STAND UP SPEAK OUT
27-29 JULY 2026

2026 AUSTRALIAN ELDER ABUSE CONFERENCE

Engaging Health Services to Identify and Support Responses to Elder Abuse

ACT Human Rights Commission

Yonnie Fung & Bridie Woolnough

ACT HUMAN RIGHTS COMMISSION

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Acknowledgement of Country

We acknowledge the Yugambeh and Kombumerri peoples as the traditional owners of this land and recognise their continuing connection to land, water and community.

We pay our respects to their elders and to all Aboriginal, Torres Strait and South Sea Islander people here today.

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Presentation Overview

How the ACT Human Rights Commission has built and utilised its relationships with health service providers within the ACT to:

Identify

- Identify older people at risk of elder abuse.

Respond

- Collaborate and respond to elder abuse concerns.

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ACT Vulnerable Person Jurisdiction

Complaint function	• Can accept and respond to complaints/ notifications which identify a vulnerable person is at risk of abuse, neglect or exploitation.
Vulnerable person definition	• A person 60 years or older with other vulnerabilities. • An adult with a disability.
Human Rights Commission Act 2005	• Protects people who provide information. • Commission can receive information anonymously/ self initiate complaints.

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Commission's Complaint Jurisdictions

Vulnerable Person	Older Peoples Services	Retirement Villages	Health Services & Practitioners	Discrimination
Human Rights	Disability Services	Occupancy	Code of Conduct for Health Care workers	Vilification
Privacy	Children & Young People Services	Charter of Victims Rights	Veterinary Services Practitioners	Sexuality Conversion Practices

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Prioritising Health Service Engagement

Universal access	• Most older people can/ will access health services at some point, either in community or hospital, or through an ambulance callout.
Health services uniquely positioned	• Identify older people at risk of elder abuse. • Signpost older people to Commission and/ or notify Commission of elder abuse concerns.
Service limitations and concerns	• Time limited input can affect ability to provide ongoing support and practitioners report concerns re. consequences if do/ don't report.

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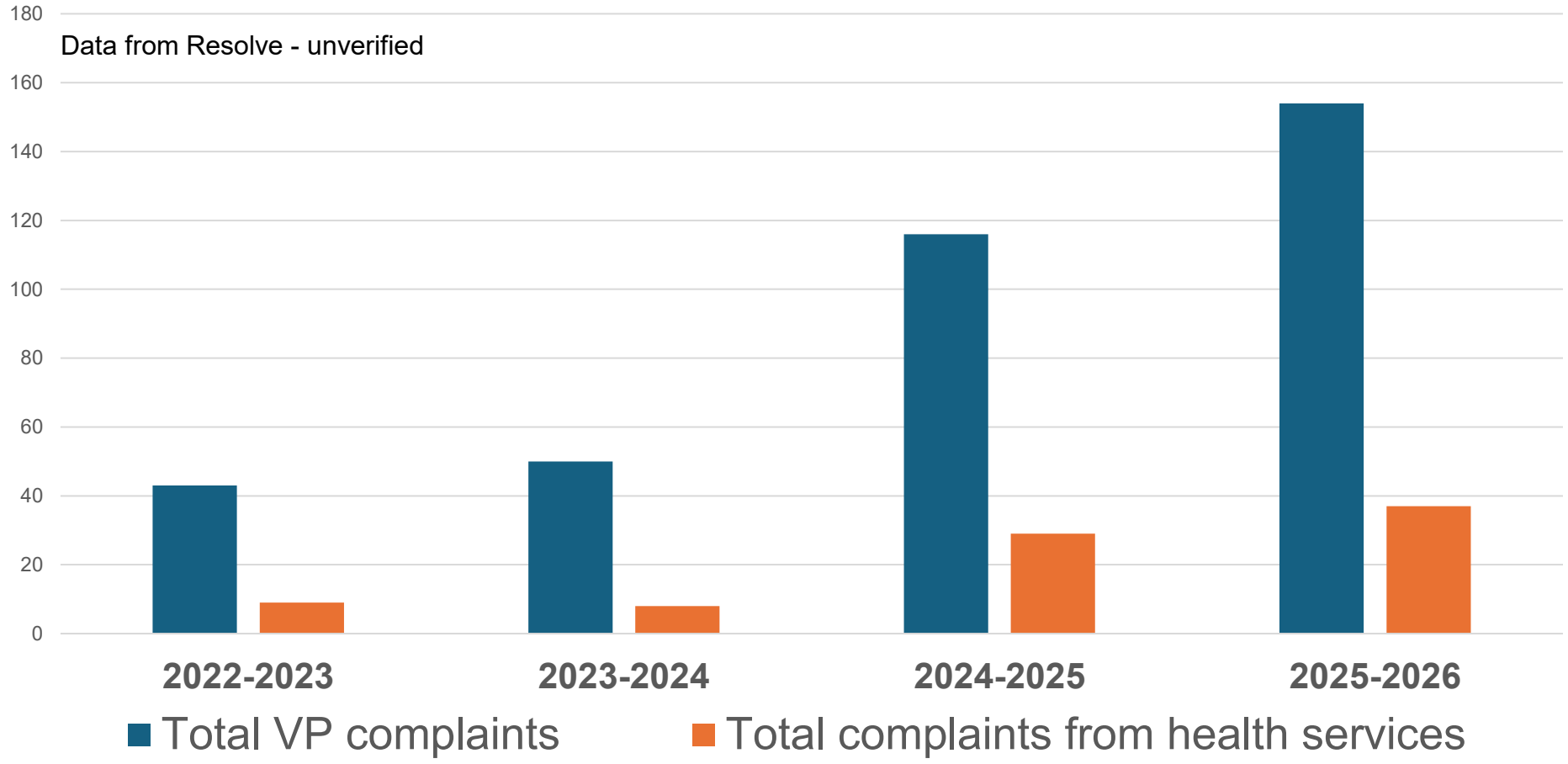
Vulnerable Person Complaints



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Supporting Health Service Notifications

Promotion & Networking	• Commissioner promotes referrals at health executive level and chairs Elder Abuse Prevention Network Meeting.
Education & Information	• Team offers education sessions & information to health services about process and approach, and protections for notifiers.
Address barriers & offer support	• Team will speak with any potential notifier to address potential barriers for reporting. • Team support health with their complex cases.

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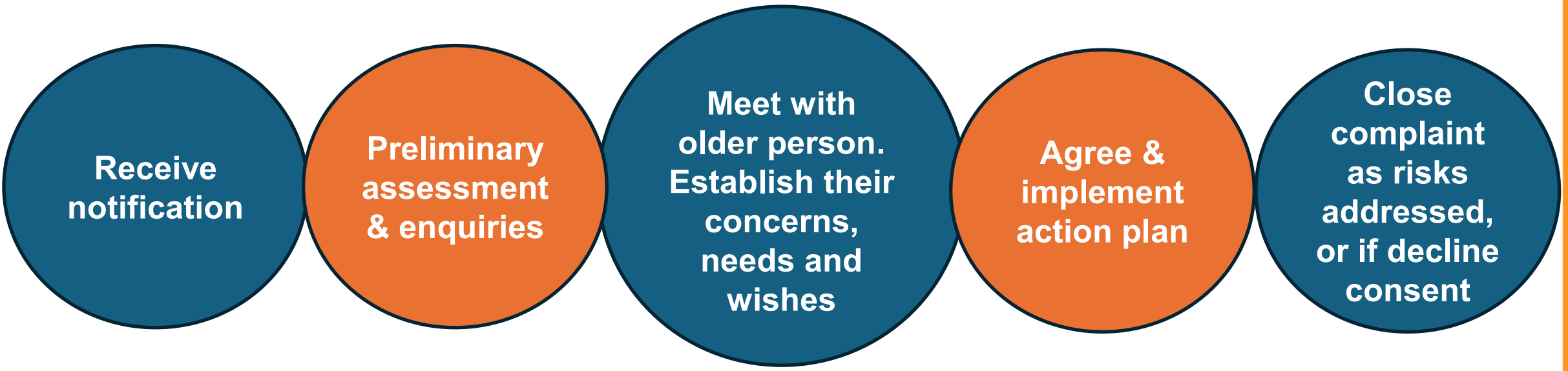
Commission's Elder Abuse Process



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Commission's Elder Abuse Approach

Person centred

Human rights approach

Trauma informed

Considers all concerns

Assesses risks

Engages others with consent

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Considering Capacity Issues

Presumption of capacity	• Presume older person has capacity unless there is evidence/ indicators that cognition is impaired to extent that may impact decision making ability.
Assess what supports are required	• If there is evidence of a cognitive impairment, assess whether person can make decisions with support, or needs substitute decision making.
Consider pathway if substitute decision maker required	• Do they have a Guardian/ Manager or Attorney who will give effect to wishes and act in way that promotes their interests? If not, consider referral to ACT Civil and Administrative Tribunal (ACAT).

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Collaborative Responses to Elder Abuse

Meeting with person	• Health services can offer safe place to meet with older person and trusted practitioners often able to support persons initial contact with Commission.
Assessments	• Health practitioners often complete joint assessments with Commission and collaborate to identify options and agree safeguarding actions.
Sharing information	• Health services may share information to support assessment and responses and assist to safely relay information from Commission to older person if needed.

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Collaborative Responses to Elder Abuse

Support options and referrals	• Health practitioners can assist older people to understand relevant service options and refer to other services to manage/ mitigate risks.
Action plan	• Health services may be identified by Commission as a stakeholder to support to develop and implement action plans, where person consents.
Monitoring	• Health services often able to discretely monitor for ongoing/ new risks and support to escalate to Commission as required.

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Managing Health Service Expectations

Explain limits	• Provide information about legislation and limits within complaint process to manage expectations re. what Commission can/ cannot do.
Explain focus and approach	• Explain focus is centred on the older person and what they want/ need, even if the decisions they make (*capacity) do not fully resolve concerns.
Explain when would close	• Provide information about when Commission would close a complaint. Example; Person declines consent or if Commission is satisfied.

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Questions?

If you would like more information, you can contact us via:

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