2026 Australian Elder Abuse Conference

Stand Up, Speak Out – Because silence is never the solution

27-29 July 2026 | Gold Coast, Australia

These conference summaries are deliberately concise, designed to capture the essence of each session and highlighting some key takeaways.

DAY ONE – MONDAY 27 JULY 2026

Conference Opening

Speaker: Rebecca Edwards, Co-Chair, Elder Abuse Action Australia

Rebecca Edwards officially opened the conference by challenging delegates to confront elder abuse as one of Australia's largest and least adequately addressed human rights issues.

She acknowledged the extensive work already undertaken by the sector — research, advocacy, frameworks, partnerships, training and awareness — but asked why elder abuse is still treated as a marginal issue despite the scale of the problem. Linking directly to the conference theme, she argued that the burden of standing up and speaking out cannot rest solely with older people experiencing harm, their families or advocates.

Systems need to create visibility through their design, independent scrutiny, effective oversight and earlier identification of risk. Her opening was ultimately a call to move beyond awareness towards sustained action, accountability and meaningful change.

Key takeaways

- Prevention requires action by institutions and systems, rather than placing the burden of disclosure and navigation on people experiencing harm
- Older people's voices and lived experience must be central to the response
- The sector has already done substantial work; the challenge now is turning evidence and advocacy into meaningful change
- The national response remains fragmented, inconsistent, oversubscribed and under-resourced
- Elder abuse should be treated as a major human rights issue, not a marginal concern.

Attorney-General's Department Presentation
In Conversation with Samantha Byng

Speaker: Samantha Byng, First Assistant Secretary, Attorney-General's Department

Summary: In a fireside-chat format with MC Philippa McDonald, Samantha Byng outlined the vision behind Australia's second National Plan to end the abuse and mistreatment of older people: a ten-year plan (replacing the first 2019 plan) built around two five-year action plans, stronger reporting and accountability, and a shift in ambition from "preventing and responding to" abuse to actually ending it. She described elder abuse policy as roughly 20 years behind the family and domestic violence sector, pointed to newly commissioned research (including a first-of-its-kind literature review on perpetrators, showing offenders against older people differ markedly from typical family violence perpetrators), and named ageism, postcode inequity in service access, and short-term funding cycles as the central barriers still to be solved.

Key takeaways:

- The new national plan is a ten-year plan with two five-year action plans, designed to align with the National Plan to End Violence Against Women and Children
- New perpetration research shows people who abuse older people differ from typical family violence offenders — more evenly split between men and women, most often adult children, and increasingly including men who have not experienced abuse earlier in life
- Priority actions include a prevention framework to tackle ageism, deeper engagement with police and financial institutions, and closing gaps in access for rural and remote areas ("postcode inequity")
- Genuine co-design with people with lived experience takes time and trust — Australia is further ahead on this in First Nations contexts than elsewhere
- The sector's role is to keep advocating at all levels of government and to keep sharing lived-experience stories, which carry real weight with ministers
- Financial elder abuse and inheritance impatience are being targeted through new work with the Age Discrimination Commissioner and the financial sector.

Looking Forward to a Convention on the Rights of Older Persons

Speaker: Bill Mitchell, Principal Solicitor, Townsville Community Law

Summary: Fresh from the first UN drafting session in Geneva, Bill Mitchell reported on the historic move, after 75 years of debate, to begin drafting a dedicated UN convention on the rights of older persons. He walked through the emerging consensus (ageism as a central driver of discrimination, autonomy and participation as core principles, resistance to a fixed chronological age definition) and the live "battlegrounds" ahead, including how family should be framed as a duty-bearer versus a rights-holder, and opposition from states such as China and Russia. His central challenge to the room was practical: with a convention still years away, the sector needs to start preparing now, building human rights capability, reframing abuse as a human rights violation rather than a service issue, and treating advocacy and resourcing as inseparable from rights.

Key takeaways:

- The UN began drafting a Convention on the Rights of Older Persons in 2026, with a "zero draft" not expected until around November 2027 and adoption likely three-plus years away
- There's broad international support for treating ageism as a core driver of rights violations, and against defining "older persons" by a fixed age
- Key unresolved battlegrounds include how to frame family obligations without letting states offload their duty-bearer responsibilities, and opposition from some member states to a new treaty at all
- Australia is seen as engaged and constructive in the drafting process, but new treaties are politically unpopular because economic and social rights (like healthcare) are expensive to guarantee
- The sector should start preparing now: building rights literacy, reframing "service issues" as rights violations, and establishing a working group to shape Australia's negotiating position
- Rights without resourcing are symbolic only. Implementation will require real investment, not just legal recognition.

Opening Keynote: From Silence to Accountability — What Happens When Institutions Truly Listen

Speaker: Natalie Siegel-Brown, Inspector-General for Aged Care

Summary: In her final week as Inspector-General, Natalie Siegel-Brown argued that Australia's safeguarding systems rely far too heavily on disclosure expecting people experiencing harm to recognise it, name it, and persist through complaints processes that were never built with trauma, fear, or a lifetime of institutional mistrust in mind. She traced how ageism shapes whose voices are heard, warned that "silence is a very poor measure of safety," and made the case for building visibility into systems by design through independent oversight like Queensland's community visitor scheme, treating advocacy as core infrastructure rather than discretionary support, and widening who's expected to notice early warning signs (banks, pharmacists, health workers) rather than waiting for a single point of disclosure.

Key takeaways:

- Disclosure is not prevention — by the time harm is reported, significant damage has often already occurred, and many people never disclose at all
- Silence should never be mistaken for safety; people weigh relationships, fear of retaliation, and past experience before ever speaking up
- Aged care's rights protections are currently enforced almost entirely through complaints, which risks making the Aged Care Act's rights largely symbolic
- Independent advocacy and community visitor schemes create visibility that complaints-driven systems miss, and should be treated as essential safeguarding infrastructure, not optional extras
- Financial institutions are often the first to notice signs of abuse — safeguarding needs to be reframed as a shared social responsibility, not one sector's job
- The next chapter of reform isn't about responding better to disclosed harm it's about building systems capable of seeing harm earlier.

Understanding the Abuse and Mistreatment of LGBTIQA+ Older People

Speakers: Elena Campbell, Theme Head, Child & Family Safety, Australian Institute of Family Studies; Rachel Carson, Australian Institute of Family Studies

Summary: Presenting new national research (funded by the Attorney-General's Department, in partnership with Queer Space and a lived-experience advisory panel), Rachel Carson shared findings from a mixed-methods study into abuse of LGBTQIA+ older people. Rates of reported abuse and mistreatment came in notably higher than

the national elder abuse prevalence study climbing as high as 36% once discrimination was counted as a form of abuse, with transgender participants and those aged 71+ experiencing disproportionately high rates. The findings highlighted "systemic abuse" through heteronormative services, the compounding effect of hiding one's identity, and a troubling pattern where people who experienced abuse most often responded by cutting contact or isolating themselves rather than reporting.

Key takeaways:

- Reported prevalence of abuse and mistreatment among LGBTQIA+ older people ranged from 21–27%, rising to 36% when discrimination was included as a form of abuse compared to 15% in the general prevalence study
- Transgender older people experienced statistically significantly higher rates of abuse, particularly discrimination; those aged 71+ had the highest rates of financial abuse, sexual abuse, and neglect
- Around 20% of people using abuse against LGBTQIA+ older people came from within the LGBTQIA+ community itself, not only from outside it
- Under half of those who experienced abuse went on to report it — most commonly responding instead by cutting contact with the person, which carries its own risks
- Services that assume "we don't have any LGBTQIA+ clients" often create the very invisibility that produces that assumption, because intake processes don't ask and staff don't disclose
- Recommendations include co-designing tailored (not one-size-fits-all) responses, raising general community awareness, and building on existing community-led peer support models.

LGBTI Older People and Elder Abuse: What's Different?

Speakers: Lisa Liber, Silver Rainbow Manager, LGBTIQ+ Health Australia (moderator); Paul Calcott, Julia Geljon and Kathy Mansfield, Silver Pride Advocacy Network

Summary: This panel of LGBTI older people and advocates explored how a lifetime shaped by criminalisation, medicalisation, and social exclusion changes what safety and disclosure look like in older age. Paul Calcott opened with an artwork depicting a yarning circle of LGBTQ+ elders, weaving together his Wiradjuri and LGBTQ+ identities and the losses of the AIDS epidemic.

Panellists spoke candidly about the fear of "re-closeting" in aged care, the invisibility created when services assume they have no LGBTI clients, and the particular

vulnerability of people without children who worry who will advocate for them later in life. The tone shifted from confronting history to defiant pride, with panellists insisting on being "celebrated, not just tolerated."

Key takeaways:

- Many LGBTI people now needing aged care lived most of their adult lives when their identity was criminalised or medicalised as same-sex marriage wasn't legalised until 2017
- Fear of judgement or retaliation often means people hide their identity from aged care providers, creating a "cycle of invisibility" where services wrongly assume they have no LGBTI clients
- People without biological children worry about who will advocate for them as they age, a concern raised repeatedly by panellists in long-term same-sex relationships
- For First Nations communities, ageing is understood as a valued social role rather than a medical burden but poverty and lack of resources can still create abuse-like situations without abuse being intended
- Community visitor and peer-visiting schemes were strongly endorsed, though panellists noted these programs currently have more volunteers than they can place with clients
- Panellists called for LGBTI ageing to be reframed from tolerance to genuine celebration and visibility.

The Age Barrier in Healthcare: Raising Awareness and Standing Up to Ageism

Speakers: Dr Emily Steel, Australian Human Rights Commission (moderator); Dr Joe/Johanna Skinner, GP, Camp Hill Healthcare; Margaret Ward, retired physiotherapist; Rhoda, medical student, University of Queensland

Summary: This panel unpacked ageism in healthcare through personal stories rather than statistics. Dr Joe Skinner described only asking a 76-year-old patient about resuming sex after surgery when she raised it herself — a question she'd have asked automatically of a younger patient — and now asks every patient regardless of age.

Margaret Ward, drawing on her own recent experiences as a patient, described being spoken to as if incapable of understanding medical information despite her physiotherapy background, and being visually "typecast" by staff scanning a waiting room for someone matching an assumed frailty.

The panel argued healthcare funding itself reflects ageist assumptions — treating over-65s as a looming cost crisis rather than recognising most chronic conditions actually begin decades earlier and could be prevented with better funding across the life course.

Key takeaways:

- Health professionals often unconsciously stop asking older patients standard questions (like sexual health) that they'd routinely ask younger patients, a form of ageism that limits care quality
- A positive outlook on one's own ageing has been linked in longitudinal research to significantly increased life expectancy (cited as around seven years)
- Staff who scan a room for a patient without first checking the person's name (relying on an assumed appearance) often make embarrassing, ageist misjudgements
- Reframing healthcare funding around a full "health span" — funding prevention at 30, 40 and 50 — was proposed as more effective than treating aged care as a costly problem starting at 65
- A medical student who volunteered with older adults in a fitness class described being surprised by her own unconscious assumptions about what older people could physically do
- Popular culture (books, film, advertising featuring active, complex older characters) was proposed as a more effective long-term lever for shifting ageist attitudes than formal campaigns.

Elder Abuse Prevention in CALD Communities — ECCV's Elder Abuse Project

Speaker: Elmina Joldic, Director of Operations and Strategy, Ethnic Communities Council of Victoria (ECCV)

Summary: Elmina Joldic outlined ECCV's decade-long, community-led model for raising elder abuse awareness in Victoria's multicultural communities — built on trusted, grassroots relationships rather than top-down information delivery. Central to the model are "bicultural educators," at least half of whom are already embedded in local community infrastructure (community clubs, cultural associations), which she credited as key to the program's sustainability despite an uncertain funding landscape. She shared strong reach figures from the past year, alongside preliminary findings from an independent evaluation confirming the model addresses a genuine community

need, while flagging follow-on priorities: more sophisticated targeting of priority communities and formal documentation of the model as a practice guide.

Key takeaways:

- The program has reached close to 2,000 participants in community education sessions over the past three years, over 600 in the last year alone, and over 8,000 people through newer in-language social media content
- At least half of ECCV's bicultural educators hold formal roles within community infrastructure (community organisations or cultural social clubs), which was identified as a key driver of the program's sustainability
- ECCV brochures and video resources have recently been adopted by NSW Police as a training tool for engaging with multicultural older people.
- Pre- and post-session in-language surveys have only recently been introduced to measure knowledge gained, replacing a less robust evaluation approach used in the program's earlier years
- The youngest participant to attend a community education session was 18 — a deliberate move to engage younger family members in understanding elder abuse, not just older community members
- A preliminary independent evaluation (commissioned with FECCA support) confirmed the model addresses a genuine need and validated the centrality of trusted relationships, while recommending more sophisticated community targeting and a formal practice guide.

Listening to What's Not Being Said — Strengthening Health Responses for Older Adults

Speaker: Dr Helen Hickson, Senior Lecturer, Central Queensland University

Summary: This presentation shared findings from qualitative research defining coercive control in older adults. A working definition built after ethics approval to interview victim-survivors directly was refused after 13 months, so the team instead interviewed nine family members, friends and health professionals close to the situation. The central argument was that older people experiencing coercive control routinely become invisible within health systems: unlike child abuse, where health workers have clear referral pathways, confidentiality and capacity rules are too often used to isolate an older person from help rather than protect them. A detailed case study (Jessica, trying for two years to intervene for her mother during COVID lockdowns) illustrated how consent and privacy rules, applied rigidly, left a vulnerable woman effectively invisible to services meant to protect her.

Key takeaways:

- The research team's proposed working definition frames coercive control as "a subtle and covert abuse of power" involving a persistent pattern of controlling behaviour that isolates, creates dependency, and benefits the perpetrator — deliberately broader than intimate-partner-focused domestic violence definitions
- Ethics approval to interview older victim-survivors directly was refused after 13 months of attempts. The research instead draws on the perspectives of nine family members, friends, and professionals
- Terminology from the family violence sector (perpetrator, victim-survivor) doesn't map cleanly onto coercive control involving adult children or carers, contributing to under-recognition
- In the case study shared, confidentiality and power-of-attorney rules were repeatedly used by hospital and medical staff to withhold information from a concerned adult child, rather than to protect the older person from harm
- The researchers are considering (cautiously) whether mandatory reporting for health workers who encounter signs of abuse or neglect in older patients could help while acknowledging real risks around confidentiality and self-determination
- Next research steps include speaking directly with older people who've experienced coercive control, exploring cultural dimensions, and mapping relevant legislation across states.

The South Australia Eldercaring Coordination Pilot: Findings and Opportunities

Speaker: Ben Livings, Associate Professor, Adelaide Law School, Adelaide University

Summary: Ben Livings reported on a 19-month pilot testing "elder care coordination", a US-originated model (most established in Florida) that brings families in high conflict over an older person's care together with a trained coordinator to build a workable care plan, rather than resolving disputes through litigation.

Unlike the US model, the Australian pilot had no court mandate or referral power, relying entirely on voluntary participation. This was a significant limitation, since of the families referred, 16 declined to proceed after initial contact due to entrenched accusations (rather than manageable disagreement), with only a small number successfully completing the process.

Livings was candid that without a referral pathway or institutional backing, uptake in Australia will likely remain limited, though the Office of the Public Advocate has already begun adopting some of the model's working principles.

Key takeaways:

- Elder care coordination originated in the US (notably Florida), where court-mandated participation gives it real leverage, a mechanism not available in the Australian legal system, which relies on tribunals rather than heavy litigation
- Family members are both the most common source of elder abuse and a key protective factor. The model aims to reduce isolation and conflict that enable abuse, particularly by a single gatekeeping adult child
- Of the families referred to the pilot, most who declined to proceed after initial contact did so because of entrenched accusations of harm, not workable disagreement suggesting the model works best for lower-conflict cases
- The research team did not sit in on facilitated meetings themselves and consent from the older person was central to how the process operated throughout
- A new SA statutory provision (Advanced Care Directives Act s.39B), enabling substitute decision-makers to authorise moving an older person into aged care, was flagged as a concerning parallel development worth watching
- Without a court mandate or formal referral pathway, uptake in Australia will likely depend on voluntary buy-in from sectors like aged care providers, health services, or industry partners — a "golden ticket" the research team is still seeking.

Speaking Out About Coercive Control of Older People — At What Cost?

Speaker: Associate Professor Maree Bernoth, Adjunct Associate Professor, University Department of Rural Health, Charles Sturt University

Summary: Continuing from the same research project, Maree Bernoth focused specifically on what it actually costs families to seek help for a loved one experiencing coercive control — walking through "Alice's" long, frustrating search for support for her mother, and a map showing which agencies nine research participants approached and how many times (police were contacted ten times across the group, with only one clear success).

She was careful not to blame individual agencies, instead describing a fragmented system where a lack of clear terminology means it's often unclear who should even be contacted. The human cost was significant: participants described feeling homicidal

rage they'd never previously experienced, leaving high-paying jobs, and lasting family rifts that persisted well after the immediate situation was resolved.

Key takeaways:

- Across nine research participants, police were contacted a combined ten times, with only one instance clearly leading to effective action reflecting a broader pattern of repeated, often unsuccessful attempts to get help across multiple agencies
- Participants described intense psychological impacts, including guilt, depression, and in one case, feelings of homicidal anger the person had never previously experienced, driven by desperation to protect a parent
- The trauma of navigating these situations had lasting ripple effects: family relationships fractured (some family members no longer speak to each other), and at least one participant left a valued rural aged care management role due to the strain
- A small number of cases in the research involved cultural factors including at least one instance where the family didn't report abuse for fear of losing contact with the person altogether
- The presenter raised a concern about health professionals trained overseas potentially bringing different cultural attitudes toward ageing and older people, arguing this makes additional training and support for these staff important, not a criticism of them
- The research team is seeking further funding to continue this work and argued that "standing up and speaking out" as a conference theme needs to translate into evidence-based systemic action, not just awareness.

LGBTI Older People in Aged Care: Cultural Safety

Speakers: Fran Mulcahy, Advocate, Silver Pride Advocacy Network; Garry White, Silver Pride Advocacy Network; Michael Frommer, Policy and Research Lead in Ageing, LGBTIQ+ Health Australia; Christine Hunt, Silver Pride Advocacy Network (joining virtually)

Summary: Speaking from lived experience, this panel set out what cultural safety actually looks like inside residential aged care. Garry White argued that safety "must be seen as well as felt" if residents never see openly out staff, they have no reason to trust the facility is safe for them. Christine Hunt, a retired aged care nurse and member of the older lesbian community, walked through practical measures (Rainbow Tick accreditation, inclusive paperwork, all-staff training) and shared a resource outlining

nine sexual rights of aged care residents, addressing a topic she said providers routinely avoid. Fran Mulcahy closed by warning against the instinct to protect people by removing their agency, and made a personal case that some LGBTI elders — including herself, having transitioned late in life — simply cannot "go back in the closet" if a facility isn't safe.

Key takeaways:

- Safety has to be visible, not just theoretical — residents look for openly LGBTQ+ staff as a signal that a facility is genuinely safe
- "Chosen family" often has no formal recognition in aged care settings, despite being central to many LGBTI residents' support networks
- Cultural safety training needs to reach every role in a facility including cleaners, cooks, admin staff and boards, not just frontline carers
- A charter of nine sexual rights for aged care residents (from the government-funded Ready to Listen project) sets out consent, privacy, and the right to sexual expression — an area providers are often uncomfortable addressing at all
- Zero tolerance for microaggressions needs to mean immediate action, not delayed response
- For some residents, particularly those who transitioned later in life there is no option to "re-closet" if a facility fails to provide safety, making visible inclusion a practical necessity, not a nicety.

Safeguarding Older People: Multidisciplinary Approaches to Capacity, Coercion, and Financial Exploitation

Speakers: Carolyn Davey, Managing Lawyer, Civil Justice, ARC Justice; Blaine Perkins, Lawyer, Family Violence Team, ARC Justice

Summary: Carolyn Davey and Blaine Perkins posed a central challenge: an older person can have full legal capacity and still not be exercising genuine free will. Capacity assessments confirm someone can understand, weigh and communicate a decision but say nothing about whether fear, dependency or isolation are quietly constraining their choice.

To address this gap, they offered five practical questions any practitioner (regardless of discipline) can ask when something feels off: can this person make this decision, who benefits from it, what happens if they refuse, what practical supports could reduce their dependence, and who else should be involved. They closed by drawing a direct parallel to how the family violence sector has evolved: professionals would never

assume a 40-year-old woman's capacity rules out coercive control, yet this assumption is still routinely made with older adults.

Key takeaways:

- Legal capacity and genuine free will are not the same thing. Someone can fully understand a decision's consequences while still being coerced into making it
- Five guiding questions were proposed for any practitioner: can this person make this decision; who benefits; what happens if they refuse; what supports could reduce their dependence; and who else should be involved
- Assuming that capacity rules out coercion is itself a form of ageism as the same assumption would rarely be made about a younger person in a family violence context
- The law isn't powerless even where capacity exists since intervention orders and carefully tailored attorney appointments can reduce risk while preserving autonomy
- Multidisciplinary practice (lawyers, social workers, financial counsellors working together) was presented as essential, not optional, because no single profession can answer all five guiding questions alone
- The presenters were explicit that the goal isn't to treat every "unwise" decision by an older person as coercion, only to look harder at decisions made under fear, dependency or isolation.

The Impossible Predicament: Supporting Clients Abused by Adult Children

Speakers: Paul Were, Managing Lawyer, Eastern Community Legal Centre; Eric Brunet, Elder Abuse Advocate, Eastern Community Legal Centre

Summary: Paul Were and Eric Brunet introduced the "impossible predicament" — a term coined by one of their own lived-experience clients — describing situations where an older person wants abuse to stop but doesn't want to take action against the family member causing it, often because they depend on that person for care, housing, or contact with grandchildren.

Eric unpacked the psychological barriers behind this: shame (parents blaming themselves for how their child turned out), fear of causing their child's homelessness, and reluctance to jeopardise a valued relationship. The pair stressed that traditional legal remedies often fail in these situations, making their integrated legal–social work model essential while candidly acknowledging a real limitation: they cannot act for both

the older client and the person using harm, which sometimes means clients disengage entirely once they realise their real goal (help for their abusive child) isn't something the service can provide.

Key takeaways:

- The "impossible predicament" describes an older person wanting abuse to stop while not wanting to take action against the person responsible. This is commonly seen where the perpetrator is an adult child providing companionship, housing, or care
- Shame plays a powerful role in silence: parents often blame themselves for how their adult child "turned out," including in cases involving a child's mental illness
- Fear of losing contact with grandchildren, or fear of causing an adult child's homelessness, are common reasons clients hold back from pursuing legal action
- The service's integrated model (lawyer plus advocate with a counselling/ psychology background) allows both practical legal options and emotional/safety support to be offered together
- A genuine limitation of the model: because it cannot act for both parties, clients whose real goal is getting help for the person harming them (rather than protecting themselves) sometimes disengage from the service entirely
- Even where a client doesn't want an intervention order, practical safety planning (like advice on securing a home) was highlighted as valuable, standalone support an advocate can provide.

Embedding Intersectionality in Elder Abuse Prevention and Response: Policy and Practice Reference Guide

Speakers: Jean-Marc Kurban, Policy and Advocacy Advisor, COTA Victoria/Seniors Rights Victoria; Julia Jeffries, Managing Lawyer, Seniors Rights Victoria

Summary: In an intentionally discussion-style workshop, Jean-Marc Kurban and Julia Jeffries introduced a two-year, Victorian Government-funded practice guide on applying intersectionality to elder abuse prevention and response using Kimberlé Crenshaw's original framing as a practical tool, not an ideology.

Their central argument was that even well-resourced, well-intentioned services still fail to reach some older people, and that the reason is often invisible: services don't know what they don't know until they genuinely engage the communities they're trying to serve.

They were candid that the guide isn't intended as a finished authority but as a living foundation the sector can keep building on, developed specifically because more organisations (banks, health services) are now expected to recognise and respond to elder abuse without necessarily having the frameworks to do so equitably.

Key takeaways:

- The guide was developed over two years with Victorian Government funding, explicitly framed as a starting foundation for the sector rather than a complete or authoritative body of work
- Intersectionality is used in its original Kimberlé Crenshaw sense — a practical tool for understanding how overlapping systems and forms of discrimination compound risk and harm — not as an ideology or school of thought
- The presenters argued failure to reach some older people isn't primarily a funding or capacity problem, but a knowledge gap that can only be closed by directly engaging the communities services are trying to serve
- A growing number of organisations outside the traditional elder abuse sector (banks, health providers) are now expected to recognise and respond to elder abuse through industry codes and guidance, increasing the urgency of a shared framework
- The presenters invited correction and addition from the room throughout, framing incomplete understanding as core to what intersectionality requires, not a flaw in the work
- The session was designed as an interactive discussion rather than a lecture, adapting in real time to a smaller-than-expected group size.

Regional Success — Pathways, Local Strengths, and Delivering Services in Regional, Rural and Remote Areas

Speakers: Nikki Mitchell, Managing Senior Lawyer, Caxton Community Legal Centre (moderator); Megan Inglis, CEO, Tasc Community Legal Centre; Bill Mitchell, Townsville Community Law; Mary Boittier, Seniors Legal and Support Service, Hervey Bay Neighbourhood Centre; Rebecca Anderson, ADA Law

Summary: This panel of legal service providers working outside metropolitan Queensland compared notes on what actually works when delivering elder abuse services across vast, varied catchments from Townsville's satellite towns to Tasc's 400,000-square-kilometre south-west Queensland region.

Recurring themes included the time it takes to earn trust in remote and First Nations communities (and the damage done when outside services arrive uninvited or overpromise); the practical mismatch between city-designed resources and regional realities (hybrid cars that can't handle unsealed driveways), and the recurring problem of conflicts of interest in small communities where legal services can't act against a party they've already assisted. Panellists were united on one point: there's no single model that transfers across regions — what works in Hervey Bay won't work in the Cape.

Key takeaways:

- There's no one-size-fits-all outreach model. The further west or more remote a community, the more tailored the approach needs to be, and even city-based equipment (like hybrid cars) can fail in regional conditions
- Building trust in remote and First Nations communities takes years, not months, and services must be invited in rather than arriving uninvited
- Conflicts of interest are a major structural barrier in small towns, where a service may have already assisted a family member of the person now experiencing abuse
- Understanding cultural protocols and history — including past experiences of children being removed from Aboriginal families — is essential to explain why some communities are reluctant to engage with outside services
- Regional services often operate multidisciplinary teams (legal, social work, financial protection) because there's no other specialist support available locally
- Peer and community-connector models — building relationships within a community rather than parachuting services in — were repeatedly identified as more effective than one-off outreach visits.

SRV, the Housing Project, and an Integrated Approach to Combating Elder Abuse

Speakers: Jacinta Woehl (moderator), Julia Jeffreys, Liz Powell, Shelley Hosking — all Seniors Rights Victoria

Summary: This panel outlined Seniors Rights Victoria's interdisciplinary helpline and casework model before turning to their newer Housing Options project. This was funded from mid-2025 in response to Victoria's 2024 "Housing and Elder Abuse" report identifying housing insecurity as both a driver of elder abuse and a pathway to escape it. The panel's central case study — Fiona, an 85-year-old widow who moved from her

lifelong inner-Melbourne community into her son's outer-suburban home after paying $15,000 toward a granny flat — showed how quickly "ageing well" support networks can unravel: isolated from her doctor, hairdresser and friends, unable to reach anyone after her phone broke, she stopped eating and taking medication before the helpline was able to intervene and ultimately help relocate her back to her community through the Department of Housing.

Key takeaways:

- Seniors Rights Victoria operates a three-line helpline model (older person direct line, secondary consult line, and concerned family/friends line) alongside a full community legal centre, designed to avoid an older person having to repeatedly retell their story across services
- Housing insecurity was identified as both a driver of elder abuse and a pathway out of it — the impetus for the newer Housing Options project
- The Fiona case study illustrated how relocating to "age well" near family can instead cause rapid isolation — loss of a familiar doctor, transport, social contact, and even communication (a broken phone with no replacement) compounded quickly into a health crisis
- Family members offering to help with "granny flat" arrangements are increasingly a recurring theme in calls to the helpline, alongside requests for guidance before entering into such arrangements
- The service intentionally avoids leading with the word "elder abuse" in community education, since this can shut down engagement framing conversations instead around planning ahead and financial independence
- A relatively fast, practical outcome (in this case, alternative public housing secured within two weeks) restored the client's sense of agency and reconnected her to services.

Rights Lost and Found: Challenging the Biases That Silence Older People

Speakers: Dr Rebecca Edwards, Co-Chair, EAAA; Gabrielle Ashman, Lawyer, ARC Justice; Sharon Carlson, Advocate, Elder Rights Australia

Summary: Using a single detailed case study (Grant, a 78-year-old man with well-managed Parkinson's), this panel illustrated how three interlocking biases — ageism, an assumption of vulnerability, and "primacy of family" — pushed Grant into residential aged care against his wishes, with his family appointed as attorneys and no independent support offered to him during a mental health hospital admission.

Sharon Carlson described the sustained advocacy required to challenge this: repeatedly asking "what else?", refusing to accept unproven claims of incapacity, and pushing back against a facility manager who intended to notify Grant's family of his confidential advocacy contact despite his explicit wishes. The session closed candidly on the discomfort of supporting Grant's return home despite genuine risk (he later had a serious fall) reframed not as recklessness, but as respecting his right to dignity of risk.

Key takeaways:

- Three biases were identified as driving this kind of outcome: ageism (stereotyping based on age), assumed vulnerability (equating age with incapacity), and "primacy of family" (assuming family always knows best and family conflict should stay private)
- No formal capacity assessment supported the family's claim that Grant lacked decision-making capacity — his exclusion from decisions about his own care was based on assertion, not evidence
- Genuine advocacy required "not blindly accepting family narratives at face value" and persistently asking what else might be going on, rather than closing the case once a plausible explanation was offered
- A facility manager initially planned to notify Grant's family about his confidential advocacy contact despite his explicit request for privacy requiring "multiple robust conversations" before his right to confidentiality was respected
- Supporting someone's right to dignity of risk means accepting they may occasionally be hurt (Grant did have a fall requiring hospitalisation after returning home) without that being treated as proof the original decision was wrong
- The panel linked directly back to Natalie Siegel-Brown's opening keynote, reinforcing that systems relying on disclosure and family goodwill routinely fail people in situations like Grant's.

Roadshows to Community Awareness and Prevention — The Impact of Lived Expertise Advocates

Speakers: Julie Andersson, Program Manager, Lifelong Respect, COTA Tasmania; Francene Jacques and Judith "Judy" Guyton, Older Voices for Change Advocates, COTA Tasmania

Summary: Julie Andersson, Francene Jacques and Judy Guyton described COTA Tasmania's roadshow model, sending trained older advocates with lived experience of elder abuse, alongside service providers, to remote and isolated Tasmanian

communities (Flinders Island, the Tasman Peninsula, Bruny Island, and the West Coast) as equal partners in awareness-raising, not just guest speakers.

Judy shared how training as an advocate directly helped her process her own experience of elder abuse, while Francene (who experienced coercive control) walked through each location's specific access barriers — chronic accommodation shortages for visiting specialists, ferry-only access, ageing former mining towns now stripped of local medical services. Both advocates stressed that genuine impact came from lived-experience voices sharing the stage as equals with professionals, not from professional-only messaging.

Key takeaways:

- The Older Voices for Change program adapted an existing family and sexual violence advocacy training model (originally developed with Tasmania's Sexual Assault Support Service) specifically for elder abuse advocacy
- Roadshows deliberately combined service-provider information (about the Tasmania Elder Abuse Helpline, Legal Aid, and Relationships Australia Tasmania) with older advocates' own lived-experience stories, delivered as equal partners on stage
- Remote communities visited faced compounding access barriers: chronic shortages of visitor accommodation for specialist services on Flinders Island, ferry-only or medical-helicopter-only access to Bruny Island, and the loss of local medical infrastructure in former mining towns on the West Coast
- Four short films (2–3 minutes each) were produced featuring the advocates and referral partner services, now available via COTA's website alongside supporting resource sheets
- A recurring theme across visited communities was that isolated populations often need an outside catalyst to initiate local awareness programs they otherwise wouldn't access on their own
- The advocates directly linked their own ability to speak publicly about their experiences to concrete personal benefits — helping them process what happened and open up more positive interactions with others.

The Barriers to Being Seen and Heard — A Family Perspective

Speaker: Emily Lindsay-Smith, Teacher, Community Member

Summary: In a deeply personal presentation, Emily Lindsay-Smith shared her grandmother's story of sustained financial and emotional abuse by an adult child. This

included a fraudulent enduring power of attorney signed while she lacked capacity, tens of thousands of dollars spent on a cruise she never took, purchases she never made, and a tribunal outcome that revoked the fraudulent EPOA but still left her living with her abuser until she died. Because her grandmother's experience — shaped by cognitive decline and geographic proximity to her abuser — was never reported as a crime and never captured in national prevalence data, Lindsay-Smith argued that family members and advocates like her represent an entirely untapped source of both data and momentum for change. She proposed a simple, low-cost step: adding the question "have you experienced elder abuse or supported a loved one experiencing it?" across research, services and community settings, alongside a dedicated forum connecting family advocates with each other.

Key takeaways:

- Because of her grandmother's cognitive decline and continued proximity to her abuser, her experience would not have been captured in the National Elder Abuse Prevalence Study or AIHW/ABS crime data — despite extensive institutional involvement and a clear paper trail
- No institution involved was compelled to report the abuse to police — the onus fell entirely on the family to initiate a criminal complaint in person at a regional police station
- A tribunal ultimately revoked the fraudulent EPOA and appointed an independent public guardian but still determined her grandmother should remain living with her abuser, isolating her further from supportive family
- The proposed measures — a simple added survey question, a forum connecting family advocates, and stronger links with the education sector — were framed as scalable, low-cost, and complementary to existing sector work, not a replacement for centring victim-survivor voices
- The presenter argued families and advocates should be understood as a distinct, currently invisible data source, and cautioned against a purely protectionist framing that treats families only as a source of risk rather than also as protective partners
- She proposed integrating ageism-awareness content into existing school programs like Respectful Relationships education, drawing a direct parallel with how that framework already teaches children to challenge gender stereotypes.

Responding to Financial Abuse of Older People

Speaker: Chris Siemers, Senior Ombudsman, Australian Financial Complaints Authority (AFCA)

Summary: Chris Siemers introduced AFCA's newly updated approach to financial abuse of older people (published alongside a companion family violence approach in November 2025), built around three core principles for financial firms: considering context, engaging with care, and prioritising safety and agency — including accepting an older person's disclosure of abuse at face value rather than demanding proof. He illustrated this with "Frances," a 65-year-old whose bank initially refused to believe she had no knowledge of a fraudulent $23,000 credit card opened by her own enduring power of attorney; AFCA ultimately found the bank had missed clear warning signs (inconsistent application details, staff notes describing her as "confused and withdrawn"), ordered the debt fully removed, and awarded compensation for the distress caused. He closed candidly on underreporting noting shame, fear of family conflict, and simply not recognising what happened as "financial abuse" all suppress the number of older people who ever lodge a complaint.

Key takeaways:

- AFCA can award compensation of up to $631,500 for direct financial loss and $6,300 for non-financial loss (distress, loss of peace of mind) caused by a financial firm's error or breach — figures reviewed annually
- AFCA's three core principles for firms responding to suspected financial abuse are: consider the context, engage with care, and prioritise safety and agency including accepting a disclosure of abuse without demanding evidence
- Common warning signs specific to banking include unusual large third-party transactions, sudden registration for online banking after years of in-branch-only use, rapidly transferring funds after adding someone to an account, and remortgaging a previously mortgage-free home
- In the Frances case, AFCA found the bank's own internal notes already documented inconsistencies and described her as "confused and withdrawn" during the credit card application process evidence the bank should have acted on but didn't
- AFCA's determinations are binding on financial firms once accepted by the customer, and can trigger a broader systemic issue investigation (with potential referral to the regulator, ASIC) where a firm's internal policies weren't followed
- The number of financial abuse complaints from older people is currently lower than AFCA believes reflects true prevalence with shame, fear of family conflict,

and non-recognition of the abuse itself are cited as the main suppressing factors.

Keynote: Jean Kittson

Speaker: Jean Kittson, Author, Public Speaker, Actor and Comedian

Summary: Setting aside her prepared remarks after a day of expert testimony, Jean Kittson spoke candidly about caring for her parents Roy and Betty over 25 years — including their traumatic final weeks in respite care, where communication breakdowns, an unmet catheter need, and rigid protocols compounded their suffering.

Blending grief with her trademark comedy, she reflected on the "surprising" realisation that her main role wasn't practical care but constant advocacy, pushing back against condescension, indifference, and small acts of elder abuse she only recognised as such in hindsight (including being present, uninvited, while her parents signed legal documents).

She closed with a pointed rebuke of recent commentary suggesting ageing parents are a burden on their adult children's lives, arguing society has lost sight of the value older people bring.

Key takeaways:

- The single biggest role of a family carer is often advocacy (stepping in against impatience, condescension, and being spoken over or about) not just hands-on practical help
- Small procedural gaps (a solicitor speaking too quietly for a hearing-impaired client, a legal appointment scheduled at a time that doesn't suit an older person's routine) can constitute elder abuse without anyone intending harm
- Residential aged care and retirement village protocols can differ sharply, and families aren't always warned of this before a short respite stay
- Framing older people as a "burden" — including in recent published commentary — reflects a troubling devaluing of ageing that Kittson linked to historical examples of dehumanising language
- Pushback from older people about accepting care often comes from fear that accepting help is "the thin edge of the wedge" toward losing independence altogether
- Grandparent relationships can be profoundly formative for grandchildren in ways parents, who are stretched thin, often cannot replicate.

DAY TWO - TUESDAY 27 JULY 2026

Keynote Presentation and In-Conversation with Minister Amanda Camm

Speaker: Hon. Amanda Camm MP, Queensland Minister for Families, Seniors and Disability Services and Minister for Child Safety and the Prevention of Domestic and Family Violence

Summary: In a fireside chat with Philippa McDonald, Minister Camm discussed Queensland's parliamentary inquiry into elder abuse, a first-100-days election commitment that received 121 written submissions and heard from 124 witnesses across 16 locations. She spoke candidly about caring for her 67-year-old aunt, who has an intellectual disability and lives in a rural town where informal community safeguards (neighbours, local shopkeepers) have eroded. On the inquiry's 16 recommendations, she pointed to a new Office of Social Impact seeking private-sector investment and drew direct parallels with domestic violence reform. She argued elder abuse needs the same kind of data-sharing and mandatory reporting architecture, and flagging that Queensland's elder abuse hotline currently only operates 9-to-5.

Key takeaways:

- Queensland's elder abuse inquiry (a first-100-days commitment) received 121 written submissions and heard from 124 witnesses across 16 locations
- The government's response sorted recommendations into three tiers: full support, in-principle support, and further consideration (seven recommendations in the latter category)
- Queensland's elder abuse hotline currently operates 9-to-5 only — the Minister acknowledged this as an area with "scope for improvement"
- A new government-wide Office of Social Impact is exploring how to attract private-sector investment into human services responses, including elder abuse
- The Minister drew a direct analogy to child safety reforms (a "reportable conduct scheme") as a model for improving how systems share information and identify risk to older people
- Queensland has improved domestic violence call-centre intake and assessment "with no new money" offered as proof that system redesign, not just funding, can improve outcomes.

Sponsored Presentation: Seeing the Unseen — Protecting Older Customers from Financial Abuse

Speaker: Caroline Wall, Head of Customer Vulnerability, Commonwealth Bank

Summary: Caroline Wall unpacked why financial abuse of older people is so hard to detect as it typically comes from someone trusted (a family member or carer), builds gradually, and often hides behind legitimate-looking instruments like powers of attorney.

She shared the case of "Debbie," whose son-attorney had drained $150,000 and left her with only a $50 weekly allowance; a friend's concern and a bank branch's escalation to the Adult Guardian eventually led to his conviction and four-year sentence.

Wall argued frontline staff must constantly balance autonomy against protection (stepping in too early removes a person's agency, too late misses a chance to prevent harm) and pointed to CBA's "Comeback: Next Chapter" program, which is applying lessons from a decade of domestic violence-related financial abuse work to elder financial abuse.

Key takeaways:

- About 88% of older Australians have a will and roughly half have a power of attorney, but only a quarter of appointed attorneys say they fully understand their responsibilities
- Financial abuse often hides inside the very legal instruments designed to protect people — the risk sits "in the space between protection and control"
- CBA's frontline staff (around 18,000 people) complete annual training to identify and respond to financial abuse, balancing autonomy, capacity, consent, and privacy
- Technology can both enable independence and be weaponised for coercive monitoring or control, an emerging and under-addressed risk
- Current privacy frameworks weren't built with financial abuse in mind and often require a clear threshold of harm before banks can act or share information
- Lessons from a decade of domestic-violence-related financial abuse work are now being applied to elder financial abuse, including using technology to detect patterns rather than relying solely on human judgement.

Keynote: Listening Differently — Protecting the Rights and Dignity of Older Aboriginal and Torres Strait Islander People

Speaker: Jodi Cassar, Interim Commissioner, Office of the Interim First Nations Aged Care Commission

Summary: Four weeks into the role, Jodi Cassar spoke both as a public servant and as "the daughter of an Aboriginal mother with advanced dementia who is currently not getting all of the care that she needs to live at home."

She explained why the national plan deliberately uses "abuse and mistreatment" rather than "elder abuse" — the word "elder" carries cultural authority that shouldn't be diluted — and argued that for Aboriginal and Torres Strait Islander people, harm to an older person ripples through family, community and cultural continuity, not just the individual. She was direct that police and government systems carry a legacy of removals and mistreatment that shapes whether help-seeking feels safe and closed by naming the practical task ahead: establishing a permanent, legislated First Nations Aged Care Commissioner.

Key takeaways:

- The national plan's shift from "elder abuse" to "abuse and mistreatment of older people" reflects that "elder" carries cultural authority in Aboriginal and Torres Strait Islander communities that shouldn't be reduced to a description of age
- Harm to an Aboriginal or Torres Strait Islander elder ripples beyond the individual — it can disrupt cultural continuity, family relationships, and community memory
- Police and government systems carry a historical legacy (including child removals) that shapes deep and reasonable mistrust, meaning "just call the police" is not a safe or realistic solution for many older people
- Older Aboriginal and Torres Strait Islander people should be understood as knowledge holders, teachers and cultural authorities not only as a "vulnerable" cohort and responses need to recognise both risk and strength
- Legislation to establish a permanent, statutory Aboriginal and Torres Strait Islander Aged Care Commissioner is underway, building on the current interim role
- Cultural safety, not just financial or physical safety, needs to be treated as a core component of whether a service is genuinely safe for Aboriginal and Torres Strait Islander elders.

Understanding Abuse and Mistreatment of Aboriginal and Torres Strait Islander Older People

Speakers: Elena Campbell, Theme Head, Child & Family Safety, Australian Institute of Family Studies; Professor Victoria Hovane, University of Western Australia

Summary: Presenting Australia's largest qualitative study into this issue — culturally safe yarning-circle research with 190 older people across metropolitan, regional and remote communities — Professor Victoria Hovane (a Jaru and Gooniyandi woman) stressed that "colonisation has never stopped for us." She described deliberately creating space for elders to define the issue in their own terms, rather than imposing a Western abuse framework. One elder in Redfern insisted on discussing systemic discrimination (being refused taxi service, for instance) ahead of the more familiar categories of physical or financial abuse.

Hovane also cautioned that behaviours which look like abuse through a Western lens (an elder giving away money to grandchildren, for example) may reflect legitimate cultural obligations, and that deep, historically grounded mistrust of police makes "just report it" an unworkable default response.

Key takeaways:

- The research let elders define and frame the issue themselves rather than starting from a preset Western definition of "elder abuse" — this surfaced systemic discrimination as a major, under-recognised harm
- What looks like financial exploitation through a Western lens can sometimes reflect genuine cultural obligations of reciprocity within families therefore responses need to distinguish between the two rather than assume abuse
- Deep and historically grounded mistrust of police (including their role in past massacres and removals) means many older Aboriginal and Torres Strait Islander people are reluctant to seek help through mainstream justice pathways
- Isolation has a marked impact on wellbeing — one case study described a woman's rapid decline within ten years of leaving a socially engaged working life
- Aboriginal and Torres Strait Islander elders should have their own dedicated space (akin to a standalone national plan) to define solutions on their own terms, rather than being folded into a generic elder abuse framework
- Community-controlled organisations and existing local relationships were essential to the research being possible at all — the researchers deliberately avoided going in "cold"

Remote Reality of Elder Abuse Service Delivery in the Kimberley Region

Speakers: Akira Boardman, Systemic Change Advocate, and Richard Willmot, Caseworker, Kimberley Community Legal Services

Summary: Akira Boardman and Richard Willmot described delivering legal and social services across a region three times the size of England, with communities up to 5.5 hours' drive away and entire towns cut off for months during the wet season (Fitzroy Crossing was isolated for two years after Cyclone Ellie destroyed the only bridge). Their session centred on "humbugging" — persistent demands from family or community members for money — which 93% of surveyed participants identified as coming mainly from children or grandchildren, and which elders themselves often didn't initially recognise as a form of abuse rather than a cultural norm. They shared a primary prevention campaign, developed with the Fitzroy Crossing Women's Resource Centre, that directly challenges the idea that humbugging is normal or acceptable.

Key takeaways:

- Kimberley Community Legal Services covers an area three times the size of England, with some communities a 5.5-hour drive from the nearest office and entire regions cut off for extended periods during the wet season
- More than half of surveyed community members reported regular humbugging or financial abuse of elders, with 93% identifying children or grandchildren as the main source
- Elders themselves often don't initially recognise persistent demands for money as abuse — one participant described only realising it wasn't "normal" after learning to set boundaries
- A concerning emerging pattern: some service providers are using guardianship and administration mechanisms against the victim of elder abuse rather than the perpetrator, effectively punishing the older person
- Primary prevention campaigns (developed in partnership with local women's services) can increase demand for services faster than already-stretched, remote services can absorb
- The service's client profile reflects compounding disadvantage: 85% Aboriginal and/or Torres Strait Islander, 87% experiencing financial hardship, and nearly a third homeless or at risk of homelessness.

Results of the No More Shame Cluster Randomised Controlled Trial

Speaker: Professor Bianca Brijnath, Professor of Health Communication in Society, La Trobe University

Summary: Bianca Brijnath presented results from Australia's first cluster randomised controlled trial testing a hospital-based intervention for elder abuse — a four-and-a-half-year, ten-hospital study across four states. The intervention (one hour of self-directed staff training, a short screening tool, and a designated "site champion") produced statistically significant improvements in staff knowledge and management of elder abuse, and measurably reduced staff ageism but showed no measurable improvement in patients' own sense of safety or quality of life. Notably, six of the sixteen hospitals initially approached declined to participate, fearing that screening would "open the floodgates" to abuse they wouldn't be equipped to handle a concern the trial's data (only a handful of concern-flags per hospital) ultimately didn't bear out.

Key takeaways:

- This is the first Australian trial of its kind and the first internationally to measure patient-level outcomes (not just staff knowledge) for a hospital elder abuse intervention
- The one-hour, self-directed, modular training significantly improved staff knowledge and management of elder abuse, and significantly reduced staff ageism — both statistically significant results
- The intervention showed no measurable difference in patients' sense of safety, physical health or mental health between intervention and control sites
- Six of sixteen hospitals approached initially declined to take part over fears that screening would uncover unmanageable volumes of abuse a fear the trial's actual data did not support
- Subacute wards were deliberately chosen for the trial because patients typically stay 10–13 days — long enough to build rapport and enable disclosure, unlike the shorter, more chaotic acute care setting
- Hospitals that took part were offered licensing agreements to embed the training into ongoing professional development; take-up has been mixed, and the next phase will explore embedding similar training in primary care.

WARNING: Some of the following session summaries deal directly with sexual violence and sexual abuse. While the summaries are factual and practice-focused, readers should be aware of this sensitivity.

Examining Safeguarding in Residential Aged Care to Prevent Sexual Violence and Abuse

Speaker: Jessica Lockitch, PhD Candidate, University of the Sunshine Coast

Summary: Drawing on criminological "guardianship" theory (the idea that preventing crime requires someone available, willing, and capable of noticing and intervening), Jessica Lockitch presented findings from interviews with nine residential aged care staff about the barriers to detecting and responding to sexual violence. She was careful to frame this as a systemic issue rather than staff failure — citing research showing over 80% of staff have observed abuse but only 2% escalated it to management — and unpacked why: fear of consequences (job loss, damaged relationships), genuine uncertainty when a resident has cognitive impairment (is this a disclosure or a delusion?), and a troubling normalisation of sexually aggressive resident behaviour that can desensitise staff over time. She closed by arguing the sector needs to shift from a reactive to a preventative safeguarding culture, separating "reporting a concern" from "getting someone in trouble."

Key takeaways:

- The Royal Commission into Aged Care estimated approximately 50 residents in aged care are victims of sexual violence at any time, though this is very likely a significant underestimate
- Around 60% of incidents involve a person with dementia as either victim or perpetrator, adding complexity to both detection and response
- Research cited found over 80% of staff had personally observed abuse, but only 2% escalated their observations to management with fear of consequences and uncertainty about what they'd witnessed both playing a role
- Staff described normalisation of sexually aggressive resident behaviour as a serious challenge, saying frequent exposure can reduce staff perception of how serious an incident actually is
- Reporting processes were described by staff as "the most useless forms ever" being overly complex, time-intensive, and creating a real barrier to timely escalation
- Proposed solutions include improved staffing levels and consistency, boundary-setting and de-escalation training for staff, better use of environmental design (e.g.

CCTV in shared/hallway areas, not private rooms), and cultural change treating reporting as harm prevention rather than punishment.

Sexual Abuse — Let's Start the Conversation

Speakers: Melissa Jones, Training and Community Engagement Coordinator, and Zoe Harrison, Social Worker — both Yarrow Place Rape and Sexual Assault Service, South Australia

Summary: Melissa Jones and Zoe Harrison opened this three-part session block on elder sexual abuse by debunking key statistical myths. Most sexual assault is committed by someone known to the victim, most involves no visible physical injury, and the vast majority is never reported to police. They walked through specific barriers facing older victim-survivors, including the false belief that people with dementia are "unreliable witnesses," and closed with concrete guidance on responding well to a disclosure: staying calm, believing the person without requiring proof, asking one simple question at a time, and explicitly naming that responsibility lies with the perpetrator, not the victim-survivor.

Key takeaways:

- 87% of sexual assaults are committed by someone known to the victim; only 23% of women's most recent sexual assault experience involved physical injury; and 92% of women who experience sexual assault never report it to police — all directly contradicting common "stranger danger" and "always violent" myths
- People with dementia or cognitive impairment are often wrongly assumed to be unreliable witnesses — communication tools and trained police special victims units exist specifically to support these disclosures
- Freeze and "fawn" (compliance for safety) are common trauma responses that can be misread as consent or lack of resistance
- Best-practice disclosure responses include staying calm regardless of your own reaction, believing the person without demanding evidence, asking one question at a time, ensuring privacy, and reassuring them the abuse was not their fault
- Practitioners were encouraged to be upfront about the limits of confidentiality (e.g. mandatory safeguarding obligations) rather than implying total confidentiality they can't guarantee
- Yarrow Place is currently the only dedicated rape and sexual assault service in South Australia, a point the session's chair specifically flagged as concerning during the introduction.

Breaking the Silence: One Man's Journey Through Elder Abuse and Fragmented Systems

Speakers: Ronald "Ron" Barber, presenter with lived experience; Libby Blake and Maureen Oluigbo, Better Place Australia

Summary: Ron Barber shared his experience as a 74-year-old survivor of a serious physical assault by his son in 2024, which left him with lasting injuries requiring shoulder reconstruction and surgery. He spoke candidly about the practical failures that compounded his recovery — a $36,000 approved victims-of-crime claim he couldn't actually access because surgeons required upfront payment before reimbursement was possible; a 150-page "how to claim" guide he couldn't locate through basic search, and processes designed to be completed entirely online despite the isolating, overwhelming nature of navigating them one-armed after a serious assault.

He also spoke about the specific difficulty of finding a male-experienced counsellor as a male victim-survivor of family violence, in a support landscape built predominantly around women's experiences.

Key takeaways:

- Ron Barber described being approved for a $36,000 victims-of-crime payment for necessary surgery but being unable to actually use it, because the surgeon required payment upfront — forcing him to borrow money, pay out of pocket, then attempt to claim it back through a mostly online-only system
- Key information (a victims' charter of rights, the guidelines for compensation claims) was, in his account, extremely difficult to locate through standard online search despite technically being publicly available
- As a male victim-survivor, he found it difficult to access counselling from someone with specific experience supporting men, given most available services were oriented toward women's experiences of family violence
- Practitioners on the panel noted that services remain siloed, with limited specialist support for older victim-survivors and real practical barriers to sharing information across agencies
- Ron's key recommendation was straightforward: proactive information — clear contact numbers and a physical, non-digital resource — sent directly to people navigating the system, rather than requiring them to source it themselves online
- He has submitted formal recommendations to the Victorian Commissioner for Victims of Crime based on his experience, and described his motivation simply as

wanting to see the numbers of people affected by domestic and elder abuse go down.

Shattering the Silence on Elder Sexual Abuse

Speaker: Di Macleod, Director, Gold Coast Centre Against Sexual Violence

Summary: Drawing on 36 years in specialist sexual violence services, Di Macleod argued that elder sexual abuse remains invisible precisely because society perceives older people, particularly older women, as asexual, making the crime feel implausible to imagine. She highlighted that Australia has no single agreed definition of elder sexual abuse, with different organisations using different age thresholds (55, 60, or 65), which actively contributes to undercounting and invisibility. Her practical recommendations centred on visibility: putting posters and brochures about elder sexual abuse in the everyday spaces older people frequent (doctors, chemists, community halls, seniors' expos) — arguing that without visible information, older people are effectively left to "investigate their own crime."

Key takeaways:

- Australia has no single, formally accepted definition of elder sexual abuse — different organisations use different age thresholds (55+, 60+, 65+), which itself contributes to inconsistent recognition and undercounting
- Elder sexual abuse is estimated to lag roughly a further decade behind broader elder abuse awareness, which itself was described elsewhere at the conference as roughly 20 years behind family and domestic violence
- Once someone survives a sexual assault at any point in their life, they remain a survivor for the rest of their life — meaning older victim-survivors may be carrying both historical and potentially recent experiences simultaneously
- Simple visibility measures — posters and brochures in places older people already visit (chemists, doctors, community halls, seniors' expos) — were described as a low-cost, high-impact way to signal "it's safe to talk about this here."
- The presenter described repeatedly being told there was "no stall" for elder sexual abuse information at seniors' events, and recommended persistence (bringing your own table/materials) as a practical workaround
- The presenter directly challenged the audience — many of whom will themselves become part of the aged care system — to fix current gaps now, given they are "about to inherit" the system's shortcomings.

Standing Together: A Regional Approach to Combat Ageism and Prevent Elder Abuse

Speakers: Jill Exon, Elder Abuse Prevention Lead, Eastern Community Legal Centre; Gabrielle Spence, Coordinator Healthy Ageing, Manningham Council

Summary: Jill Exon outlined Victoria's model of regionally funded elder abuse prevention networks (established after the 2016 Royal Commission into Family Violence identified elder abuse as a form of family violence), which pair response-focused and prevention-focused working groups to keep the two informing each other.

Gabrielle Spence then described how joining the Eastern Elder Abuse Network accelerated Manningham Council's own age-friendly framework — endorsed by council in March 2026 — including three annual World Elder Abuse Awareness Day events and a "Women's Walk and Talk" research partnership exploring how older women experience public space. Audience questions probed the practicalities: aligning the age-friendly framework with human rights charter obligations, and the limited extent to which residential aged care and retirement villages were consulted in the process.

Key takeaways:

- Victoria's eight regional elder abuse prevention networks were established following the 2016 Royal Commission into Family Violence, which identified elder abuse as a form of family violence.
- A "community of practice" model built on trust and shared learning, not just information exchange was credited as key to sustained collaboration across sectors.
- Manningham Council's age-friendly framework, guided by the WHO Age-Friendly Cities model, was endorsed by council in March 2026 and is now embedded organisation-wide, not confined to one team.
- Manningham's population includes roughly 17% aged 70+, with dementia prevalence projected to rise 91% by 2054.
- Practical outputs from the network include a "Women's Walk and Talk" research partnership with La Trobe University and Women's Health East, exploring how older women experience safety in public green spaces.
- Consultation with residential aged care facilities and retirement villages during the framework's development was acknowledged as still early-stage and limited.

Reimagining Voice and Healing: "With Our Stories, We Rise" Client Contribution Model

Speakers: Sasha Kisrwani, Elder Abuse Solicitor, Legal Aid NSW; Lynn McLennan, Senior Social Worker, Legal Aid NSW

Summary: Sasha Kisrwani and Lynn McLennan described the origins of "With Our Stories, We Rise", a project born from noticing that clients rarely name their experience as "abuse," instead describing themselves as parents or grandparents trying to hold their family together, and repeatedly wishing two clients with similar experiences could simply talk to each other. The project invites former clients to voluntarily contribute letters, artworks and reflections that other older people experiencing abuse can read, aiming to interrupt the isolating belief that "this is only happening to me." They were candid that legal advice alone often isn't enough to move a client toward seeking further support. What seems to matter more is genuine connection with someone who has lived a similar experience.

Key takeaways:

- Clients rarely describe their own experience using the word "abuse". Common framings include "I thought it was just my family," "if I don't care for them, who will," and "it's not like they're hitting me."
- The project emerged from a repeated, informal observation by two practitioners: that clients with similar experiences were sitting in the same isolating belief that no one else could understand what they were going through
- Legal Aid NSW's Elder Abuse Service delivers training to NSW Police four times a year statewide, which has led to concrete outcomes including removing abusive adult children from the family home
- Barriers to disclosure (fear, dependency, isolation, shame) rarely operate separately — they compound simultaneously, and silence is often better understood as an act of survival than as weakness
- Careful selection and support of contributors was essential, given the risk that revisiting an abuse experience for the project could itself be distressing
- The model has attracted interest from other services (including a NSW Relationships Australia mediation pilot, now expanded statewide) as an example of small, community-designed pilots achieving outsized impact.

Older Adults Who Have Experienced Sexual Assault: Improving Identification and Therapeutic Responses

Speaker: Amanda Parkinson, Manager, South East Centre Against Sexual Assault (SECASA), Monash Health

Summary: Amanda Parkinson traced her research interest back to a single referral — an older woman with cognitive decline, sexually assaulted in residential care, where the referring service's own framing was "it doesn't really matter anyway because she's got dementia."

Her subsequent research identified serious structural barriers to identification: high caseloads and time pressure crowding out the relational, unhurried work disclosure often requires, and diffusion of responsibility where multiple services involved in an older person's care meant nobody ultimately reported a suspected assault, each assuming it was someone else's role.

She closed by describing concrete changes her own service has made in response — a dedicated older-adults clinical lead, a specific older-adults webpage, outreach-based intake, and staff trained in reminiscence therapy — which nearly tripled the service's referral rate for this cohort, from around 1% to 3.14% of total referrals.

Key takeaways:

- Societal perception of older women as "asexual" or "unattractive" directly contributes to under-recognition of sexual violence against them, the underlying (flawed) logic being that if older women aren't seen as sexual, the crime becomes hard to imagine occurring
- Where multiple services are involved in an older person's care, this diffusion of responsibility can mean no single service ultimately reports a suspected assault, each assuming another party is responsible
- High workloads, time pressure, and workforce shortages were found to significantly limit practitioners' capacity for the slower, relational work that identifying and responding to sexual violence in older adults typically requires
- Concrete service changes — a dedicated clinical lead for older adults, outreach-based intake, staff trained in reminiscence therapy, and visible online presence for this cohort — increased the service's referral rate from around 1% to a statistically significant 3.14% of total referrals
- The presenter noted with some disappointment that other Victorian sexual assault services have not yet replicated this model, despite her service's willingness to share its approach

- Training has also been extended into vocational aged care education (TAFE diploma/certificate courses), aiming to build trauma-informed disclosure response skills earlier, before staff enter the workforce.

Launch of the framework for understanding ageism and preventing elder abuse Mapping Framework

Speaker: Dr Catherine Barrett, CEO, Celebrate Ageing; opened by Robert Fitzgerald AM, Age Discrimination Commissioner

Summary: Robert Fitzgerald opened by launching Catherine Barrett's new framework, which argues that ageism experienced by older people is distinct enough from ageism experienced by the young (or "youthism") to need its own dedicated language and analysis. Barrett walked through four elements — context, drivers, characteristics, and responses — arguing the central driver is "gerontophobia" (fear of our own mortality and morbidity), and that the most powerful lever for change is internal: valuing our own ageing rather than internalising the belief that "young is good, old is bad."

The session closed with a World Café exercise, where tables worked through real scenarios (a woman enduring ageist "jokes" in a retirement village; a son restricting his mother's financial decisions; an older woman disclosing sexual assault by a husband with dementia) using the framework's four-part lens.

Key takeaways:

- The framework argues ageism toward older people needs its own distinct term and analysis, separate from "youthism," because the drivers differ — a fear of mortality and morbidity, not the same dynamics that drive prejudice against the young
- The central intervention proposed is deeply personal: valuing your own ageing is framed as the starting point for preventing elder abuse at a societal level, not just an individual wellness message
- Internalised negative views of ageing measurably harm mental and physical health — cited research suggests protecting against this can increase life expectancy by around seven and a half years
- A related resource, the "hardly reached" model (developed by Dilnaz Billimoria), reframes "hard to reach" communities: the onus is on services to build trust and reach out, not on marginalised older people to make themselves more accessible
- Table discussions surfaced real, complex scenarios — including a case where a woman's disclosure of sexual assault by her husband (who had dementia)

resulted in him being medicated and sent home, with no follow-up support offered to her for six months

- All framework resources, including a short film and online training module, were being made freely available on Celebrate Ageing's website from the following Monday.

Workshop: Balancing Dignity of Risk, Human Rights, and Duty of Care in Practice

Speaker: Dr Anne-Louise McCawley, Community Engagement and Education Leader, Caxton Community Legal Centre

Summary: Using a single detailed case study of "Merv," a 70-year-old man with early Parkinson's-related dementia whose daughter (his enduring power of attorney) wanted to block an overseas trip with his 50-year-old girlfriend. Anne-Louise McCawley walked participants through the tension between risk, dignity of risk, capacity, duty of care and human rights.

She pushed the room to notice their own instinctive biases by asking them to imagine the same scenario with a 50-year-old man and a 30-year-old girlfriend, a reframing that made the ageism in the original hesitation immediately obvious. Under Queensland law, she noted, an attorney has no authority to override a decision unless the principal actually lacks capacity for that specific decision. This is a threshold too often skipped over in practice when a medical diagnosis like dementia is present.

Key takeaways:

- A medical diagnosis (like early dementia or Parkinson's) does not, by itself, establish that someone lacks capacity. Capacity is presumed and must be assessed decision-by-decision
- Under Queensland's enduring power of attorney framework, an attorney cannot lawfully override a decision unless the principal has actually been found to lack capacity for that specific decision
- A simple reframing exercise — changing the ages of the people involved in a scenario — can quickly reveal ageist assumptions that wouldn't apply if the people involved were younger
- Taking on personal risk (the facilitator's own example of solo international travel against family wishes) was linked in research to increased confidence and self-worth, not just potential harm

- Workshop participants defaulted first to "prove capacity" framing before being guided back to the correct legal starting point: presumption of capacity unless evidence proves otherwise
- The Queensland Human Rights Act was presented as a practical tool practitioners can use to work through exactly these kinds of competing-interest scenarios, though most of its underlying principles apply in some form across other states' frameworks too.

How Can We Embed Age-Positive Attitudes Across Both Our Communities and Our Workplaces?

Speaker: Vanessa Hill, Project Officer, Southern Melbourne Elder Abuse Prevention Network (Better Place Australia)

Summary: Vanessa Hill introduced two practical tools built on the existing "Framing Age" message guide (a national, values-based communications framework for talking about ageing without stereotypes): a peer-led "Framing Age Community of Practice" with 150 members across Victoria who refine real communications together, and a new workplace conversation guide offering concrete scripted responses to everyday ageist comments. She demonstrated four response styles from the guide — deflecting, defusing, calling in (gently questioning intent, e.g. responding to "senior moment" with "everyone forgets things"), and calling out directly — each pitched as low-effort, generic enough to reuse across situations, and designed to shift workplace culture without requiring a formal complaint process.

Key takeaways:

- The Framing Age Community of Practice has grown to 150 members across Victoria, including representatives from 20 local councils and periodic guest input from figures like the Age Discrimination Commissioner and Dr Emily Steel
- Reframing event messaging (from fear-based, deficit-focused imagery to empowering, choice-focused messaging) reportedly transformed attendance at the network's own community events
- The workplace guide offers four levels of response to ageist comments: deflecting, defusing, calling in (a gentle, curious challenge), and calling out (a direct public correction) — deliberately generic so they're reusable across many everyday situations
- A dedicated training module based on the guide is currently being trialled with one local council, with a broader rollout targeted for around October

- The guide and its associated social media resources are freely downloadable, designed to be shared in shared workplace spaces (like a kitchen) rather than requiring formal training sign-off
- The presenter's core argument: broad, everyday reach (like council newsletters and social media) has more cumulative influence on ageist attitudes than one-off formal training sessions.

Qualitative Insights on Help-Seeking from Older Women with Experience of Elder Abuse

Speaker: Professor Bianca Brijnath, Professor of Health Communication in Society, La Trobe University

Summary: Drawing on interviews with 17 women (aged 61–76) who were part of a decades-long Queensland pregnancy cohort study and who self-reported experiencing elder abuse in the past year, Bianca Brijnath found that 64% had never sought help or disclosed their experience to anyone. Shame, generational norms around keeping family matters private ("you don't air your dirty laundry"), and self-blame were the dominant barriers, alongside a fear that disclosure could permanently damage family relationships. She was candid about the study's limitations — an entirely Caucasian, cognitively well, financially independent sample — and used audience questions to explore the more complex reality beyond the study itself, including cases of poly-victimisation (multiple perpetrators, often "teaming up" within intergenerational households) and a small number of documented cases of women perpetrating abuse against male partners, often compounded by carer stress.

Key takeaways:

- Of 17 women interviewed (all with confirmed elder abuse in the past 12 months), 64% had never sought help or disclosed the abuse to anyone
- Perpetrators were predominantly adult children, followed by partners/ex-partners, siblings, and grandchildren; four of the 17 women experienced poly-victimisation (abuse from more than one perpetrator)
- Shame, generational norms around family privacy, self-blame, and wanting to preserve family reputation were the dominant reasons for not seeking help — echoed across multiple participants almost verbatim ("you've made your bed, now lie in it")
- The study sample was entirely Caucasian, cognitively well, and not dependent on others for care, a significant limitation acknowledged directly by the

presenter, given these factors likely differ for more vulnerable or diverse populations

- In cases of poly-victimisation with multiple perpetrators, family members (e.g. an adult child and their partner) often "teamed up" against the older person, particularly within intergenerational living arrangements
- The presenter noted that unlike intimate partner violence (roughly 90% female victims), elder abuse perpetration is closer to an even split by gender, complicating simple application of a family-violence framework, with female-perpetrated abuse against male partners often compounded by carer stress and burnout.

Beyond Age: Changing the Conversation on Ageing and Ageism

Speaker: Gary Ferguson, Education Coordinator, Seniors Rights Victoria

Summary: Gary Ferguson described the "Beyond Age" project. This was a series of local-government-partnered workshops across Victoria where older participants discussed their own experience of ageing (deliberately without PowerPoint, "because people were sick of being talked at") before having a professional portrait taken, paired with their answer to "what would you tell your younger self about ageing?" The project unexpectedly grew to include two cohorts of high school photography students, whose involvement Ferguson credited local government partners for driving.

He was candid about resourcing constraints (two small grant applications for smaller partner organisations were unsuccessful) but pointed to strong outcomes: exhibitions across multiple council areas, and the model now being adapted by Tasmania for their own Seniors Month.

Key takeaways:

- The project deliberately avoided formal presentation formats, using open-ended discussion questions and butcher's paper instead, because participants responded better to conversation than being "talked at"
- An opening question — "tell us one thing you did between 20 and 50 years of age" — was designed specifically to counter the tendency for people to see only an older person's current age, not their full life history
- Two cohorts of local high school students became involved as photographers (through their own school photography curriculum), creating an unplanned intergenerational element to the project

- Outcomes varied by council — online exhibitions with video, physical banner displays, and a formal art exhibition opened by a mayor — with photographs and quotes displayed together
- Two funding applications for smaller partner organisations to join the project were unsuccessful, limiting the project's reach in this iteration
- The model has since been adapted and adopted by Tasmania for their own Seniors Month programming in October.

Effective Interventions to Prevent and Respond to People Who Abuse Older Adults

Speakers: Dr Emily Moir, Senior Lecturer, University of the Sunshine Coast; Jemima Petch, Head of Practice, Relationships Australia QLD

Summary: Using the detailed case of "Betty" — an 85-year-old widow whose son and daughter-in-law's arrangement to live with her (after she contributed over $100,000 toward a granny flat) deteriorated into psychological and financial abuse once the son lost his job — this session explored what actually helps when an older person wants the abuse to stop without necessarily wanting to cut off the relationship entirely.

Emily Moir presented findings from a scoping review of interventions aimed at people who perpetrate elder abuse, mostly informal carer support programs from the UK, describing the evidence base in this area as "pretty abysmal," with no Australian studies found.

Jemima Petch then showed how Relationships Australia's family mediation model worked in Betty's actual case: providing integrated counselling, legal-adjacent advice, and a facilitated family meeting under one roof, resulting in a renegotiated will, new independent housing, and functioning (if imperfect) ongoing family contact.

Key takeaways:

- A scoping review of 15 years of international literature found only five evaluated intervention studies targeting people who perpetrate elder abuse (mostly UK-based, informal-carer-focused) described by the presenter as an "abysmal" evidence base, with zero Australian studies identified
- The reviewed programs mostly combined carer education (communication strategies for dementia care) with carer self-care/support groups, but evidence of their effectiveness in actually reducing abuse remained limited
- In Betty's case, providing counselling, legal advice, case management, and family mediation within a single service avoided her having to repeatedly form

new relationships with multiple practitioners. This a model advantage was highlighted throughout the conference in other sessions too

- The outcome for Betty balanced multiple goals simultaneously: legal/financial redress (a revised will accounting for the unequal prior contribution), independent housing closer to supportive family, and a continued (if renegotiated) relationship with her son
- Relationships Australia's elder mediation services are unevenly funded and structured across states — federally funded in the ACT and Northern Territory, state-funded in NSW, and offered as general relationship counselling elsewhere (SA, Victoria, Tasmania)
- The presenters were explicit that this model works specifically for cases where the older person wants to preserve some form of relationship with the person who used abuse. It isn't designed for, or a substitute for, formal legal or criminal responses where those are needed.

Workshop: Play "Beat the Wolf"

Speaker: Medha Gunawardana, Manager Community Strengthening, Australian Multicultural Community Services (AMCS)

Summary: Medha Gunawardana presented "Beat the Wolf", a card game co-designed over three workshops with 20 ethnic community leaders and 750 community members to teach financial scam recognition to older people from multicultural backgrounds.

Community leaders explicitly rejected passive, text-heavy, online resources in favour of something interactive, in-person, and playable like bingo settling on a wolf-in-sheep's-clothing scam character (universally recognisable across cultures) and a "tiger" figure representing confidence and protection.

Early pre/post evaluation found over 70% of participants reported improved knowledge, though a pointed audience question noted this measures self-reported confidence rather than tested behaviour change, a gap Medha agreed was worth addressing in future evaluation.

Key takeaways:

- The game was co-designed entirely with community input across three workshops, with 20 ethnic community leaders and roughly 750 community members shaping content, characters, and even redesigning the "tiger" character after feedback that the first version looked too weak

- Community leaders explicitly rejected passive online learning, technical jargon, and dense information sheets insisting on in-person, playable, mistake-tolerant learning
- Pre/post evaluation found over 70% of participants reported the game supported their financial scam knowledge, though this measures self-reported confidence rather than tested behaviour change
- The game pack, help card and toolkit are complete but not yet translated into other languages, due to funding constraints. Some community groups have already created their own language stickers to adapt it themselves.
- Suggested future distribution channels included public libraries and school-based digital literacy programs pairing high school students with older people
- The presenter's closing "recipe" for good community engagement: listen well, support community-led effort, keep it in-person and active, avoid jargon and heavy reading, and let people learn through mistakes.

Elder Abuse Prevention — Do We Have a PR Problem? Changing Perceptions of Ageing

Speaker: Geoff Rowe, CEO, ADA Australia

Summary: Building on ADA Australia's "Old is Beautiful" project — professional portrait photography paired with older Queenslanders' reflections on ageing, exhibited via a photo wall and 50,000 printed calendars — Geoff made the case that elder abuse prevention has a genuine communications and perception problem.

He pointed to jarring evidence of how far ageist norms have crept (a viral trend labelling anyone born before 2000 a "dinosaur"; almost a quarter of HR professionals classifying people in their early 50s as "older workers"), while also citing Becca Levy's research showing people with more positive self-perceptions of ageing live roughly seven and a half years longer than those with more negative ones.

He closed by arguing organisations like ADA need to treat this kind of narrative-shifting work (investment in campaigns, popular culture engagement, and long-term coordinated messaging) as core prevention infrastructure, not a nice-to-have add-on to service delivery.

Key takeaways:

- 64% of older Australians report being personally affected by ageism in the past five years, and the WHO identifies ageism as a significant risk factor present in around half the population

- Elder abuse costs Australian victims an estimated $5.7 billion and the broader economy $5.2 billion annually (Deloitte Access Economics/Commonwealth Bank, 2020)
- Research by Becca Levy found people with more positive self-perceptions of ageing live around seven and a half years longer on average, and nearly half of older study participants showed measurable improvement in cognitive or physical function over time directly challenging a "decline only" narrative of ageing
- ADA unsuccessfully pursued a storyline placement with a television medical drama as one avenue for shifting mainstream cultural narratives about ageing
- The second National Plan explicitly names investment in social connection and cultural shift as a priority area, which Rowe argued should extend to funded, long-term communications and creative campaign investment, not just service delivery
- Rowe closed with a personal, light-hearted anecdote about a bucket hat unexpectedly making him feel more "visible" and approachable in everyday interactions — used to illustrate, with some self-deprecating humour, how small changes in presentation can shift how older people are treated in public spaces.

Comparative Police and High-Risk Responses

Speakers: Colette Bots, Legal Practice Director, Caxton Community Legal Centre (facilitator); Grace O'Donovan, South Australia Police; Bernie Quinlan, Manager, Vulnerable Persons Unit, Queensland Police Service

Summary: Grounded in the case of "Joan" — a 75-year-old widow abused by her adult son and daughter-in-law, who explicitly did not want police or court involvement and instead spent nine months couch-surfing rather than pursue formal action — this panel explored what a genuinely client-centred police response can look like when the person wants the harm to stop without formal proceedings.

Bernie Quinlan described Queensland's Vulnerable Persons Units (specialist teams across 15 police districts trained in victim-centred, trauma-informed response) and was candid about the real tension officers face: positive legal obligations to act on family violence can sit uncomfortably against an older person's explicit wish not to escalate matters formally.

Grace O'Donovan reframed what many older people actually want from police contact — not necessarily formal action, but simply to be heard, believed, and to have their

situation acknowledged, particularly where isolation means police may be the only ones they've told.

Key takeaways:

- Queensland's Vulnerable Persons Units operate across 15 police districts, specialising in trauma-informed responses to domestic and family violence, vulnerable persons, and elder abuse matters specifically
- Police in Queensland have positive legal obligations to investigate family violence under relevant legislation, which can create tension when an older victim-survivor explicitly does not want formal action taken — described by panellists as a genuinely difficult balance, not a simple case of "just doing what they ask"
- What older people want from police contact is often simply to be heard, believed and validated particularly where isolation means a police officer may be the only person they've disclosed their situation to
- Warm referral pathways (e.g. a community legal centre arranging a joint visit with police and their own lawyer/social worker) were highlighted as effective ways to introduce police involvement gradually and on the older person's terms
- Culturally sensitive responses were emphasised as essential, given that expectations around family obligation and appropriate intervention vary significantly across cultural backgrounds
- An audience Q&A raised the ongoing practical difficulty of engaging court-appointed guardians in family law matters involving capacity concerns — panellists agreed this remains an underused and poorly understood mechanism even among experienced family lawyers.

Debate: To Criminalise or Not to Criminalise — That is the Elder Abuse Question

Speakers: Colette Bots, Caxton Community Legal Centre (moderator); *Affirmative team*: Betty Taylor (Founder, Red Rose Foundation), Matthew Jones (Barrister), Hon. Margaret McMurdo AC (former President, Queensland Court of Appeal); *Negative team*: Samuel Mashman (Caxton Community Legal Centre), Acting Magistrate Colin Strofield AM, Chief Magistrate Judge Janelle Brassington

Summary: This formal debate tackled whether Australia needs a standalone elder abuse criminal offence. The affirmative case, led by Betty Taylor (drawing on her own experience caring for a husband with dementia), argued current laws don't adequately name or deter abuse and that criminalisation would send an overdue social message.

The negative case, opened by Samuel Mashman, argued that criminalisation would backfire: most victims want the abuse to stop and the relationship preserved, not a family member prosecuted, and fear of triggering police involvement — particularly acute for First Nations and CALD elders — already suppresses reporting (only 17% of financial abuse victims ever initiate legal proceedings; only 14% ever go to police).

The audience vote swung notably over the course of the debate from 54% "yes" beforehand to 48% "no" afterward, suggesting the negative team's arguments shifted more minds than expected.

Key takeaways:

- Existing laws (fraud, theft, assault, neglect) already cover almost all conduct that would fall under a new "elder abuse" offence — the negative team argued a new law risks creating confusing overlap rather than closing a gap
- Only around one in three older Australians experiencing abuse ever seeks help; of those experiencing financial abuse specifically, just 17% ever initiate legal proceedings and 14% ever go to police
- Fear of triggering a criminal process — including losing contact with grandchildren, a loved one going to prison, or being forced into residential care — was argued to be a major reason victims don't come forward, and would likely worsen under criminalisation
- This fear is particularly acute for First Nations elders (given histories of overpolicing) and older people from culturally and linguistically diverse backgrounds
- The pre-debate audience vote was 54% yes / 20% no / 25% unsure; the post-debate vote shifted to 40% yes / 48% no / 12% unsure — a meaningful swing toward the negative position
- Both sides ultimately agreed on the goal (older people living free from abuse) — the substantive disagreement was over which legal pathway most effectively serves victims' actual wishes.

DAY THREE 29 JULY 2026

Emeritus Professor Rosalind Croucher AM: In Conversation with Robert Fitzgerald

Speakers: Emeritus Professor Rosalind Croucher AM, former President, Australian Law Reform Commission; Robert Fitzgerald AM, Age Discrimination Commissioner

Summary: Reflecting on leading the 2017 ALRC elder abuse inquiry, Rosalind Croucher traced how her academic background in succession and property law shaped her interest in "situational safeguards", moments (will-making, banking transactions) where influence and coercion are most likely to occur.

She was candid that most of her recommendations have since been implemented in some form (serious incident reporting reform, restrictive practices regulation, the first National Plan), crediting sustained "champions" like Kay Patterson for keeping reform alive despite slow institutional pace.

The conversation turned pointed when Croucher named language itself as a live harm — arguing terms like "granny flat" trivialise and infantilise older women, and that "ageing in place" has been narrowly redefined into a policy trap that increases isolation rather than reducing it.

Key takeaways:

- Croucher's 2017 ALRC inquiry recommended Australia's first National Plan for elder abuse (Australia is now on its second), plus reforms to serious incident reporting and restrictive practices regulation most of which have since been implemented, some imperfectly
- Reform requires an institutional "champion" to survive beyond the initial inquiry — Croucher credited Kay Patterson's advocacy as Age Discrimination Commissioner for keeping ALRC recommendations alive
- Croucher argued "granny flat" is an ageist and infantilising term baked into the Social Security Act, and proposed replacing it with something more dignified
- "Ageing in place," a term Robert Fitzgerald himself helped popularise via the 2010 Productivity Commission report, has since been narrowly redefined into a service model that risks entrenching social isolation rather than genuine community connection
- Both speakers argued Australia's federated Constitution — a "deal" between states rather than a rights-based document — makes coordinated national reform on ageing and abuse structurally difficult

- Reform tends to follow a pattern: early momentum after a major inquiry, then a long plateau ("a hill") before further gains and elder abuse reform is currently in that plateau period.

Unique Perspectives: Denial of Older People's Access to Culture

Speakers: Nicky Bath, CEO, LGBTIQ+ Health Australia; Elsja Dewis, Cultural Lead, ADA Australia; Sonia Di Mezza, CEO, Migrant and Refugee Settlement Services (MARSS)

Summary: This panel wrestled openly with whether "cultural abuse" is even the right term. Elsja Dewis argued strongly against it, drawing on Aboriginal cultural protocol around naming to make the point that repeatedly invoking the word "abuse" gives it power, and that terms like "cultural harm" or "systemic disrespect" better describe what's happening without demonising well-intentioned but ignorant actors.

Sonia Di Mezza argued denial of cultural access in aged care is a human rights violation, not a lifestyle preference, while Nicky Bath highlighted how LGBTQ+ people face systemic health ignorance (citing a friend whose cervical cancer went undetected because a GP assumed a lesbian patient didn't need a pap smear).

All three agreed genuine cultural safety starts with curiosity about the individual in front of you, not generic cultural competency training about a "frozen" version of a culture.

Key takeaways:

- Panellists debated the term "cultural abuse" itself. One argued strongly that it's the wrong framing, and that "cultural harm," "cultural disrespect," or "systemic abuse" better capture what's occurring, often without malicious intent
- Systemic health assumptions can cause serious harm — LGBTQ+ patients are sometimes assumed not to need standard preventive screenings based on their identity, with life-threatening consequences
- Culture is dynamic, not fixed. Effective cultural safety training focuses on curiosity about the individual, not memorising static facts about a culture
- Denial of cultural access in aged care and health settings was described as a human rights violation, not merely a missed lifestyle preference
- Aboriginal and Torres Strait Islander elders returning to remote communities /country face a genuine tension between wanting to go home and family members' unrealistic expectations that they can still fully care for grandchildren and extended family

- For people with cognitive impairment or limited English, connection can still be built through non-verbal means — culture and identity can be recognised even without shared language.

Where Are We Now? Current and Proposed Elder Abuse Reforms

Speaker: John Chesterman, Queensland Public Advocate

Summary: John Chesterman gave a frank stocktake of reform progress, arguing the second National Plan's language ("continue efforts," "strengthen frameworks") sets a low bar that risks being "ticked off" without real change.

He highlighted a significant gap in the 2021 National Elder Abuse Prevalence Study — it excluded people with significant cognitive impairment, a population believed to experience high rates of abuse — and pushed back on the ALRC's "at risk adults" framing being read too literally: not all older people are vulnerable, and not all vulnerable people are old.

Audience questions pressed him on a national register for enduring powers of attorney (he supports one but flagged interjurisdictional resistance) and on aged care facilities requiring an EPOA before admission regardless of the person's actual capacity — which he called "outrageous" and potentially discriminatory.

Key takeaways:

- The 2021 National Elder Abuse Prevalence Study did not include people with significant cognitive impairment a major, acknowledged gap, given this group is believed to face high abuse rates
- Chesterman criticised the second National Plan's commitments (e.g. "continue efforts," "strengthen frameworks") as too vague to drive real change, and called for "stretch goals" in the resulting action plans instead
- A national register for enduring powers of attorney remains unresolved after roughly a decade of advocacy — Chesterman supports one but noted cost and federation-related resistance have stalled it
- Some aged care facilities are reportedly requiring an EPOA be in place before admitting a resident, regardless of the person's actual decision-making capacity — described as a discriminatory and concerning emerging practice
- Chesterman opposes "substitute consent" models where a family member authorises restrictive practices on a loved one's behalf, arguing it's not meaningful consent and puts families in an impossible position; several states are moving away from this in disability settings, but aged care lags behind

- No single state is leading elder abuse reform outright — Queensland and Victoria were named as strong in service delivery, NSW and South Australia in institutional/legislative responses.

Empowering the Voice of the Elder Person

Speakers: Valerie Holden, Regional Manager, and Tanya FitzGerald, Senior Relationship Mediation Practitioner, Relationships Australia Queensland

Summary: Valerie Holden and Tanya FitzGerald introduced Relationships Australia Queensland's elder mediation service which has been running since roughly 2016 and recently refunded for another four years, before walking through a detailed Cairns case study involving two adult daughters (one primary carer experiencing burnout, one interstate) in prolonged conflict over their mother's care.

Using a Zoom-based "family facilitated meeting" (a term deliberately chosen over "mediation," which some families associate with legal risk), the team helped the sisters reach a workable arrangement satisfying both their mother's wishes and each daughter's concerns. A pointed audience question — what if all the siblings had colluded to override their mother's actual wishes — prompted a candid discussion of how practitioners assess genuine family goodwill versus coordinated exclusion of the older person's voice.

Key takeaways:

- Relationships Australia Queensland's elder mediation service operates with just three FTE staff covering the entire state and deliberately avoids the word "mediation" with families who associate it with legal risk — using "family facilitated meetings" instead
- Referral doesn't require a confirmed case of elder abuse as high family conflict or risk of escalating psychological distress is sufficient grounds for acceptance into the program
- The Cairns case study resolved a multi-year conflict between two adult daughters (one carer, one distant) by facilitating a Zoom-based family meeting with local support workers present in person with each participant
- Practitioners assess genuine family goodwill by looking for signs the older person's own voice and preferences are consistently reflected not simply by taking family members' word for it
- A 30-year veteran audience member raised a caution: some family members present very differently when service providers are present versus absent — a dynamic the panel agreed deserved further discussion

- The service also runs standalone counselling, case management, and community/stakeholder education activities across three broader Queensland-based elder abuse and senior support programs.

Better Understanding and Preventing Neglect of Older People

Speaker: Cecilia Cox, Manager, Community Supports and Investigations, NSW Ageing and Disability Commission

Summary: Drawing on a UNSW-partnered study analysing 474 cases from the NSW Ageing and Disability Commission, Cecilia Cox distinguished three types of neglect — intentional (an active refusal to meet known needs, often blocking others from helping too), unintentional/reckless (driven by carer stress, health literacy gaps, or not recognising changing needs), and self-neglect (strongly linked to dementia and depression, and currently excluded from standard elder abuse definitions because it lacks a "trusted relationship" element).

Using real case studies, she showed neglect is rarely an isolated problem. It frequently co-occurs with financial, psychological or sexual abuse, sometimes as a deliberate form of control or punishment. She closed with a pointed challenge on ageism in self-neglect cases specifically: services often treat an older person's resistance to help as a dead end, whereas the same resistance in a younger person would likely prompt deeper, more persistent engagement.

Key takeaways:

- The National Elder Abuse Prevalence Study found only around 3% experienced neglect in the past year which is likely a significant underestimate, since it excluded people with cognitive impairment, who face the highest risk
- In the 474-case study, 62% of alleged perpetrators were the person's adult child and 22% were an intimate partner; almost 70% of the sample were women, and over half had severe or profound activity limitations requiring support across multiple domains
- Neglect very rarely occurs in isolation — it frequently co-occurs with financial abuse (denying access to services or medical care), psychological abuse (withholding care as punishment), or sexual abuse (blocking entry to aged care to preserve sexual access)
- Self-neglect currently sits outside standard elder abuse definitions because it lacks a "trusted relationship," despite being strongly linked to dementia and depression and disproportionately affecting people isolated from health and aged care systems for extended periods

- A reframe was offered for services that hit resistance: "the person doesn't want the help I'm offering" rather than "the person doesn't want help" with the presenter noting seven years in the role without meeting anyone she couldn't ultimately help move toward some form of safety
- Recommended interventions span three levels: individual (person-centred, curious engagement), community, and systems ("safety by design" — building systems with friction against neglect rather than relying on after-the-fact response).

Can Elder Abuse Be Mediated?

Speaker: Brian Herd, Mediator, Brian Herd — Elder Mediation and Facilitation

Summary: In a theatrical, high-energy session, Brian Herd made the case that mediation — a voluntary, confidential process with an 88% general success rate — is genuinely effective for elder family disputes, but only in a specific window: what he called the "comment or concern" stage, before disagreements escalate into full "conflagration."

He was candid about mediation's real limits in this context: no statutory duty in Australia requires anyone to intervene (unlike some US states' "filial responsibility" laws), capacity can rule out a person's genuine participation altogether, and mediators face a serious ethical bind around confidentiality if abuse is disclosed mid-process.

His closing answer to the session's title question was deliberately unresolved — "it depends" — landing on two live reform directions: creating a lower-cost specialist tribunal pathway or codifying elder mediation ethics and practice more clearly.

Key takeaways:

- Mediation has an approximately 88% general success rate and is confidential and voluntary, but Brian Herd argued it works best when applied early at the "comment or concern" stage of a family dispute, before it escalates into full conflict
- Unlike some US states (which have "filial responsibility" laws) or countries like Singapore, Australia has no statutory duty requiring adult children to care for or support ageing parents
- The average gap between "health span" (years lived in relative health) and lifespan has grown from roughly 5 years a century ago to around 12 years today

— a period the presenter argued is where much elder abuse "is seeded and erupts"

- A genuine ethical tension exists for mediators: professional codes of ethics may recommend reporting disclosed abuse to authorities, which — if disclosed to a perpetrator upfront as a condition of mediating — could itself discourage participation
- Where an older person lacks capacity to participate meaningfully, mediation cannot proceed in its standard form. "Supported participation" was raised as an option but treated with caution by the presenter
- Two potential reform directions were floated without a firm recommendation: creating a lower-cost, specialist tribunal alternative to litigation, or "rewriting the manual" — codifying elder mediation ethics and principles into a clearer, more accessible framework.

Legislated Safeguarding Services in South Australia and NSW — Seven Years On

Speakers: Belinda Lake, Chief Adult Safeguarding Practitioner, SA Adult Safeguarding Unit; Jeff Smith, Commissioner, NSW Ageing and Disability Commission

Summary: Belinda Lake and Jeff Smith compared notes from the country's two oldest legislated adult safeguarding agencies, established in 2019. Both have seen dramatic growth in demand — South Australia a fourfold increase in calls, NSW a 154% increase in formal reports — with South Australia now handling around 4,500 calls a year and NSW around 17,500.

They were candid that around 80% of matters are resolved through upfront advice and support rather than formal investigation, and that both agencies have built strong relationships with police (including database access), banks, and health services to speed up information-sharing.

The session closed with an honest acknowledgement: demand is consistently outpacing capacity, and increasingly complex, multi-factor cases are stretching both services.

Key takeaways:

- South Australia's Adult Safeguarding Unit has seen a fourfold increase in calls since 2019; NSW's Ageing and Disability Commission has seen a 154% increase in formal reports and a 66% increase in calls over the same period

- Around 80% of reports to both agencies are resolved through upfront advice and "safeguarding support" rather than formal investigation
- NSW has read-only access to the police database (COPS) to support investigations; South Australia has a dedicated elder abuse liaison within SA Police
- Both agencies use investigative powers differently — NSW can still assist even if a person declines a formal investigation; South Australia's investigations are generally tied to seeking a tribunal order
- Demand consistently outpaces capacity and cases are increasingly complex, often involving multiple concurrent forms of abuse
- Both leaders stressed that legislation is only one tool among several — creative, relationship-based problem-solving matters just as much as formal powers.

A Blueprint to Promote the Rights of Older Women

Speaker: Debra Nicholl, CEO, Elder Rights Australia

Summary: Debra Nicholl introduced a Victorian project (a collaboration between Elder Rights Australia, Celebrate Ageing, and the Victorian Women's Trust) building a "blueprint" on respect for older women grounded in the idea that ageing is a fundamentally gendered experience, and that gender inequality compounds with age.

She shared candid personal examples of internalised ageism (catching herself second-guessing her own reflection, being singled out at airport security over an assumed hip replacement) before introducing the project's "Strong Grey Woman" initiative, which found it strikingly difficult to recruit women willing to be photographed letting their hair go naturally grey including one participant whose husband reportedly threatened divorce over it. The session used the term "Gerontism" (introduced the previous day by Dr Catherine Barrett) specifically to describe ageism as experienced by older people, distinguishing it from ageism directed at the young.

Key takeaways:

- The blueprint project rests on five underlying assumptions: ageing is a gendered experience; older women are not treated equally; gender inequality increases with age; and change in this space is genuinely complex
- The "Strong Grey Woman" photo project, inviting women to document going grey naturally, found recruitment surprisingly difficult — one participant reportedly withdrew after her husband threatened divorce if she stopped dyeing her hair

- An accompanying art competition, "Reasonable Expectations," directly responded to social media commentary suggesting older women don't deserve respect
- The project deliberately avoids the term "elder abuse" in community engagement, framing conversations instead around "what does respect look like for you?" to draw in participants who might otherwise disengage
- Full findings won't be available until the end of 2026, but early thematic analysis points strongly toward the importance of older women valuing themselves, not just of society valuing them
- The presenter was explicit that responsibility for change sits with society, not with older women who've internalised ageist messaging — describing this as multi-generational work she doesn't expect to see completed in her own lifetime.

Aged Care Reforms — Panel Discussion

Speakers: Karen Williams, Principal Solicitor, ADA Australia (moderator); Craig Gear, CEO, Older Persons Advocacy Network; Anna Willis, CEO, Aged Care Justice; Annette McNee, independent consumer advocate, ADA Australia

Summary: Roughly seven months into the new Aged Care Act, this panel gave a candid, mixed review stocktake. All three panellists agreed on a key structural gap: the Royal Commission's recommended new funding model (a Medicare-style levy) was one of only two recommendations government chose not to adopt leaving a rights-forward Act attempting to run on an unresolved funding base.

Craig Gear, who helped design the reforms, was frank that his "nirvana" expectations weren't met, while still defending a genuine foundation being laid; Anna Willis pointed to poorly managed expectations around complaint outcomes (a provider's standard remedy for repeated falls being "we'll do better," rather than any meaningful redress); and Annette McNee, drawing on her own experience navigating the system for her late husband, called for older people to be supported to learn the system before they need it, and for providers to simply "act with grace" (Governance, Respect, Accountability, Care, Empathy).

Key takeaways:

- The Royal Commission's recommended dedicated funding levy (similar to the Medicare levy) was one of only two recommendations the government declined to adopt — panellists linked this directly to ongoing financial strain in implementing the new system

- The new Act embeds a Statement of Rights (an upgrade from the earlier voluntary Charter of Rights) with obligations on providers, but enforcement remains complaint-based rather than through a fully independent, rights-focused complaints commissioner — described as the single most wanted but still-missing reform
- OPAN's advocacy caseload has grown steadily from 44,000 to 64,500+ supported cases in the most recent year, reflecting rising demand for help navigating the system
- Respite care access has become noticeably harder to find since the transition to the new Support at Home program, and local provider staff were described as inconsistently trained on new financial protections like "no worse off" grandfathering arrangements
- Panellists agreed the reforms have "flushed out" previously hidden demand with only around 1 million of an estimated 4.5 million Australians aged 65+ currently receiving services, exposing a system not yet built for true scale
- Deinstitutionalising aged care and eliminating restrictive practices were named as the clear "next frontier" of reform, once the current system's funding and access issues stabilise.

Financial Elder Abuse in Victoria — Has Access to Compensation Improved Outcomes?

Speaker: Luke Wright, Senior Manager, State Trustees Limited

Summary: Luke Wright presented a ten-year comparison of financial elder abuse case outcomes in Victoria, following the introduction of new compensation provisions under the Powers of Attorney Act (2015) and Guardianship and Administration Act (2020). Counter-intuitively, the proportion of cases where funds were actually recovered fell from 15% in 2016 to 11% today, a result he was candid he found disappointing on first read.

Digging deeper, he found the real story was more nuanced: recovery rates roughly doubled specifically in cases involving formal legal authority (attorneys or administrators) compared to informal arrangements, and much of the overall decline was explained by older people themselves choosing not to pursue recovery even where evidence of misuse existed. This reflected a genuine, rights-respecting shift toward honouring an older person's "will and preferences" rather than presuming what's in their "best interest."

Key takeaways:

- Reviewing 1,119 cases, State Trustees found the overall proportion of matters achieving fund recovery fell from 15% (2016) to 11% (today) but recovery rates for cases involving formal legal authority (attorney or administrator appointments) were roughly double those of informal arrangements (37–40% versus 18%)
- Adult children now account for 72% of confirmed financial abuse matters, up from 59% in the earlier sample, reinforcing that financial elder abuse is overwhelmingly a family issue
- A significant driver of reduced fund recovery was older people's own choice not to pursue it, even where clear evidence of misuse existed reflecting Victoria's legislative shift toward honouring a person's "will and preferences" rather than a "best interests" default
- Victoria's 2015 and 2020 reforms introduced offence provisions for dishonest use of financial powers and enabled recovery through a no-cost tribunal jurisdiction, avoiding the previous requirement to pursue costly Supreme Court action
- State Trustees generally does not refer matters to police unless the older person explicitly requests it reflecting the same rights-based, preference-driven decision-making principle. However the presenter noted even experienced police sometimes remain unaware of specific offence provisions under the Powers of Attorney Act
- The presenter reframed "improved outcomes" beyond simple fund recovery — arguing safety, choice, accountability, and honouring a person's legacy (including in cases where they die before an application concludes) are equally valid measures of justice.

Equity, IKEA, and Elder Financial Abuse

Speaker: Nicky Mitchell, Managing Senior Lawyer, Caxton Community Legal Centre

Summary: Using an extended, deliberately playful metaphor — equity as "IKEA furniture," with all the right parts but no usable instructions — Nicky Mitchell made the case that equitable legal doctrines (constructive trusts, equitable estoppel, unconscionable conduct) can genuinely help older people who've lost money or housing security through informal family arrangements but are practically inaccessible to the very people who need them most.

Using real (de-identified) client audio recordings, including a woman who sold her home to help fund a family build only to be offered a shrinking, unsuitable space in return, she illustrated how these cases almost always begin with trust and good intentions, not malice.

She closed by presenting two unresolved reform directions to the room for live discussion: moving disputes to a lower-cost specialist tribunal ("move the assembly room") versus codifying equity's key principles into plain-language guidance ("rewrite the manual").

Key takeaways:

- Equitable doctrines like constructive trusts, equitable estoppel, and unconscionable conduct can provide real remedies for older people who contributed money or property based on informal family promises that later broke down but the legal process to access them is complex, costly, and often inaccessible without a lawyer
- Real, de-identified client recordings illustrated how these disputes typically begin with trust, care, and good intentions (family aging-in-place arrangements) rather than deliberate exploitation. The harm emerges as the arrangement unravels
- Many clients reportedly abandon meritorious legal claims simply because the process is too complex and overwhelming to navigate without significant support
- The leading case on constructive trusts (Muschinski v Dodds) and its "line in the sand" theory was cited as the doctrinal foundation practitioners currently work from but was described as inaccessible to laypeople without legal training
- Two reform directions were proposed and put to the room for discussion: creating a lower-cost, alternative dispute resolution/tribunal pathway specifically for these cases, or codifying equity's key principles into plain-language legislation that explicitly recognises contribution, intention, and unfair breakdown
- The presenter was explicit that the goal of reform isn't to weaken equity's fairness, but to make that fairness genuinely usable by the older people it's meant to protect.

Workshop: Stronger Together — Taking Action on Financial Elder Abuse

Speakers: Robert Fitzgerald AM, Age Discrimination Commissioner; Tess Howard, Director of Vulnerability Strategy, Westpac; Anna Gillbard, Founder, Gillbard Research and Consulting; Tiffany Lewin (Westpac); Pru Monument, CEO, Banking Code Compliance Committee; with input from John Chesterman and Rebecca Edwards

Summary: This interactive workshop combined a formal data presentation with structured table discussions to shape the next phase of the Financial Elder Abuse Action Collaborative (funded for another year by the Attorney-General's Department).

Anna Gillbard presented new data from UnitingCare's Queensland helpline showing financial abuse now co-occurs with other abuse types in 87% of cases (up sharply from 22% standalone cases in 2018–19), largely driven by rising cohabitation between older people and their adult children since COVID and the cost-of-living crisis.

Bank representatives Tiffany Lewin and Pru Monument discussed genuine progress (Westpac's power-of-attorney transaction monitoring now covers ~55,000 accounts; peer-to-peer knowledge sharing across banks) but conceded a Banking Code Compliance Committee audit found only 23 of 88 reviewed banks provide clear, accessible information about financial elder abuse on their websites.

Key takeaways:

- Financial abuse cases where the older person cohabits with the perpetrator have nearly doubled since 2018–19, and standalone financial abuse (without co-occurring abuse types) dropped from 22% of cases to just 13%
- Westpac's power-of-attorney account monitoring system, launched in 2023 as a first for an Australian bank, now covers approximately 55,000 accounts
- A Banking Code Compliance Committee audit of 88 banks found only 23 provided clear, accessible information on financial elder abuse and powers of attorney on their websites
- Financial elder abuse is described as uniquely tractable among abuse types because it always involves an intermediary (a bank, adviser, or institution) with the power to intervene
- A long-standing proposal for a national register of enduring powers of attorney has broad in-principle agreement but has stalled for years due to cost and implementation complexity
- The Commonwealth has funded a second year for the Australian Human Rights Commission to formally establish the Financial Elder Abuse Action Collaborative, following four workshops and a survey with over 200 sector respondents in its first year.

Workshop: Supporting Safe Futures — Practical Early-Intervention and Prevention Strategies for Safer Decision-Making

Speaker: Suzie Willis, Senior Estates and Trusts Solicitor, Equity Trustees

Summary: Suzie Willis reframed estate planning as fundamentally a communication exercise, not a drafting exercise arguing the biggest risk factor for elder financial abuse isn't missing paperwork but "set and forget" planning that never adapts as circumstances change.

She illustrated this candidly with her own family: despite having all the "right" legal documents in place for her elderly parents, the family had never had the conversation about renovating their two-storey home's awkward bathroom layout — a practical gap entirely separate from legal preparedness. She encouraged practitioners across all disciplines (not just lawyers) to model appropriate vulnerability themselves, arguing this makes clients feel safer disclosing their own.

Key takeaways:

- Estate and safeguarding planning should be treated as an ongoing, evolving conversation rather than a one-off "set and forget" legal task — circumstances and needs change over time
- Even families who have done all the "right" formal planning (guardianship, power of attorney) can still overlook everyday practical vulnerabilities, like unsuitable housing layouts for ageing in place
- Where no suitable family member exists, or where family conflict is a risk, appointing a professional trustee or trusted independent professional was raised as a viable alternative safeguard
- Practitioners modelling their own appropriate vulnerability (sharing a relevant personal example) was presented as a way to help clients feel safe enough to disclose their own concerns
- The risk-mitigation "tools" available are ultimately the governing legal documents themselves but only when paired with an accurate, current picture of what the person actually wants and needs
- Different states have different tribunal/office mechanisms (e.g. Victoria's Office of the Public Advocate) for appointing decision-makers where no suitable person is otherwise available.

Workshop: Connection as Protection — Intergenerational Practice as a Continuum for Preventing Elder Abuse

Speaker: Emeritus Professor Anneke Fitzgerald, Founder and Chair, Australian Institute for Intergenerational Practice, Griffith University

Summary: Anneke Fitzgerald introduced a five-stage "intergenerational practice continuum" — moving from mere contact (shared space, e.g. a playground), through engagement, participation, and relationship, to the most valuable stage: transformation, where mutual support meaningfully reduces ageism and strengthens community cohesion.

She was clear that most existing programs in Australia sit below the "red line" between participation and genuine relationship, the point her Institute is specifically trying to help programs cross. Small-group discussions worked through five progressive questions about embedding intergenerational practice in participants' own contexts, closing on the central thesis: that being known, valued and connected across generations directly reduces the conditions that allow abuse to occur.

Key takeaways:

- The five-stage continuum runs: contact (shared space, mutual awareness) → engagement (interaction, reduced stereotypes) → participation (sense of belonging) → relationship (empathy, genuine connection) → transformation (reduced ageism, stronger community cohesion).
- Most existing intergenerational programs in Australia currently sit at the earlier stages (contact through participation) — the Institute's specific aim is helping programs progress past that threshold into genuine relationship and transformation
- The Institute maintains a national map of intergenerational programs across Australia, partly to demonstrate to policymakers that this is a viable nationwide response to elder abuse, not an isolated pilot approach
- Structured intergenerational practice must have reciprocity and mutual benefit — the presenter specifically cautioned against models that use children merely as "entertainment" for older people, or use older people as informal, unpaid childcare
- The workshop framed intergenerational connection as underpinned by a human rights basis (with reference to ongoing work with the Australian Human Rights Commission), not simply a feel-good social activity

- Evidence and evaluation data were identified as critical for the sector's next step — sustaining and funding this work depends on being able to demonstrate its protective impact with data, not just anecdote.

WARNING: *the following session addresses sexuality, intimacy, and consent for people living with dementia, including alleged inappropriate behaviour. The summary is factual and at a policy/practice level but readers should be aware of this sensitivity.*

Let's Talk About Sex

Speaker: Isabelle Meyer, Executive Director, Dementia Training Australia

Summary: Isabelle Meyer opened with a striking statistic — Australians over 65 in residential aged care have among the highest rates of sexually transmitted infections in the country. This challenges the pervasive myth that older people, and particularly people living with dementia, are asexual or incapable of consent. She argued capacity and consent are far more nuanced than a blanket "dementia equals no consent" rule allows and used real case examples to show how staff misinterpretation of ordinary behaviour (a man helping another resident pull up his socks; a person disrobing because they've forgotten where the bathroom is) can lead to devastating consequences. This included one resident spending eight months wrongly institutionalised in a psychiatric ward.

She closed with a pointed warning about chemical restraint, noting most dementia medications currently prescribed in Australia have no benefit or a harmful effect, and substantially increase mortality risk, including when used specifically to suppress sexual expression.

Key takeaways:

- Australians over 65 in residential aged care reportedly have among the highest sexually transmitted infection rates of any age group in the country, according to the Australian Institute of Health and Welfare — directly undermining the assumption that older people, and people with dementia, are asexual
- There is no universal legal rule that dementia automatically removes a person's capacity to consent to sexual activity or intimacy. Capacity must be assessed individually and thoughtfully, not assumed
- Staff misinterpretation of ordinary or unrelated behaviour (confusion, incontinence-related undressing, assisting another resident) can lead to serious, harmful outcomes — including one case where a resident spent eight months in a psychiatric ward after a misunderstood interaction

- Most medications currently prescribed for dementia-related behaviour in Australia have no proven benefit or a detrimental effect, and are associated with a significantly increased risk of death including when used to chemically suppress sexual expression
- Recommended approaches include training staff to observe and report behaviour factually (without personal value judgements), assessing an individual's comfort or distress as the guide to intervention (rather than a blanket rule), and using non-pharmacological interventions supported by specialist dementia care services where genuine behavioural concerns exist
- Educating families early in a loved one's dementia journey about sexuality and intimacy — rather than after a crisis arises — was recommended as a proactive, less distressing approach.

Retirement Villages and Accessible Accommodation

Speaker: Ben Orman, Graduate Solicitor, Seniors Rights Service (NSW)

Summary: Ben Orman argued that retirement village accessibility is an under-recognised elder abuse risk factor, distinct from more obvious direct forms of abuse.

Using two real (de-identified) client cases — Maria, left effectively trapped on her floor for months during a prolonged, unrepaired lift outage, and Danielle, a 62-year-old required to fully reverse costly bathroom modifications she needed for a mobility condition when she eventually leaves her unit — he showed how NSW's Retirement Villages Act 1999 places no positive duty on operators to maintain or provide accessible housing, and doesn't even define what "accessible" means.

Audience contributions revealed this isn't unique to NSW — a South Australian retirement village residents' association representative described their own state's Act as apparently "written for developers," and confirmed the same reversal-on-exit modification clauses are standard practice nationally.

Key takeaways:

- The NSW Retirement Villages Act 1999 places no positive obligation on village operators to maintain or provide accessible accommodation and does not define "accessibility" despite referencing it — described by the presenter as a clear, addressable legislative gap
- Residents typically bear the full cost of accessibility modifications themselves, and standard contracts often require modifications be fully reversed when the resident eventually leaves creating a significant, avoidable financial burden

- In one case, a resident was left effectively unable to leave her floor for 8–12 weeks during an unrepaired lift outage before the operator agreed (informally, without any tribunal involvement) to fund alternative accommodation
- 18% of Australians live with disability, and 76.8% of those report a physical/mobility-related condition as their most significant barrier — directly relevant to why retirement village accessibility matters as people age in place
- Existing discrimination law doesn't require retirement village operators to proactively provide accessible housing. A resident could potentially argue indirect discrimination for common property, but this offers no guidance for accessibility within a private unit
- Audience input confirmed similar concerns exist in South Australia (whose Act was recently reviewed) and other states, suggesting this is a systemic, nationwide gap rather than a NSW-specific issue.

Positive Outcomes of Remote Partnerships — Rural and Remote Advocacy Project

Speakers: Ramnik Walia and Eduardo Sparrenberger, Darwin Community Legal Service; Catherine Casey, General Manager, Arnhem Land Progress Aboriginal Corporation (ALPA)

Summary: In the conference's final breakout session, the Darwin Community Legal Service team described building Australia's first dedicated aged care advocacy service for remote Aboriginal communities, launched in Milingimbi and Ramingining in October 2024.

Central to the model is the "Aged Care Champions" program — trusted local community members, employed by ALPA and trained monthly by DCLS, who act as the ongoing point of contact between monthly advocate visits (many community members lack phones or reliable internet).

Catherine Casey then outlined ALPA's broader scale (over 1,400 staff, 86% First Nations) and how community services, historically a small part of ALPA's retail-focused operations, have grown into a major arm of the organisation over the past 13 years.

Key takeaways:

- The Rural and Remote Advocacy Project (launched October 2024, funded by the Older Persons Advocacy Network) is the first dedicated aged care advocacy service designed specifically for remote Aboriginal communities in Australia

- Advocates visit Milingimbi and Ramingining only once a month during the dry season (April–November); the "Aged Care Champions" model — trusted local community members trained and employed via ALPA — bridges the gap between visits
- Communication barriers are severe: many community members lack phones or reliable internet, and language differences compound the difficulty of following up on applications or claims
- A case study (Charlie) showed a disability support pension claim, rejected multiple times over three years due to insufficient medical evidence, finally approved within three months once connected to the advocacy service via an Aged Care Champion
- ALPA employs over 1,400 staff (86% First Nations) and reinvests all surplus back into member communities through benevolent funds and community projects.
- The project has grown year-on-year since its 2024 launch and is now entering its third year of operation.

Conference close

Speakers: Philippa McDonald (MC); Bev Lange, Executive Officer, EAAA

Summary: Philippa McDonald closed proceedings with a recap of the three days before handing over to Bev Lange, who thanked co-hosts ADA Australia and Caxton Community Legal Centre, the program committee (which reviewed over 100 submitted abstracts, accepting more than half), and conference partner Nectar Creative Communications.

Lange acknowledged the conference had run against a backdrop of "significant uncertainty" for EAAA over the preceding months, thanked outgoing founding board director Deirdre for her service, and closed with a live "brave statements" activity where delegates shared, via the conference app, one thing they'd personally commit to doing to stand up and speak out before a farewell video and a live musical performance closed the event.

Key takeaways:

- The conference received over 100 abstract submissions, more than half of which were accepted following program committee review
- Over 400 delegates registered, with around 350 on-site each day

- EAAA operated through what Lange described as significant organisational uncertainty over the preceding 6–9 months, during which Robert Fitzgerald AM and patron Kay Patterson provided ongoing guidance

- The closing "brave statements" activity captured delegate commitments in their own words — including pledges to push for elder abuse funding parity with domestic violence and child protection, and to bring conference learnings back to community groups

- Founding board director Deirdre concluded her term at the end of July 2026 after returning to the board mid-tenure at Bev Lange's request