). It can get very complex.

Supporting Older People's Choice

Name of Rapporteur	Sophie Frank
Session name	Supporting Older People's Choice
Session time	2:00pm - 3:00pm
Session room	Breakout 3
Moderator	Melanie Joosten
Session speakers	Dr Merran Cooper, Jocelyn Courtney, Dr Alicia Kennedy

SPEAKER SUMMARY – MERRAN COOPER

Advance Care Planning: A Doctor's Lived Experience

Dr Cooper spoke of the issues Older Australians face with an Advance care plan which gives consent of how the person wants to be treated and cared for, the plan is meant to reduce conflict of families and doctors on what the patient wants at the end of life. However, it rarely works, and Dr Cooper developed an App that could reduce confusion and make collective decision making more accessible. The App should work collaboratively with a financial planner that gives the right people permission to access the directive and the older person can be updated when changes are made. The purpose of this new care plan is to improve privacy and more effective information sharing between medical professional and the family.

- Fragmented health system.
- Your advance care plan must be mobile and when they are need
- Inexperienced doctors must learn skills such as nasogastric insertions and intubation.
- Older patients compromise most inpatients in our public hospitals.
- Unfortunately, it is often more difficult to perform these procedures on an elder person than younger.
- Care plans give consent and how the person want treatment and care includes the advance care directive – the reduce conflict in families.
- Problem: rarely exist, minimal uptake if there is one it is long.
- Govt. want them on the My health record but can still have issues with the document?
- We need a proper care plan system that allows for collective decision making and helping those in emergency and the family deciding together what the next step is needed.
- Human rights approach.
- Put together touchstone life care that works for privacy and information sharing.
- Start planning with a financial planner – share their plan with those who have given permission.
- If the plan gets changed it can tell the person, the updates.
- Social impact needs to be measured not just money saved but improving family relationships – intergenerational impact.

SPEAKER SUMMARY – JOCELYN COURTNEY

The Devastating Impact of Social Isolation

Jocelyn spoke of her Senior social connection program that aims to improve community connectedness and engagement. COVID-19 was a tough time of seniors where most of their social events were cancelled and separated from family. Jocelyn spoke of the potential permanent impact of COVID-19 where they may have to further develop digital social gatherings in the future, despite some unperson social programs already resuming. The program Jocelyn promotes is a client-centred approach through a three-prong method: community support, case management and community engagement. Through these methods, the service tries to find what the client wants and needs, rather than what the service believes the older person needs.

- Senior social connection program – improve community connectedness and engagement.
- COVID-19: tough time for seniors, separation from families/friends, closure of community groups, anxieties for infection and going out, digital exclusion – lack access, impact on physical and mental wellbeing.
- We haven't resumed our normal activities yet (if ever).
- We are working on digital literacy courses through the hub.
- Elder abuse and social isolation: tend to go together.
- Our program is client centred which holds the foundation of what we do with the seniors in our community: three prong approach (community support, case management, community engagement/information advice and referral) try to find what the client wants from our services.

SPEAKER SUMMARY – ALICIA KENNEDY

Companion Pets and Elder Abuse: The Links

Alicia is a Veterinarian who noticed the impact of the relationships of older Australians and their pets. This relationship can show indications of older persons who may be experiencing elder abuse. This includes unable to suddenly afford vet bills, decline in pet wellbeing, pet is living in a dirty environment, forced surrender etc. Alicia believes that Vets should be considered potential frontline whistle-blowers for elder abuse in the community.

- Purpose: benefits of healthy companionship with animals especially for healthy ageing.
- Advocacy: power of the human animal bond in human health and wellbeing
- Provide crisis care for people with disability, mental health problems, the elderly etc.
- Pets decrease loneliness, depression, reduce stress, increased activity, social engagement, faster recovery from illness, shorter hospital stays and enhanced independence.
- Pets and elder abuse: the link with pets and abuse is linked and a big issue in the senior community.

- Cruelty to animals can be an indicator of abuse to the family, pet neglect, pet hostage etc.
- Signs of pets and elder abuse: unable to afford bills, decline in pet wellbeing/welfare, sudden weight loss of the animal, non-accidental injury, pet is living in dirty environment, changes in social contact – not seeing the pet at the normal park, forced surrender, distress to owner in being separated.
- Societal issues: animal hoarding, older women facing homelessness.
- How to respond? Connection, gentle questions, pet health records, including pets in care plans, home pet care services (cherished pets service), building community.
- We need more research into ways vets could be used as a frontline whistle-blower for elder abuse.

QUESTIONS

Q. What are your thoughts on euthanasia?

An advance plan works both ways. You can have children talk about euthanasia and request it. I think people in society have deep rooted issues with death. I think death is something we need to embrace. The plan is about giving consent.

Q. What is something that could be done with palliative care?

I am not an expert but when you treat the person as an individual you are less likely to abuse. Rarely the dementia ridden person they may not remember the family member, but they remember the feeling they get when around them. We need to engage and be present with those. The impact of DNR is impacted by pets and loved ones.

Q. Do pet owners choose your service over others?

For our elderly clients, we are referred either from family or other vets who see them struggle with pet care but other times they are case referred. We are looking at.

Q. Have you seen a reluctance with some to get involved have you had to change how you do activities with your clients?

We have seen and change in who gets involved in some circumstances a volunteer will visit one-on-one to try and link them back into group services, but we have seen a change in the landscape of how. Hopefully vaccine uptake will give people the confidence to get involved.

Tuesday 3.30pm

Elder abuse in aged care

Name of Rapporteur	Jessica Lockitch
Session name	Elder abuse in aged care
Session time	3:30pm
Session room	Breakout 3
Moderator	Deb Lewis
Session speakers	Melissa Docker, Linda Steele, Kate Swaffer, Peter Qiao

KEY POINTS

- Older carers do not receive adequate support and attention.
- This may impact on carers' health and wellbeing.
- Carer burnout and break down in caring arrangements due to inability to access adequate or appropriate aged care services.
- Need to address systemic abuse of older carers through more recognition and support in caring and services.
- Overwhelming focus on reforming aged care, but no focus or attention given to redress (especially in Royal Commission recommendations).
- A framework for redress will be submitted to the Disability Royal Commission.
- Disability Royal Commission is important for addressing gaps in Aged Care Royal Commission for those living with dementia in and out of aged care.
- Inadequate policies regarding the aged care sector.
- Other sectors (such as childcare) may demonstrate how to overcome barriers to inaction.

SPEAKER SUMMARY – MELISSA DOCKER (Senior Policy & Development Officer, Carers NSW)

Understanding the systemic neglect of older carers in the aged care system

- Carers NSW is a peak non-government organisation for carers in NSW.
- 2.65 million Australians provide care and support to a family member or friend (excluding formal carers).
- Systemic abuse and neglect: refer to rules, regulations, policies or social practices that harm or discriminate against older adults.

- Of 1.21 million persons over age of 65 requiring assistance: 36.6% received only informal care, 1.8% received only formal care, 62.5% received both formal and informal care.
 - > 33.8% of informal support was received from a spouse/partner, often ageing themselves.
 - > Two thirds of carers over 65 reported receiving no assistance with their caring role in the prior 6 months.
 - > In 2018 carers reported decreased satisfaction in range and quality of services available to assist them in their caring role since 2015.
- Carers NSW National Carer Survey (2020).
 - > 7,735 valid responses.
 - > 1,101 respondents aged over 65, caring for someone accessing aged care services.
 - » 73 years of age (avg.).
 - » 67% female.
 - » 75.8% caring for partner, 13.1% caring for a parent.
 - » 68.4% providing care alone.
 - » Caring for an average of 11 years.
 - » Provide an average of 85 hours of care per week.
 - > Participants were often able to advocate for themselves and most already linked with services, may cause bias.
 - > Carers who felt their needs were not met reported higher psychological distress, more social isolation, lower wellbeing.
- Systemic barriers to support for carers (identified by the Royal Commission).
 - > Inadequate and inaccessible information and support.
 - > Limited opportunities to assess or address carer needs.
 - > Lack of appropriate or adequate respite services.
 - > Issues with quality and safety of aged care services.
 - > Overreliance and pressure on informal carers to fill gaps due to delays and shortages of formal care in the home and residential care facilities.
- Impacts of inadequate support on carers.
 - > Negative physical health outcomes.
 - > Increased psychological distress.
 - > Social isolation and relationship breakdown.
 - > Carer burnout and break down in caring arrangements due to inability to access adequate or appropriate aged care services.
- Addressing systemic abuse of older carers.
 - > Strengthening carer recognition legislation to uphold and enforce the rights of carers.
 - > Ensuring adequate, appropriate and safe formal care services available to enable 'choice' to care and opportunities to take breaks from caring.

- > Identification of carers and opportunities to explore and address carer needs throughout the carer journey.
- > Improved integration between service systems that provide support to carers.
- > Increased support with understanding and navigating service systems.
- Carersnsw.gov.au.

SPEAKER SUMMARY – LINDA STEELE (Senior Lecturer in Law, University of Technology Sydney) &

Redressing violence against people living with Dementia in residential aged care

- Overwhelming focus has been on reforming aged care system, no focus on redressing.
- Redress: righting wrongs
 - > E.g., individual – compensation and psychosocial support.
 - > E.g., institutional – national apologies, community engagement, memorials.
- Failing to reconcile with past harms becomes barrier to individual healing and community repair, barrier to reform.
- Why don't we redress in context of aged care?
- Canterer experiences of people with Dementia.
- Two stages:
 - > Focus groups exploring necessity and purpose of redress:
 - » What does it mean to do so; big picture of why and what.
 - > Specific principles and reforms redress might take
 - » How and who.
- Develop a framework to submit to Disability Royal Commission.

SPEAKER SUMMARY – KATE SWAFFER (Co-Founder, Dementia Alliance International)

- Don't have appropriate, if any, redress for any past or current abuse in residential aged care.
- Royal Commission recommendations were full of inconsistencies and contradictions, still waiting to see recommendations implemented:
 - > Have known about the issues for decades.
 - > Lack of seeing the bigger picture.
 - > Aged care providers and health care practitioners concerned for funding and stability rather than (and as well as) abuse.
 - > Lack of intent to create change.
 - > Lack of mentioning redress has consequences on sector and society; absence of existing avenues for redress and lack of recommendations of Royal Commission to create avenues.

- Disability Royal Commission is important for those with dementia:
 - > Identifying ways to better provide, best practice in reporting.
 - > Support to live in society without abuse and neglect.
 - > Must also include aged care facilities.
 - > Taking human right approach (not seen in everyday practice).
- Dementia is one of the causes of dependability in aged care, lack of recognition, acknowledgement and support of dementia in aged care sector and in disability sector.

SPEAKER SUMMARY – PETER QIAO (HONOURS GRADUATE, UNSW SYDNEY)

The Australian Government's aged care policy: elder abuse and neglect

- Lack of public policy research regarding residential aged care.
- Utilising dimension of choice theory.
 - > Social welfare can be interpreted as 'choices among principles', determining what benefits are to be offered, to whom, and how.
- Thematic analysis of 63 parliamentary docs between 2016-2020.
- What barriers are likely to inhibit policy action on elder abuse in Australia's aged care system?
 - > Reasons for inaction.
 - » Ageism
 - » Lack of political will
 - » Federalism → "federal/state buck passing", who's responsibility?
 - » Privatization of aged care
 - » The non-binding nature of the Royal Commission into Aged Care Quality and Safety
- What could be gained from other sectors (e.g., Child Protection, Childcare) that can give further understanding of these barriers and how they may be overcome?
 - > E.g., comparisons of mandatory reporting, staffing requirements, and how policies are held to care
 - » Adult protection has insufficient support, political gridlock, less developed
 - » Adults are seen as independent and are both assumed and expected to be independent in most periods of later life
 - » Limited mandatory reporting until 2021
 - » Ambiguous staffing requirements
 - » Sanctions ineffective
 - > Aware comparison may be ageist, but if childcare and child protection is well developed, so could age care protection be

- What should we do?
 - > Legislation of staff-to-patient ratios
 - > Improving working conditions in aged care
 - > Re-writing the Aged Care Act 1997 (cth): emphasis on rights and care over profit-making
 - > Cultural change in Parliament
 - > Effective sanctions & compliance systems
 - > Urging state governments to take action
- Research needed to understand variations between state and territory legislation

QUESTIONS

Q: How much do you feel that no staffing ratios, and poor training of care workers, lack of RNs, contribute towards violence and neglect in RACFs?

Linda:

- A human rights approach found a question that wasn't explored in the Royal Commission: what is the appropriateness and suitability of large-scale living congregates for people living in aged care?
- Lack of good standards of care; is institutional care the right or best way to house and support older people and people living with dementia?

Kate:

- Advocating for de-institutionalisation and de-segregation, we know from orphanages it can lead to violence and neglect.
- e.g., Group Homes Australia in Sydney has proven that it works living in group homes with mixed diagnoses and ages, etc.
- Don't think staffing ratios will fix that or stop abuse in large living institutions.

Q: There is an appetite for de-institutionalisation, but it seems immovable in aged care. How do we change that and why do we think that's happened?

Kate:

- A lot of aged care facilities and nursing homes are designed based upon hospitals; institutional settings make it easier for staff to take care of people
- Too many people can't see there's another way than segregated living
- The challenge that we face with people with younger-onset dementia is that they can access much better support through the NDIS, but older people can't access NDIS support.
 - > NDIS is age-discriminatory; either adjust it or modify Aged-Care systems to provide adequate assessment and support.

Melissa:

- Heard repeatedly people want to stay living in their home, carers want to provide that care for as long as possible.
- Inadequate supports, no alternative to hospital or institutionalized care. How is 24hr care being done in other systems? How can we enable people to stay in the home and still receive some support from the carers?

Q: What is your attitude to group cottage-style homes rather than high-rise homes?**Linda:**

- People have a right to independent living and community engagement; institutions aren't just defined by building.
- Also, about opportunity for people to exercise choice about living arrangements and for people to live not in segregation.
- Big campaign for Disability Royal Commission to consider segregation as a contributor to abuse, people are not given choice in how they live or are in the community, also restrictive practices.

Kate:

- People living in institutional settings and segregated settings had less "outings".
- Extra restrictions on people segregated from rest of nursing home.

Q: A member of my family gave evidence to the RC and made a very big point from his experience for more robust, tailored, and regulated training of CEO's; what are your thoughts?**Kate:**

I'd be more worried about training of aged care staff just as much as CEO's, everybody needs training, especially for dementia care.

Linda:

It points to a bigger issue of the way aged care operates as a private approach, who are they accountable to: more about public, etc. than residents

Kate:

Training of CEO's would assist greatly; more likely for on the floor workers to be able to do a good job.

Diverse experience of elder abuse

Name of Rapporteur	Christine Robertson
Session name	Diverse experience of elder abuse
Session time	3:30pm – 4:25pm
Session room	Breakout 4
Moderator	Katy Roy
Session speakers	Ms Kedy Kristal, Sonia Di Mezza, Anthony van Ballegooij

SPEAKER SUMMARY – KEDY KRISTAL

The rights and well-being of LGBTIQ elders

- LGBTIQ specific abuses, e.g.
 - > Threatening to out you
 - > Double/triple discrimination e.g., LGBTI/older/disability
 - > Hindering/forcing transition
 - > Isolating from LGBTIQ community
- LGBTIQ elders may suffer some or all of 4 categories of abuse:
 1. Intimate partner violence – research suggests rates are similar or higher than in heterosexual communities
 2. Family violence – when biological family member exerts control over LGBTIQ elder
 3. Paid career violence – when non-related paid carers exert violence and neglect on the elder, stemming from ageist and/or homophobic attitudes
 4. Systemic abuse:
 - » When aged care providers treat all elders the same and fail to recognise LGBTIQ people and relationships
 - » Trans, HIV+ and intersex people are at particular risk of abuse if staff are not trained
- Q-connect:
 - > A wellness program for over 60s LGBTIQ elders
 - > A social space to make new friends
- Befriender program:
 - > New pair to pair program
 - > LGBTIQ elders volunteer to befriend other LGBTIQ elders.

SPEAKER SUMMARY – SONIA DI MEZZA

Elder Abuse, as perceived from a culturally and linguistically diverse lens

- We have a definition of elder abuse; we know about the different forms, but we need to recognise that a culturally diverse lens can impact on how you see elder abuse and kinds of services and supports.
 - > e.g., in China refusing to take care of an older parent is a crime – elder abuse – but it is not in Australia.
 - > e.g., in Greek and Italian cultures raised voices may sound abusive to outsiders.
- Cultural lens can create confusion in the mind of the individual and the community.
 - > What is seems like elder abuse in one culture may not be in another
 - > It is a grey area
 - > Do not presume. Must look at the individual level. Is the person feeling fear?
 - > A community may think it is good to treat one way, but the individual may not
- It is important to remember that if the act constitutes elder abuse in Australian law, cultural practices would not be a defence.
- CALD (culturally and linguistically diverse) perspective
 - > Sometimes cultural traditions/shame may drive family decision-making around looking after an elder. This may lead to neglect or abuse in the Australian setting
- Cognitive decline is a grey area
 - > We need to work out what the elder would have wanted
 - > Understand more about the culture
- Recommendations
 - > Information and education must be flexible
 - > Place the individual as the expert, not the service provider
 - > Do not start with stereotype of presumption, start with the person
 - > Interpreters must be readily available - gives perspective when advocate can speak their language

SPEAKER SUMMARY – ANTHONY VAN BALLEGOOIJ

Older LGBTIQ+ people - What makes them vulnerable?

- Observations, insights and recommendations:
- What increases vulnerability?
 - > Intersectionality
 - > Reticence in recognizing/admitting being victim of abuse/discrimination
 - > Many older LGBTIQ+ people do not know what elder abuse is, how to make a complaint, or how to leave the situation
 - > rural and remote communities may not have same opportunities as cities

- Concerns of older LGBTIQ+ people:
 - > Stigma
 - > Retribution
 - > Consequences for perpetrators
- Insights:
 - > There is a lack of campaigns that focus on Lack of campaigns focus on the abuse of older LGBTIQ+ people
 - > Lateral violence
 - » Understanding the shame around reporting abuse that is usually perpetrated by family members - intercommunity violence
- Recommendations:
 - > Need to start talking before we can address issue
 - > Education around different types of abuse and how they can harm
 - » Visible and overt abuse and less visible abuse e.g., social exclusion
 - » Need more than just formal education. Older LGBTIQ+ people may not come to formal education as it may be outing yourself especially in small communities. Messaging must be integrated into all kinds of events for older adults
 - > Education and advocacy need to be delivered to providers about what LGBTIQ+ specific elder abuse is, and how to support older LGBTIQ+ people
 - > Need for targeted campaigns that focus on LGBTIQ+ elder abuse
 - > Messaging on the value of older people rather than on what they cannot do
 - > Look at intersectionality – the connections with other marginalized groups
 - > Need for informal safe spaces
 - > Research in LGBTIQ+ elder abuse is lacking so stories are not being captured. This lack of research could be due to:
 - » People not disclosing
 - » People not being aware that what is happening is elder abuse
 - » Lack of access to research collection points (e.g., online)

QUESTIONS

Sonia:

- It is important to have conversations with the older person about how they want to live. My Aged Care provides support for older adults to continue to live at home. There are ethno-specific organisations that can help. If family are having problems, they need to discuss the best way forward with the older adult.
- The valuing of older people is breaking down in all countries. Familial support for elders is declining in societies where this has existed traditionally.
- Can we consider educating younger people about elder abuse? We are operating in an ageist society. We need to not see older adults as separate and not contributing; rather see them as a valuable part of society and bring about connectiveness.