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National Plan to End the Abuse and Mistreatment of Older People 2024-2034 – Public Consultation Draft

Thank you for the opportunity to make a submission on the Public Consultation Draft of the National Plan to End the Abuse and Mistreatment of Older People 2024-2034. The Relationships Australia federation warmly welcomes this next vital next step in moving towards a community in which older people are empowered to participate in all aspects of our community, as well as being, and feeling, safe from violence, abuse, mistreatment, neglect and exploitation. We acknowledge the industry and dedication of all who have contributed to the development of this draft Plan, and look forward to continuing to work with governments, civil society, businesses and, most importantly, older people to implement this Plan and ensure that it lives up to its potential. Everyone, regardless of age, benefits from a fairer, safer and respectful Australia.

Summary of Relationships Australia’s positions on the draft Vision Statement, Key principles, Focus Areas, and Priority Actions

The following table provides a summary of our positions on the draft Vision Statement, Key principles, Focus areas and Priority Actions. More detailed explanation is set out below in the section titled ‘Comments on the draft Plan’ and follows the order in which the draft Plan deals with matters.

Vision Statement

Re-phrase to emphasise our human rights as we age, as well as being, not just feeling, safe from abuse, neglect, mistreatment and exploitation

Key Principles

Human rights approach

Support, subject to being strengthened by including commitments to elevate the rights of older people through an international convention on the rights of older people and a comprehensive domestic human rights act.

Combatting ageism

Re-phrase: ‘ending ageism’

Listening to and learning from the experiences of older people and diverse communities

Add ‘marginalised’ before ‘diverse’

New principle: Efficient and effective inter-governmental co-ordination and collaboration, where burdens of governmental fragmentation are removed from older people

This Plan is well overdue, the previous Plan having expired in 2023. This is attributable to failures in inter-governmental collaboration, not to older people, service providers, the private sector or anyone else. In the absence of governments committing to this principle, and backing it with action, we have seen that very little will actually happen in this area.

Prevention and early intervention

Support

New principle: A strong focus on recovery

The strong focus on prevention and early intervention must be complemented with a strong focus on recovery, consistent with the approach taken in the National Plan to End Violence Against Women and Children 2022-2032.

Supporting individual decision making, autonomy and dignity

Strengthen and clarify language and structure throughout the Plan to recognise the paramountcy of autonomy and that beneficence (the principle that underlies safeguarding) must serve the autonomy of the older person.

Re-phrase principle to reflect that decision-making frameworks reflect implementation of autonomy and dignity; autonomy and dignity should appear first.

A person-centred and trauma-informed response

Support

Focus Areas

New Focus Area

Strengthen inter-governmental coordination and collaboration to focus on achieving results that reduce the burden of inter-governmental fragmentation on older people and their families.

More effective and efficient inter-governmental collaboration is a key enabler of the other Focus Areas. Mere mention as an adjunct to current Focus Area 4 is inadequate.

Priority actions are described in our comments below on the Implementation and Governance section of the Plan (pp 31-33)

*Focus Area Community awareness,
education and engagement*

Priority Actions

1.1 National guidance and communication resources on ageism	Support in principle, but seems to overlap with 1.6. If there a distinction is intended, it needs to be clearer.
1.2 Local community engagement on AMNEOP (Abuse, Mistreatment, Neglect and Exploitation of Older People)	Support; see recommendations 11 and 12 for expansion to explicitly include neglect and exploitation.
1.3 Co-design for First Nations Peoples and other Priority Groups	Support and extend more broadly to all older people who are, as the Plan acknowledges, marginalised by virtue of their age. The draft Plan does not explain how the Priority Groups were determined. Relationships Australia is concerned that the degree and complexity of intersectionality is not comprehensively recognised in the draft Plan, given: <ul style="list-style-type: none"> ○ the omission of other marginalised groups, including -but not limited to - those experiencing homelessness or housing precarity and people living in carceral institutions, and ○ the lack of concrete commitments as to how membership of a Priority Group will be reflected in accessibility of services tailored to those lived experiences
1.4 Ageism	Support, subject to re-phrasing as ‘ending’ ageism and adding ‘belonging and’ before ‘meaningful social connections’.
1.5 Prevention initiatives to uphold rights and reduce risk of AMNEOP at individual, community and system levels	Support
1.6 Communication materials	Support in principle, but seems to overlap with 1.1. If there a distinction is intended, it needs to be clearer.
1.7 Enhance Compass	Support

Focus Area Legal frameworks and adult safeguarding responses

Priority Actions

2.1 National consistency in EPOA laws

This priority action needs to be strengthened to achieve harmonisation, in line with previous recommendations, scaffolded by clear pathways and accountability. To date, we have had over 20 years of 'continued efforts' that have failed to deliver the necessary outcomes. We are pleased to acknowledge that it is the first of the priorities under this focus area, and make recommendations in the submission about next steps which the Commonwealth could take to enable EPOAs to achieve their full potential.

2.2 Awareness of advance planning, and rights and obligations of advance planning instruments

Support; effective delivery will be enhanced when 2.1 is achieved.

2.3 Implementation of Disability Royal Commission recommendations

Support in principle.

2.4 Strengthen safeguarding framework and clarity reporting / response pathways

Support in principle, subject to explicit elevation of autonomy as the paramount principle and recognition that safeguarding, grounded in beneficence, must be implemented in service to, and complementarity (not conflict) with, autonomy.

2.5 Explore enhancements to the role of institutions in preventing and responding to financial abuse

This needs to be strengthened in three ways. First, to require measurable outcomes, instead of mere exploration of enhancements over the life of the Plan. Second, this Action should expressly state that it includes not only financial abuse from persons known to the older person, but also by scammers. Third, the Australian Government should require financial institutions to reimburse customers who are affected by financial scams exploiting their use of online banking and use of financial products.

2.6 Implementation of Aged Care Royal Commission recommendations.

Support.

Focus Area Service capacity and workforce

Priority Actions

3.1 Best practice quality and safety standards for specialist AMNEOP services; nationally consistent standards	Support; also align standards across AMNEOP, family relationship and aged care services, to reduce the burden of fragmentation. Also include capacity for services to support recovery from AMNEOP.
3.2 Service responses to people who cause harm to older people	Support, acknowledging complementarity with Focus Area 4
3.3 1800ELDERHelp service capacity and data collection	Support
3.4 Equity of access	Support
3.5 Cultural competency and diversity	Support
3.6 Professional education and development	Support, and develop a national workforce plan.
3.7 Educational institutions offering of courses and pathways	Support, and develop a national workforce plan.

Focus Area Evidence base

Priority Actions

4.1 National evidence-based prevention framework	Support
4.2 Monitoring and Evaluation Framework	Support
4.3 Attend to gaps in evidence base	Support
4.4 Strengthen government, academic, service and community collaboration; communities of practice	Support
4.5 Strengthen engagement in key fora	Support

Glossary

LGBTQIA+	Consult with InterAct on treatment of intersex people (intersex is not a sexuality or gender identity, as suggested in this definition).
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Recommendations

The recommendations emerging from this submission are set out in the table below, and discussed in greater detail in the body of the submission.

- | | |
|-------------------------|---|
| Recommendation 1 | That an additional principle and Focus Area be included: That Australian Governments engage in efficient and effective inter-governmental co-ordination and collaboration, to achieve results where burdens of governmental fragmentation are removed from older people. |
| Recommendation 2 | That work be undertaken to develop a complete list of relevant national, state and territory plans and strategies working towards outcomes directly pertinent to the Plan. |
| Recommendation 3 | That the Plan have a defined term of 10 years from the date on which it is made public (rather than being current from 2024-2034). |
| Recommendation 4 | That: <ul style="list-style-type: none"> • Governments commit to publishing the finalised Plan by no later than 30 June 2025, and • the Plan require that, in its eighth year of operation, the relevant ministerial council commit to development of a national plan for the next 10 years, so that momentum and investment from this Plan is maintained and not dissipated. |
| Recommendation 5 | That, consistent with the National Plan to End Violence Against Women and Children 2022-2032, the Plan state a vision of ending AMNEOP within a generation. |
| Recommendation 6 | That the vision statement be amended to read
All older people are safe, valued and heard, and feel safe, valued and heard... |
| Recommendation 7 | That: <ul style="list-style-type: none"> • the Australian Government urgently enact primary legislation to reduce, with a view to eliminating, the use of restrictive practices in aged care services, and • that this commitment should be included as a Priority Action under Focus Area 2. |
| Recommendation 8 | That the spotlight on p 12 should be amended to acknowledge colloquial use of the term ' <i>grandparent alienation</i> ', explain why it is inappropriate, and recast the underlying issue as – depending on the circumstances – falling within the ambit of psychological or emotional abuse as currently defined in the Plan. |
| Recommendation 9 | That the description of cultural and spiritual abuse on p 14 be supplemented to refer also to coercing an older person into |

- participating in cultural and spiritual practices or observances, being proselytised to, or being sanctioned, punished, shamed or stigmatised for either holding or not holding religious or spiritual belief.
- Recommendation 10** That the health system be added to the examples in parentheses at the end of the second dot point under ‘Service and institutional relationships’.
- Recommendation 11** That the title of the Plan, and use of terminology throughout it, refer discretely to ‘neglect’ in addition to mistreatment.
- Recommendation 12** That the Plan explicitly refer to ‘exploitation’ of older people, to enable a wider range of conduct to be addressed.
- Recommendation 13** That the list on p 18, while being non-exhaustive, be enhanced by including pharmacists, who can play a critically important role in identifying circumstances of concern.
- Recommendation 14** That a national definition for abuse, mistreatment, neglect and exploitation of older people be included as a Priority Action under Focus Area 2.
- Recommendation 15** That the Plan require definitions of ‘elder abuse’ to be expanded to refer to a person or entity whom the older person reasonably believes that they know or trust.
- Recommendation 16** That the Plan set out a timeline, and commit to dollar figures, to enable geographically equitable scaling up of specialist services to a degree that is proportionate at least to known prevalence of AMNEOP.
- Recommendation 17** That the Plan refer to ‘ending’, rather than ‘combatting’ ageism.
- Recommendation 18** That the section on ageism (p 22) be expanded to:
- explicitly identify internalised or self-directed ageism as underlying circumstances in which older people ‘blame themselves or feel too ashamed to seek assistance’, and
 - describe beneficent ageism and acknowledge that it can be as harmful to older people as malign ageism.
- Recommendation 19** That the discussion, on p 22, of the gendered aspects of AMNEOP be strengthened by noting also that the financial impacts of relationship separation on women are more severe, and more enduring, than on men.
- Recommendation 20** That Priority Action 2.5 be expanded to explicitly include actions taken by Australian governments to prevent, identify and respond to scams.
- Recommendation 21** That the National Plan include under Focus Area 2 (legal frameworks) a Priority Action of legislating mandated reimbursement.

- Recommendation 22** That the guiding principles should be expanded to affirm that, while it is essential that ACCOs be available and resourced to provide services, this does not in any way abrogate from the responsibility of other providers to offer culturally safe services to First Nations Peoples.
- Recommendation 23** That the boxed note on p 28 omit 'care recipient' and substitute 'individual'.
- Recommendation 24** That Focus Area 1 should require inter-governmental accountability, coordination and collaboration while reducing the burden of fragmentation on older people. (see p22)
- Recommendation 25** That, in addition to its leadership and coordination roles (p 32), the Australian Government commit to specific actions that fall within its Constitutional responsibilities and powers, and which are essential to ending abuse, mistreatment, neglect and exploitation of older people in Australia. The following actions relate to Focus Area 2 (legal frameworks):
- legislating a comprehensive human rights act that explicitly recognises and provides mechanisms to uphold the rights of older persons
 - developing, and requiring Commonwealth-regulated financial service providers to use, a standard financial enduring power of attorney form, to be based on the model provisions published by the Queensland Office of the Public Advocate
 - amending the *Aged Care Act 2024* to ensure that restrictive practices are eliminated in aged care
 - actively advocating for international convention on the rights of older persons, to be supported by the following detailed actions:
 - establishing a multi-stakeholder group, comprising older people from diverse backgrounds and circumstances across Australia, as well as civil society groups and frontline workers, to inform Australia's leadership in upholding our rights as we age
 - actively supporting and participating in the work of the United Nations in developing a new convention, and
 - ratifying and implementing the treaty in Australian law.
- Recommendation 26** That the dot point list in column 1 on p 32 be expanded to refer also to the Commonwealth's powers and responsibilities in relation to external affairs, corporations and financial services (including insurance and superannuation).
- Recommendation 27** That Commonwealth, State and Territory Treasury officials be included in the IEG mentioned at p 31.

- Recommendation 28** That the dot point list on p 33 refer expressly to family relationship services.
- Recommendation 29** That the Plan clarify and strengthen its treatment of autonomy by recognising explicitly – and consistently - that autonomy is paramount, and that the relationship between autonomy and beneficence (in which safeguarding is grounded) is one of complementarity and service to autonomy.
- Recommendation 30** That, to reinforce the primacy of older people’s human rights and autonomy, the first two paragraphs on p 35 be transposed.
- Recommendation 31** That the section titled ‘Living and Care’ on p 35 be strengthened by including reference to reablement services.
- Recommendation 32** That the second paragraph of the section titled ‘Participation’ on p 36 (as well as Priority Action 1.3 (p 48)) be amended to also include opportunities to participate in the *evaluation* of policies and services that directly affect them.
- Recommendation 33** Ongoing funding for universal screening, and for case management and navigation services.
- Recommendation 34** That recovery and healing should be embedded throughout this Plan, recognised as a Principle in its own right, and supported by Focus Areas and measurable Priority Actions that enable us, if we experience abuse, mistreatment, neglect or exploitation to access supports that will restore and heal us
- Recommendation 35** That the content in p 42 be amended to clearly state that:
- autonomy is paramount
 - Australian law has long recognised a presumption of decision making ability (perhaps the note in purple background on p 43 could be re-located to the beginning of the discussion of Principle 5)
 - Australian law recognises a right to be ‘wrong’, and to make decisions of which others disapprove (regardless of the intimacy of the relationships in which those others stand or their good intentions), and
 - safeguarding should not be seen as being in a relationship of conflict with autonomy, but as in the service of supporting the autonomy, dignity and agency of an older person.
- Recommendation 36** That the discussion on p 45 be strengthened by inclusion of survivors of institutional child sexual abuse as a cohort living with trauma.
- Recommendation 37** That awareness, education and engagement materials focusing on older audiences should also describe internalised ageism, and that – in collaboration with the Department of Social Services - materials

- should also be developed specifically for unpaid carers of older people.
- Recommendation 38** That DFSV programs being delivered in schools also canvass AMNEOP
- Recommendation 39** That Priority Action 1.4 be expanded to refer to initiatives that support belonging as well as meaningful (and enduring) social connections.
- Recommendation 40** That, as a Priority Action, Australian governments agree to allocate funding for legal assistance services to older people experiencing AMNEOP, within the framework of the National Access to Justice Partnership Agreement and its successor agreements.
- Recommendation 41** That the dot point list on page 51 be refined to:
- accelerate EPOA reforms
 - elevate supported decision making frameworks, and
 - commit Australian Governments to making concrete progress in moving to supported decision-making frameworks.
- Recommendation 42** Relationships Australia recommends:
- harmonisation of public guardianship and trustees laws
 - national standards for public guardians and trustees
 - a national complaints scheme (as is the case for health care providers, for example)
 - legislating to elevate the use of supported decision-making by such agencies, including by requiring them to use relational and restorative modalities such as mediation and Eldercaring Coordination.
- Recommendation 43** That governments task the IEG with the development of a workforce plan.
- Recommendation 44** That the Plan support research into the occurrence and associations between intimate partner violence, child maltreatment, sibling violence and abuse, mistreatment, neglect and exploitation of older people.
- Recommendation 45** Integrating legislation, policy and service delivery in family law, DFV, child protection, and abuse and neglect of older people, to:
- enable timely and effective safety planning
 - facilitate access by older people to mainstream services, including recreational, educational and health services, and
 - reduce risks to safety arising from administrative, funding, or vocational fragmentation.
- Recommendation 46** That the Attorney-General's Department consult with peak body, InterAction, for suitable text to replace the defined term 'intersex' in the Glossary.

The work of Relationships Australia

Relationships Australia is a federation of community-based, not-for-profit organisations with no religious affiliations. Our services are for all members of the community, regardless of religious belief, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances. Relationships Australia provides a range of services, including counselling, dispute resolution, children's services, services for victims and perpetrators of family violence, services for older people, and relationship and professional education. We aim to support all people in Australia to live with positive and respectful relationships, and believe that people have the capacity to change how they relate to others. Relationships Australia has provided family relationships services for 75 years. In 2023-2024, more than 2,000 Relationships Australia staff engaged with more than 150,000 clients across Australia, offering 386 services and programmes at more than 100 locations.

Our State and Territory organisations, along with our consortium partners, operate approximately one third of the Family Relationship Centres (FRCs) across the country. In addition, Relationships Australia Queensland operates the national Family Relationships Advice Line and the Telephone Dispute Resolution Service. The core of our work is relationships – through our programs, we work with people to enhance not only family relationships, but also relationships with friends, colleagues, and across communities. Relationships Australia believes that violence, coercion, control and inequality are unacceptable. We respect the rights of all people to live life fully within their families and communities with dignity and safety, and to enjoy healthy relationships. These principles underpin our work.

This submission is consistent with, and draws upon, several recent submissions by Relationships Australia in a range of recent submissions, including our submissions:

- to the Assistant Minister and Minister for Financial Services concerning the 2025-2026 Budget (recommendations 2-6)
- to the Department of Social Services, responding to the 2024 Discussion Paper on the Carers' Strategy (especially recommendations 5 and 6)
- to the inquiry by the House of Representatives Standing Committee on Social Policy and Legal Affairs into Family Violence Orders (recommendations 22-24)
- to the inquiry by the Parliamentary Joint Committee on Corporations and Financial Services into Financial Abuse in Australia (recommendations 1-7)
- responding to Issues Paper 49 of the Australian Law Reform Commission, in its inquiry into justice responses to sexual violence (especially recommendation 3; pp 6-7, 11)
- responding to Consultation Paper No. 2 and the Exposure Draft of the Aged Care Bill (recommendations 5, 6, 7, 9, 13-15)
- responding to the September 2023 Consultation Paper, Achieving Greater Consistency in Laws for Enduring Powers of Attorney

- to the Independent Review of the National Legal Assistance Partnership 2020-2025 (recommendations 1, 2)
- to the Senate Select Inquiry into the Cost of Living (recommendations 2, 4, 5(h))
- to the Department of Health and Aged Care about the foundations of a new Aged Care Act (August 2023) (recommendations 1-5, 7, 9, 10, 22, 23)
- to the inquiry by the House of Representatives Standing Committee on Social Policy and Legal Affairs into the *Carer Recognition Act 2010* (Cth) (recommendations 3, 9-12, 14)
- to the inquiry by the Parliamentary Joint Committee on Human Rights into Australia's Human Rights Framework (recommendations 4-7)
- commenting on the Draft National Care and Support Strategy published by the Department of the Prime Minister and Cabinet (recommendations 1, 2, 8)
- to the inquiry by the House of Representatives Standing Committee on Social Policy and Legal Affairs into Family, Domestic and Sexual Abuse (proposals 2, 3, 27, 49)
- commenting on the Consultation Regulation Impact Statement on enhancing protections relating to the use of enduring power of attorney instruments
- to the Royal Commission into Aged Care Quality and Safety and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
- contributing to the consultations undertaken by the Australian Human Rights Commission, *Free and Equal in Dignity and Rights* (pp 3-6, 8), and
- commenting on the *Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019*.

These submissions are available at <https://www.relationships.org.au/research/#advocacy> .

Relationships Australia's Framing Principles for this submission

Framing Principle 1 - Commitment to human rights

Relationships Australia contextualises its services, research and advocacy within imperatives to strengthen connections between people, scaffolded by a robust commitment to human rights. Relationships Australia recognises the indivisibility and universality of human rights and the inherent and equal freedom and dignity of all.

In our 2023 submission to the inquiry Parliamentary Joint Committee on Human Rights into Australia's human rights framework, we recommended that Government should introduce a Human Rights Act that provides a positive framework for recognition of human rights in Australia (Recommendation 2 of that submission).

Framing Principle 2 – Accessible, inclusive and coordinated public institutions, regulation and service delivery

Inclusive and universally accessible public institutions, regulation and services are an imperative of effectively upholding human rights. This is because circumstances that exclude, marginalise

or discriminate against individuals become barriers to full participation in economic, cultural, political, and social life through systemic and structural factors including:

- beliefs and expectations that are reflected in decision-making structures (such as legislatures, courts and tribunals, and regulators)
- policy settings that inform programme administration, and
- biases or prejudices that persist across society and that are reflected in arts, culture, media and entertainment, as well as legal, political and bureaucratic systems.

Inadequate coordination and collaboration across governments has not been the only barrier to preventing and responding to abuse, mistreatment, neglect and exploitation of older people. But it may well have been the single greatest factor, as demonstrated by (for example) the egregious delays in agreeing to develop a successor plan to the 2019-2023 plan and the lack of consistent laws and a national register of EPOAs, despite intermittent appearances on the agenda of the ministerial councils of Attorneys-General.

These delays are squarely attributable to failures in inter-governmental collaboration, not to older people, service providers, the private sector or anyone else. In the absence of governments committing to this principle, and backing it with action, we have seen that very little will actually happen in this area.

Effective and efficient coordination and collaboration across governments is a necessary prerequisite of achievements across all elements of the Plan. To acknowledge this is *not* to place all the burden of action on governments. Rather, it is to reflect the fundamental role that government policies, legislation, programmes, and priorities must play in enabling major public systems in health, law, social services and private systems across culture and commerce to do what needs to be done to end AMNEOP.

Accordingly, Relationships Australia **recommends** that an additional principle be included: Implementing efficient and effective inter-governmental co-ordination and collaboration, where burdens of governmental fragmentation are removed from older people (**Recommendation 1**). Related priority actions under this proposed additional principle are canvassed in our comments on the Implementation and Governance section of the draft Plan.

Accessible regulatory frameworks

Victim survivors of domestic and family violence (DFV), intimate partner violence (IPV) and abuse, mistreatment, neglect and exploitation of older people (AMNEOP) should be supported by regulatory frameworks that are clear, intelligible, accessible and inclusive. Accordingly, Relationships Australia is committed to advocating for:

- reducing complexity of the law and supporting systems and processes
- reducing fragmentation, and
- high quality and evidence-based regulation, accompanied by robust and timely accountability mechanisms.

Fragmentation

Our commitment to accessibility also underpins our advocacy for systems and processes that lift from the shoulders of those least equipped to bear them the burdens of fragmented, siloed, complex and duplicative laws, policies, programmes, and administering entities. The complex co-morbidities and intersectionalities experienced by many victim survivors¹ can limit their capacity to navigate the multiple services and agencies with which they are brought into contact. In the context of women experiencing or escaping 'domestic financial abuse' in the United States of America, Canada and the UK, Glenn, 2019 cautioned that policy makers, service providers and financial institutions need to have an:

[u]nderstanding that system complexity and lack of cognitive bandwidth means many survivors can't or don't access the limited support available ...and should be working to simplify systems and processes and improve access to resources.²

Fragmentation endangers victim survivors. These individuals could benefit from wraparound services, including navigation services.³ Relationships Australia acknowledges recent Government initiatives to reduce the extent to which individuals and families must shoulder the burden of fragmentation across the family law, family violence and child protection systems. We have also welcomed recommendations from the Australian Law Reform Commission, the Joint Select Committee on Australia's Family Law System, the Social Policy and Legal Affairs Committee of the House of Representatives, and as well as the report on the Review of the Family Relationships Services Program that urge better integration of service delivery. However, and as acknowledged at p 51 of the Plan,⁴ more work is needed to ensure that system fragmentation does not exacerbate the dangers and traumas experienced by victim survivors of AMNEOP and IVP.

Continued reliance on non-exhaustive information about initiatives that are directly relevant to achieving outcomes under the draft Plan will perpetuate an inherently deficient grasp of the nature and extent of existing fragmentation, and measurement of impact in reducing fragmentation (see our recommended new Focus Area 1). The fact that the draft Plan could only set out a non-exhaustive list, with all governments contributing to that list, is a telling example of the extent to which fragmentation frustrates progress. If governments cannot identify a comprehensive list of initiatives for which they are responsible, how do older people, their loved ones and supporters, and service providers come to grips with the actions and programmes which derive from those initiatives? Relationships Australia therefore **recommends** that work be undertaken to develop a complete list of relevant national, state and territory

¹ See, eg, ALRC, 2018, Discussion Paper 86 (esp Chapters 1 and 4); Family Law Council reports, 2015 and 2016.

² Glenn, 2019, p 53.

³ See, eg, the RISE Model used by Relationships Australia Queensland.

⁴ Focus area 1: Greater coordination of safeguarding supports and clearer avenues for reporting.

plans and strategies working towards outcomes directly pertinent to the Plan (see pp 16, 17) (**Recommendation 2**).

Geographic equity

Relationships Australia advocates for geographic equity in the availability of services for people affected by AMNEOP, child maltreatment, intimate partner and gender-based violence.

Framing Principle 3 – An expanded understanding of diverse ways of being and knowing

Our commitment to human rights necessarily includes a commitment to respecting epistemologies beyond conventional Western ways of being, thinking and doing. Of acute importance is a commitment to respecting epistemologies and experiences of First Nations People as foundational to policy and programme development, as well as service delivery. Connection to Country, and context-specific experiences of kinship, for example, do not countenance the hyper-individualism that pervades Western assumptions about distribution of resources and obligations between the Western nation-state and individual taxpayers and among individual taxpayers.

Centring the epistemologies and experiences of First Nations People is a necessary (although not sufficient) step in achieving the targets in the National Agreement on Closing the Gap. Current AMNEOP and DFV services are premised on the concept of Western nuclear families, and do not accommodate the diversity of family formation and composition that now characterises families in Australia. This includes intergenerational households, whether emerging from cultural mores or driven by housing and other cost of living pressures⁵), as well as kinship systems. Cost, literacy, language, bureaucratic hurdles and lack of confidence in cultural safety can all impede the access of people from Culturally and Linguistically Marginalised backgrounds, to 'White' financial and commercial systems. Further, workers in 'White' systems may not, without appropriate support, recognise culturally-specific forms of intimate partner violence (eg through dowry abuse)⁶ and abuse of older people (eg economic abuse and exploitation through slavery that exploits culturally-accepted intergenerational dynamics and expectations).⁷

⁵ Relationships Australia organisations are reporting increases in client households where couples are living 'separated but together', because of inability to find or afford separate households. This is leading to increased parental conflict, increased DFV, increased abuse and neglect of older adults, and is affecting parent and child mental health and wellbeing.

⁶ Legal and Constitutional Affairs References Committee. (2019).

⁷ See, eg, National Action Plan to Combat Modern Slavery, 2020; Coyne, 2021; EAAA, 2022.

Framing Principle 4 – An expanded understanding of valued and valuable work

...a major and enduring flaw in Australian social security [is] its inability to recognise various productive activities people undertake – including unpaid care work, which is largely undertaken by women (Blaxland, 2010).

People receiving social security payments – including older people - are accused of being dependent on welfare, but actually, the economy and society are dependent on their unpaid labour, yet these same people are denied an economic floor upon which they can survive.⁸ These circumstances exacerbate women's vulnerability to economic abuse across the lifecycle, and heighten the barriers women must overcome to recover from economic abuse, particularly when they are carers. To ameliorate these risks, we must re-frame how caring roles – paid and unpaid – are recognised and valued in our social, economic and political infrastructure. These roles remain predominantly undertaken by women, and their financial impact persists across the lifecycle. The *Carer Recognition Act 2010* (Cth) ('the Act') is intended to raise awareness and recognition of unpaid carers. Relationships Australia made a submission to the recent inquiry, undertaken by the Standing Committee on Social Policy and Legal Affairs, into the effectiveness of that Act.

Relationships Australia also commented on a 2023 draft Strategy for the care and support economy.⁹ We welcome the acknowledgement that the historic devaluation of caring work derives from, and persists by virtue of, devaluation of women and their contributions to society.¹⁰ Disturbingly, despite recent advances in how women are treated in society, as well as the passage of the Act, the value placed on caring roles has in real terms diminished.¹¹ However, our economic, social and political institutions now have the opportunity to build on experience and insights about the true value of caring, which emerged from the pandemic and which we hoped would transform the policy landscape in these areas.¹² Relationships Australia was also heartened by the acknowledgement of the pernicious and still ubiquitous gendered influences that affect how we value the work of caring, and the work of those who undertake it. We further submit that gendered, ageist and ableist beliefs about those to whom care is provided strongly influence the value society places on the work.

⁸ Klein et al, 2021, p 63.

⁹ We note that, on 10 December 2024, the Minister for Social Services released the National Carer Strategy, accessible at <https://www.dss.gov.au/supporting-carers/national-carer-strategy>

¹⁰ Caring roles remain predominantly gendered; see, eg, ABS, 2020.

¹¹ See Evaluate, 2022, p 6.

¹² See eg Klein et al, 2021, pp 59, 63-64. The ABS has found that 'The most common reason women were unavailable to start a job or work more hours within four weeks was 'Caring for children', while for men it was 'Long-term sickness or disability': ABS, 2020-2021.

Principle 5 - Commitment to promoting social connection and addressing loneliness as a serious public health risk

Policy, regulatory and service interventions that strengthen connections and reduce isolation are the most promising and feasible avenues for reducing the risk of abuse and exploitation of people who face structural and systemic barriers to their full participation in society. For example:

Social support has emerged as one of the strongest protective factors identified in elder abuse studies....Social support in response to social isolation and poor quality relationships has also been identified as a promising focus of intervention because, unlike some other risk factors (eg disability, cognitive impairment), there is greater potential to improve the negative effects of social isolation.¹³

Loneliness is a complex social problem and a public health concern. It stems from dissatisfaction with our relationships, a lack of positive and respectful relationships, or both of these, and is often caused by experiences of exclusion due to structural and systemic social realities that form obstacles to participation in social, economic, cultural and political life. As a public health concern (Heinrich & Gullone, 2006; Holt-Lunstad et al, 2015; Mance, 2018), loneliness has been linked to physical health risks such as being equivalent to smoking 15 cigarettes a day and an increased risk of heart disease (Valtorta, 2016). Loneliness is a precursor to poorer mental health outcomes, including increased suicidality (Calati et al, 2019; McClelland et al, 2020; Mushtaq, 2014). Relationships Australia is a foundation member of the Ending Loneliness Together network¹⁴ and has, since 2013, been the custodian of Neighbours Every Day,¹⁵ the primary purpose of which is to equip and empower individuals to build sustainable, respectful relationships with those around them. It is an evidence-based campaign aimed at reducing loneliness by raising awareness and, importantly, providing tools to address social isolation.

Principle 6 – Intergenerational stewardship and equity

Fairness to future generations should not be viewed through a reductionist fiscal lens. Relationships Australia takes seriously obligations of stewardship for future generations, which transcend the national balance sheet and require us to invest in social infrastructure (tangible and intangible). This includes fit for purpose human rights infrastructure, including legal frameworks relating to abuse, mistreatment, neglect and exploitation of older people.

¹³ Dean, 2019; see also Liu et al, 2017.

¹⁴ For more information, see <https://endingloneliness.com.au/>

¹⁵ For more information, see <https://neighbourseveryday.org/>

Comments on the draft Plan

Overall, Relationships Australia supports the draft Plan and its approach to ending ageism and abuse, mistreatment, neglect and exploitation of older people. There are, however, some key areas which need to be strengthened and clarified for the Vision to be achieved. This includes attending to the ambivalence, evident in choices of language and structure throughout the Plan, about recognising the autonomy and agency of older people and in providing concrete action items that are supported by robust metrics and accountability measures. We would expect our policy-makers to be at least as accountable for outcomes under this Plan as providers of goods and services.

For ease of reading, the following comments are structured to align with the structure of the draft Plan.

Duration of Plan

Relationships Australia welcomes Australian Governments' commitments to a 10 year Plan, supported by two, five-year action plans. This will provide a sound foundation and framework within which actions can be taken, and meaningfully evaluated, in an organised and intentional way over an extended period of time, while allowing for robust accountability. It is consistent with analogous plans and strategies. We acknowledge that the defined term of the draft Plan (2024-2034) may well have been arrived at in the expectation that the Plan would commence last year. Clearly, was not possible, and we accordingly **recommend** that the Plan have a defined term of 10 years from the date on which it is made public (**Recommendation 3**).

In light of experience with this Plan we further **recommend** that:

- Governments commit to publishing the finalised Plan by no later than 30 June 2025, and
- the Plan require that, in its eighth year of operation, the relevant ministerial council commit to development of a national plan for the next 10 years, so that momentum and investment from this Plan is maintained and not dissipated.

(Recommendation 4)

We would hope that this would avoid a recurrence of the situation in which no Plan was in operation from the expiry of the 2019-2023 Plan, and momentum and investment stagnated. This state of affairs would not, and should not, have been tolerated in relation to intimate partner violence, and should never be repeated in the context of ending abuse, mistreatment, neglect and exploitation of older people. It has been clear evidence of structural inertia arising from ageism baked into the body politic.

Timeframe for ending AMNEOP – within a generation

We **recommend** that, consistent with the National Plan to End Violence Against Women and Children 2022-2032, the Plan state a vision of ending AMNEOP within a generation (**Recommendation 5**). There is no principled reason why the timeframe should not be the same

as the Plan for (younger) Women and Children – that is, within a generation. The absence of such a timeframe undermines the Plan’s claims to ambition and perpetuates an ageist premise that abuse of older people is less urgent and grave a problem than gender-based violence directed at younger women.

Our vision (p 9)

As noted in the introduction to this submission, it is critical for older people not only to ‘*feel* safe, valued and heard’, but to actually *be* safe, valued and heard. We **recommend** that the vision statement be amended to read

All older people are safe, valued and heard, and feel safe, valued and heard...
(Recommendation 6)

Outline of National Plan structure

Relationships Australia has previously advocated for a 10 year plan, supported by detailed action plans, and is pleased to see that Government has recognised the need for a longer-term approach, with architecture that supports ongoing monitoring and refinement to maximise achievement of outcomes that will achieve the Vision. Relationships Australia looks forward to working with Governments on the development of the Action Plans, as well as on the development of clear metrics to support accountability and achievement of the Vision.

Types of abuse and mistreatment of older people (p 12)

Physical abuse

The definition of physical abuse and mistreatment creates an anomaly by virtue of its interaction with the *Aged Care Act 2024* (Cth), and demonstrates how liaison between portfolios is vital to ensure cohesive policy and programme outcomes. Leaving this anomaly unaddressed perpetuates normalisation of, and a tolerance for, physical abuse of older people.

The anomaly arises from the following factors: first, the kinds of conduct mentioned in the draft Plan as falling within the definition of physical abuse and mistreatment also fall within the definition of restrictive practices in the *Aged Care Act*. Second, the classes of persons who are most likely to apply those kinds of abuse and mistreatment overlap significantly with the Commonwealth hierarchy of Restricted Practices Substitute Decision Maker for the purposes of the aged care legislation.¹⁶

¹⁶ See, eg, the explanatory material for users of the new Act dated 24 December 2024:

<https://www.health.gov.au/topics/aged-care/providing-aged-care-services/training-and-guidance/restrictive-practices-in-aged-care-a-last-resort#:~:text=receiving%20aged%20care-,%20Interim%20arrangements%20for%20consent%20to%20restrictive%20practices,delay%20in%20deciding%20the%20Application.>, accessed 28 January 2025. See also sections 17, 18, 162; the substance of the legislative arrangements under the new Act will be included in subordinate legislation: see <https://www.health.gov.au/sites/default/files/2024-12/aged-care-rules-consultation-topics-by-release.pdf>

Relationships Australia has consistently argued that the legislative arrangements (the substance of which has, at least since 1997, been included only in subordinate legislation) authorising the use of restrictive practices in residential aged care:

- ignore the inherently and irreducibly harmful nature of chemical and physical restrictive practices¹⁷
- seriously breach older persons' human rights
- are not evidence-based
- allow elision of 'pharmaceutical aids' being administered for behavioural modification purposes with their administration for therapeutic purposes, further eroding human rights and exacerbating harm¹⁸
- compound inherent harms by so subduing residents that they reinforce isolation and othering of older people, and undermine older people's capacity to nurture and enjoy connections with family and friends, thus failing to acknowledge:
 - the well-established physical and mental health benefits of connection,¹⁹ and
 - the equally well-established physical and mental health risks of isolation and loneliness²⁰
- are employed even when therapeutically contra-indicated (eg the administration of certain medications to sedate or pacify a person living with dementia that have been identified as contra-indicated for such persons), and
- are used to manage behaviours that reflect unmet needs, in substitute for meeting those needs.

Under both the 1997 Act and the 2024 Act, arrangements authorise the kinds of physical force described on p 12, rather than upholding human rights and providing therapeutic care. In making policy to permit the use of restrictive practices, it must be front of mind that these practices would, in the absence of such permission, constitute criminal offences against the person, as well as give rise to long-established actionable torts of assault and battery and false

¹⁷ Being associated with risks such as increased mortality, heart attack, stroke, pneumonia, falls, and as acknowledged, for example, in the submission from the Aged Care Quality and Safety Commission, to the 2019 PJCHR inquiry into regulation of restrictive practices in residential aged care, and the submission from ADA Australia to the same inquiry. See also Background Paper 4 of the Royal Commission into Aged Care Quality and Safety, Chemical and Physical Restraint. In his evidence to this inquiry, Professor J Ibrahim noted that the consequences of physical restraint include 'pressure injury, malnutrition, confusion, delirium.' (at p 18)

¹⁸ See, for example, testimony to the Royal Commission into Aged Care Quality and Safety from Dr Colleen Pearce, then Public Advocate of Victoria, p 5 of transcript. We further note the testimony of Professor J Ibrahim to the 2019 PJCHR inquiry that '...there is a misperception that physical restraint improves safety, that it stops people from falling over, stops them acting impulsively, stops them injuring themselves, other staff and other residents.there is more harm that occurs from physical restraint to the individual.' (at p 18)

¹⁹ See, for example, Grenade & Boldy 2008.

²⁰ See, eg, Heinrich & Gullone, 2006; Dean, 2019; Holt-Lunstad et al, 2015; Hamby et al, 2016; Mushtaq, 2014; Mance, 2018; Valtorta, 2016; McClelland, et al, 2020; Calati et al, 2019.

imprisonment, which actions may sound in damages.²¹ Underlining the gravity of these matters in orthodox jurisprudence, these are torts which are actionable *per se*; ie actionable in the absence of proof of damage or causation. Furthermore, the law has vindicated this right even when the intent of infringement was benevolent and the outcome was beneficial.²² The law has long taken seriously the interest in bodily integrity which is protected by these criminal and civil laws.²³ This interest is grounded in the primacy of the moral principle of autonomy and finds expression, too, in international human rights instruments to which Australia is a party.²⁴

These rights and interests effect should not be lightly displaced, but this is what has occurred, through subordinate legislation for decades, causing serious harm (up to and including death) to older people.²⁵

The mere declaration, in the new Aged Care Act, that it is human rights centred does not make it so, particularly when enforcement of the enumerated rights is expressly excluded.²⁶ Attorneys-General, in finalising this Plan, should be wary of taking at face value the premise that the *Aged Care Act 2024* promotes, protects or upholds the human rights of older persons. The Final Report of the Royal Commission into Aged Care Quality and Safety demonstrated persistent and widespread violations of the human rights of older persons, through the reliance on arrangements that authorised restrictive practices and were, ostensibly, the ‘least restrictive’ options.

²¹ *Wilson v Pringle* [1987] 1 QB 237, 249 (Croom-Johnson LJ). For the common law history of civil actions of assault and battery as vindicating the interest in bodily integrity, see *Department of Health and Community Services (NT) v JWB and SMB ('Re Marion')* (1992) 175 CLR 218, referring to Blackstone's *Commentaries*, 1830: 233 (joint judgment), 266 (Brennan J), 310, 312 (McHugh J). In *Re Sean and Russell (Special Medical Procedures)* [2010] FamCA 948, Murphy J observed that that ‘doctors can legitimately claim to need *certainty when the consequences of proceeding in the absence of proper authority are potentially very severe.*’ (at paragraph 68, emphasis added)

²² See, for example, *Schloendorff v Society of New York Hospital* 105 NE 92 (1914), 92, approved in *Department of Health and Community Services (NT) v JWB and SMB ('Re Marion')* (1992) 175 CLR 218, 234 (joint judgment), 310 (McHugh J).

²³ See, eg, *Cole v Turner* [1704] 6 Mod Rep 149, per Holt CJ; *Slater v Baker & Stapleton* (1767) 95 ER 860; *Department of Health and Community Services v JWB and SMB (Marion's Case)* (1992) 175 CLR 218. In *Re Marion*, several different terms are apparently used to describe this interest: right to bodily integrity (joint judgment, 223, 254; McHugh J, 311), principle of bodily inviolability (joint judgment, 223, 235, 249), principle of personal inviolability (joint judgment, 224), right to personal inviolability (joint judgment, 253, 254), right to bodily and personal integrity (joint judgment, 254), the law's protection of physical integrity (Brennan J, 265), the law's protection of physical integrity required to protect a person's unique dignity (Brennan J, 266, 267), personal integrity (Brennan J, 267, 273, 274, 284), physical integrity (Brennan J, 267, 274, 277), right to physical integrity (Brennan J, 268), human integrity (Deane J, 303), autonomy with respect to one's body (McHugh J, 309), right to control and self-determination in respect of one's body (McHugh J, 309). See also *Pratt v Davis* 79 NE 562 (1906), *Mohr v Williams* 104 NW 12 (1905), *Rolater v Strain* 127 P 96 (1913), and *Schloendorff v Society of New York Hospital* 105 NE 92 (1914).

²⁴ Including the Convention of the Rights of Persons with Disabilities, the International Covenant on Civil and Political Rights, the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the International Covenant on Economic, Social and Cultural Rights.

²⁵ See also, eg Williams et al, 2014.

²⁶ *Aged Care Act 2024*, subsection 24(3).

Despite the horrific experiences disclosed in the Royal Commission, the 2024 Act treats restrictive practices only obliquely through conditions on provider registration, and leaving substantive rules to delegated legislation (Chapter 3, Part 4, Division 1, Subdivision H of the Aged Care Act). An immunity in relation to use of restrictive practices is, however, included in the Act (section 167). This is not a framework that is person-centred or human rights informed. Rather, the 2024 Act, for all of its use of rights language, continues to treat restrictive practices as something which is normalised and permissible and which is rendered unobjectionable by delegated legislation relying on a peculiar notion of ‘consent’ by the individual and a convoluted approach to substitute decision maker.²⁷ This continued tolerance is enabled by biomedical lenses and the egregious misuse of ‘rights language’ such as ‘informed consent’ to obscure the inherently non-consensual application of restrictive practices.

Continued reliance on approaches that privilege use of restrictive practices over human rights of individuals is also contrary to Principle 6 of the draft Plan (A person-centred and trauma-informed response). Use of restrictive practices can be particularly traumatic, too, for people with pre-existing trauma, including cohorts mentioned at p 45 of the draft Plan, as well as other cohorts such as victim survivors of institutional child sexual abuse. As the Plan notes, the impacts of trauma can, *inter alia*, ‘affect people’s trust of authority’, and be associated with behaviours that are relied on as the basis for applying restrictive practices. Relationships Australia considers that Principle 6 requires Australian governments to end permissive approaches to restrictive practices.

Consistent with our recommendations relating to the 2024 Act, therefore, we **recommend** that:

- the Australian Government should urgently enact primary legislation to implement reforms to reduce, with a view to eliminating, the use of restrictive practices in aged care services, and
- that this commitment should be included as a Priority Action under Focus Area 2.
(Recommendation 7)

We commend to the Government’s urgent attention the proposals made by the Queensland Public Advocate,²⁸ which centre on an authorisation process, undertaken by an appointed ‘senior practitioner’ and ‘authorised program officers,’ as well as Recommendations 4-10 and 4-11 of ALRC Report 131, with which the proposals made by the Queensland Public Advocate are consistent.

‘Grandparent alienation’ (p 12)

Relationships Australia acknowledges that the term ‘grandparent alienation’ is in colloquial usage; indeed, the Compass website hosted by Elder Abuse Action Alliance (a

²⁷ Chesterman, 2021.

²⁸ See, eg, Chesterman, 2021; Queensland Public Advocate model provisions, 2023.

Commonwealth-funded entity) describes ‘grandparent alienation’ as a form of abuse or mistreatment of older person.

However, we recommend that the Plan be amended to discourage ongoing use of this term, for the following reasons. First, it was coined as an analogue to ‘parental alienation’ or ‘parental alienation syndrome’, which has emerged in family law systems, particularly in legal landscapes with shared care and shared parenting provisions. It has a contentious and contested history, and we caution against its importation into intergenerational violence.

Second, it is – like ‘parental alienation’ - a term that centres adults, rather than children, and is inconsistent with the paramountcy principle reflected in section 60CA of the Family Law Act. It is well-established law in Australia that adults do not have a right to contact with children. While grandparents with whom children have had a meaningful relationship have standing to seek orders for contact pursuant to Part VII of the Act, grandparents (like parents) do not have a right to force that contact where it is not in children’s best interests. Use of a term that suggests otherwise, in a document of this status, is inappropriate. We **recommend** that the spotlight on p 12 should be amended to acknowledge colloquial use of the term, explain why it is inappropriate, and recast the underlying issue as – depending on the circumstances – falling within the ambit of psychological or emotional abuse as currently defined in the Plan (**Recommendation 8**).

Cultural and spiritual abuse (p 14)

Relationships Australia welcomes the proposed consideration of cultural and spiritual abuse. These are not, however, emerging forms of abuse, instead have long been perpetrated against older people. We would welcome opportunities to work with Governments to support research and data collection in this area, to ensure that service and legislative reforms are evidence-based, and mitigate unintended adverse consequences.

We further **recommend** that the description of cultural and spiritual abuse on p 14 be supplemented to refer also to coercing an older person into participating in cultural and spiritual practices or observances, being proselytised to, or being sanctioned, punished, shamed or stigmatised for either holding or not holding a religious or spiritual belief (**Recommendation 9**). Some of our clients are survivors of abuse in religious institutions and have particular and well-founded fears in this regard; for example, LGBTIQ+ clients who fear being re-closeted at the behest of religious family members or religious aged care service providers.

Relationships and settings in which the abuse of older people can occur (p 15)

As the COVID-19 pandemic showed, older persons are disproportionately vulnerable to violation of even the most fundamental rights, such as the right to life.²⁹

Relationships Australia welcomes the recognition that the Plan will canvass abuse, mistreatment and neglect within institutions and structures, as well as in community and family settings. Our rights as we age are the same, wherever we live and whatever service models we access, and should not be limited by such arbitrary distinctions. We **recommend** that the health system be added to the examples in parentheses at the end of the second dot point under ‘Service and institutional relationships’ (**Recommendation 10**). This is necessary because of the well-documented phenomenon of therapeutic nihilism towards older people, as an expression of structural ageism (and other intersecting prejudices, such as ableism and racism).³⁰ Therapeutic nihilism can lead to refusal to treat, early withdrawal of treatment, or limited treatment.

Key terminology (pp 18-19)

‘Ending abuse and mistreatment’

Relationships Australia welcomes the shift in language to refer to ‘ending’, rather than merely ‘responding to’ abuse and mistreatment of older people. This represents, we hope, a substantive shift in how political leaders and government agencies view such conduct.

While we acknowledge that and that the Plan states that ‘mistreatment’ also includes neglect, we received feedback from our practitioners and clinicians that it was important to highlight neglect as a discrete concept, as was done in the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. We therefore **recommend** that the title of the Plan, and use of terminology throughout it, refer discretely to ‘neglect’ in addition to mistreatment. (**Recommendation 11**)

Including exploitation of older people as a discrete term

On the basis of consultation with our practitioners and practice leaders, we **recommend** that the Plan explicitly refer to ‘exploitation’ of older people, to enable a wider range of conduct to be addressed (**Recommendation 12**). We acknowledge that exploitation is not included in Australian statutory definitions of ‘elder abuse’ or, for that matter, in the definition used by the World Health Organization. We consider, however, that the omission of exploitation from these definitions leaves them unfit for purpose, and exposes older people to preventable harms.

Inclusion of exploitation will more recognisably encompass forms of institutional, economic and mixed financial/emotional harms to older people. There are aspects of modern life that have

²⁹ United Nations Department of Economic and Social Affairs, Covid-19 Pandemic and Older Persons (Web Page); InterAmerican Commission on Human Rights, Resolution No. 01/20: Pandemic and Human Rights in the Americas (adopted 10 April 2020).

³⁰ See, eg, Biskup et al, 2020; Nemiroff, 2022; Teaster, 2023. Rockwood, 2014.

not previously been considered in policy development and service design when we reflect on the abuse of older people, such as:

- older people being featured on social media in ways that might be exploitative
- older people's ownership of resources (homes etc) being exploited, and
- young children and grandchildren moving in with older parents ostensibly to 'care for them', but where relationship dynamics can be harmful to older people (even where original intentions were good).

Accordingly, this submission refers to abuse, mistreatment, neglect and exploitation of older people (AMNEOP).

Older people (p 18) – a more inclusive term

Relationships Australia welcomes the inclusive use of 'older people', rather than 'older Australians', which responds to feedback which we have given to governments in a range of contexts. We are also pleased that the problematic term 'elder abuse' has been replaced by a term that is both more culturally sensitive to First Nations Peoples and potentially more comprehensive.³¹

Person causing harm (p 18)

Calibrating language use relating to abuse, mistreatment, neglect and exploitation of older people is complex and multifaceted. Our language must reflect the diversity, complexity and nuances of circumstances experienced by older persons, persons causing harm to them, and third parties or bystanders. These circumstances include intersectional marginalisation. We need to ensure that our choice of words acknowledges the gravity of harm, while also promoting help-seeking by older people and their families, including individuals who are causing harm. Language that creates or exacerbates shame and stigma, or that is meaningless in certain cultural settings, creates obstacles to help-seeking and will prevent Australia from ending harm to older people in a generation. Nuanced language choice will also enable the development and effective implementation of actions that recognise important distinctions between kinds of harm and kinds of motivation (eg calculated or unintentional, opportunistic or exploitative).

We support the choice of language in the draft Plan which will help to ameliorate shame and stigma, and empower victim-survivors to report harm they are experiencing from a loved one. Accordingly, Relationships Australia **supports** the use of the term 'person who causes harm', rather than alternatives such as perpetrators, abusers, or people who use violence. While recognising that this language departs from the commonly used 'perpetrator' in intimate partner violence, we consider that it has the potential to function as an umbrella term under

³¹ See the Draft Plan, pp 11, 13.

which more specific types of harm, motivations, risk and protective factors can be usefully organised and explored.

Our practitioners and practice leaders have indicated a preference for 'person who causes harm' for several reasons, including that:

- it emphasises that there does not need to be physical violence, or injury, for an older person to be harmed
- it offers a more accurate reflection of the complicated nature of behaviours that harm older people
- it may contribute to overcoming some of the cultural and relational barriers to help-seeking by older people who do not want to use current options such as taking legal or law enforcement actions against family members, and who want to preserve, enhance and restore relationships within their families (including with the person causing harm)
- it enables the Plan to encompass service responses tailored for persons who cause harm to older people, enabling them to recognise the harms they have caused and change their behaviours.³² This is particularly important in a substantial proportion of matters where older persons want to preserve relationships while stopping the harm (eg where an older person depends on a person causing harm for care and support); similarly, it also enables the Plan to encompass the work we all do with and within harmful systems, structures and processes to advance reforms.

Research literature supports this kind of terminology. A 2024 review of services for older people experiencing abuse identified that older people can hesitate to disclose abuse experiences because of:

- potential repercussions for their child (when the child is the one causing the harm)
- fear or intimidation
- having a dependency on the person causing the harm for daily needs
- feelings of shame, and
- language barriers.³³

The review further identified that, while there are few studies of perpetrators of elder abuse, effective programs were usually 'family' types of interventions using:

- cognitive behaviour therapy
- education around abuse and neglect of older people
- education on taking care of older family members
- assistance with conflict resolution and family-decision making, and

³² Such as, for example, case management and mediation, as well as innovative service models such as Eldercaring Coordination.

³³ Moir et al, 2024. This research was conducted for and funded by the Queensland Department of Families, Seniors and Disability Services and Child Safety.

- offering adjunct services to address risk factors affecting the person causing harm, especially within multidisciplinary teams; for example, where the type of abuse was neglect and the driver of abuse was carer stress and strain, then carer support interventions might be indicated.³⁴

There may, nevertheless, be contexts in which language such as ‘perpetrator’, ‘abuser’ or ‘offender’ is appropriate; for example, where a court has found that a person has committed an offence against an older person.

Professionals in relevant occupations (p 18)

Relationships Australia **recommends** that the list on p 18, while being non-exhaustive, be enhanced by including pharmacists, who can play a critically important role in identifying circumstances of concern (**Recommendation 13**).

A national definition

As in other contexts, the lack of a national definition exposes people to preventable harm, inhibits cohesive and effective legal and regulatory frameworks, undermines public understanding, and is generally inconsistent with the increasingly borderless experience of daily life. It just does not pass the pub test. We acknowledge that there is still no national definition for domestic and family violence either; this is equally unhelpful. Relationships Australia **recommends** that a national definition for abuse, mistreatment, neglect and exploitation of older people be included as a Priority Action under Focus Area 2. (**Recommendation 14**)

Definition to include exploitation by persons who hold themselves out as occupying a position or relationship of trust

Current state and territory definitions of ‘elder abuse’ generally extend only to conduct by persons known to an older person, occupying a position of trust or being in a trusted relationship with the older person. This scope has been rendered obsolete by technological innovations enabling scammers to convincingly simulate:

- persons who are known to their target (eg the ‘Hi, Mum, I’ve lost my phone’ scams)
- persons representing a trusted organisation or institution (eg misdirected payments scams, phishing scams, ATO/Centrelink impersonation scams), or
- the development of an intimate relationship of mutual trust with the target (eg ‘pig butchering’ or ‘cryptorom’ scams).

³⁴ These researchers did not locate studies identifying effective interventions for physical and sexual abuse of older people. They proposed that there may be merit in trialling behaviour change programs - akin to men's behaviour change programs, which aim to increase accountability, responsibility, and provide opportunity to learn different coping skills and strategies. See also Wong et al, 2023, on the value of collaborative approaches to respond to AMNEOP. See also the RISE Model: <https://risecollaborative.org/model/>

Increasing ubiquity of ‘deepfake’ technology and AI will further entrench the capacity to scam people by fooling them into believing that they are engaging with a person or entity known to, and/or trusted by, them.

Accordingly, ‘position or relationship of trust’ element exposes older people to increasing and preventable risk. Relationships Australia **recommends** that the Plan require definitions of ‘elder abuse’ to be expanded to refer to a person or entity whom the older person reasonably believes that they know or trust. **(Recommendation 15)**

What we know (pp 20-23)

Ageism is a driver of abuse (p 22)

Relationships Australia welcomes the attention given in the draft Plan to the effects of ageism, which is pervasive across Australia’s economic, political, cultural, social and economic systems. In the employment context, for example, a 2021 study by the Australian Human Rights Commission reported that over a quarter of respondents experienced age discrimination in the previous two years and almost a third were aware of other people experiencing age discrimination in the workplace.³⁵ Research by EveryAGE Counts establishes that the key settings where ageist attitudes prevail are the workplace, provision of healthcare, aged care and family and local community settings.³⁶

Ageism is deeply implicated in the marginalisation of older people from general human rights inclusion and protection, and human rights guarantees are often denied to older people, as older people. The lack of geographically equitable and specialist legal assistance for older people forms part of that marginalisation and denial of human rights. Relationships Australia is pleased to see that the Plan addresses geographic equity as a priority, but considers that the Plan needs to be clear and specific in setting out a timeline by which geographic equity of service availability (funded at least in proportion to known prevalence) will be achieved over the next three years. Australian Governments have been under-funding³⁷ specialist AMNEOP services for long enough now to understand that significant funding is needed to ensure that, as we age, we can be empowered to assert our rights to be safe from violence, abuse, mistreatment, neglect, and exploitation. It is past time to take concrete action.

Accordingly, we **recommend** that the Plan set out a timeline, and commit to dollar figures, to enable geographically equitable scaling up of specialist services to a degree that is proportionate at least to known prevalence of AMNEOP. **(Recommendation 16)**

³⁵ AHRC 2021, pp 35-44. See also AHRC, 2016. These reports demonstrate quite clearly that anti-discrimination legislation, in itself, is insufficient to uphold human rights.

³⁶ EveryAGE Counts, 2017, 9; EveryAGE Counts, 2021; Nemiroff, 2022.

³⁷ Relative even to known prevalence; the disparity is likely to be exponentially greater as we develop a more accurate picture of prevalence.

Relationships Australia also **recommends** that the Plan refer to ‘ending’, rather than ‘combatting’ ageism (**Recommendation 17**). This would:

- produce better internal alignment, including with the Plan’s title and other references in the Plan to ending AMNEOP, and
- be less aggressive and confrontational, and therefore more suited to the overall tone of the Plan in using more inclusive, accessible and less alienating language that accommodates the nuances of benevolent ageism, unconscious bias and unintentional harms.

We further **recommend** that the section on ageism (p 22) be expanded to:

- explicitly identify internalised or self-directed ageism as underlying circumstances in which older people ‘blame themselves or feel too ashamed to seek assistance’, and
- describe benevolent ageism and acknowledge that it can be as harmful to older people as malign ageism;³⁸ indeed, ‘benevolent’ ageism and ‘benevolent’ mistreatment underpins systems, processes and behaviours in which an older person’s agency and dignity of risk³⁹ can be undermined in the name of ‘safeguarding’ (such as through coercive medical treatment, restrictive practices, and isolation from friends or favoured leisure activities).

(Recommendation 18)

We welcome the discussion, also on p 22 of the draft Plan, of the gendered aspects of AMNEOP and the ‘compounding impact of a lifetime of structural inequality on older women’. We **recommend** that this be strengthened by noting also that the financial impacts of relationship separation on women are more severe, and more enduring, than on men (**Recommendation 19**).⁴⁰

Risk and protective factors (p 23) (see also Role of the private sector (p 33))

Older people can be at heightened risk of financial abuse and exploitation by family members⁴¹ and as part of organised scams.⁴² It is urgent and critical that the Plan address both sources of financial abuse and exploitation. The combination of relatively soft regulatory settings for financial service providers and the prospect of a \$2.5 trillion transfer of wealth in coming years⁴³ makes older people living in Australia a particularly attractive target not only for family and community members – noted in the draft Plan (p 29) - but also for organised crime and other ‘at arms length’ actors who seek to steal from older people.

³⁸ EveryAGE Counts, 2017.

³⁹ See, eg, Perske, 1972; Wolpert, 1980; Ibrahim & Davis, 2013.

⁴⁰ See, eg, Smyth & Weston, 2000. Broadway et al, 2022; de Vaus et al, 2007; de Vaus, et al, 2015; Easteal et al, 2018; Fehlberg & Millward, 2014; Gray et al, 2010; Warren, 2017.

⁴¹ Qu et al, 2021.

⁴² See, eg, Qu et al, 2021; James et al, 2014; Commonwealth Bank of Australia, 2018.

⁴³ Productivity Commission, 2021, citing McCrindle, 2017.

Scams targeting older people appear to be increasing,⁴⁴ although it is unclear whether people over 65 are scammed more often, and lose more money to scams, than other age groups⁴⁵ (noting, too, that people can be ashamed and embarrassed that they have been scammed, and so statistics might not reflect true prevalence). Financial exploitation is, however, particularly serious for older people because of their limited opportunities to recoup their losses. National Seniors Australia has observed that

Older Australians are being disproportionately ripped off by online scams.⁴⁶

Further, while these scams are personally catastrophic for individuals and their families, it should be remembered that they drain money from the Australian economy as a whole.

Australia's current regulatory settings appear inadequate to deter or disrupt perpetrators of a wide range of scams, including phishing attacks, hybrid romance/dating, investment and finance (so-called 'pig butchering' or 'cryptorom') scams,⁴⁷ rebate and refund scams, and payment redirection scams. They certainly preclude meaningful remediation of harm caused.

Even with the recently introduced Scams Prevention Framework Bill 2024, there is not enough information in the public domain to enable an informed assessment of how effective this legislation will be in preventing scams. Certainly, and in the absence of more determined regulatory action by a well-resourced independent regulator, it is difficult to envisage any outcome other than that older people in Australia will be scammed more frequently and for substantial amounts of money, inflicting economic damage not only to the individuals who are scammed, but to the Australian economy in its entirety.

In the pre-digital world, when banks were robbed of cash or bullion, banks were unable to transfer the losses onto depositors, whose individual deposits would be honoured. But online banking delivers opportunities for financial institutions to victim blame and effectively outsource their security to customers who are far less able to prevent, identify and resist scam activity. There are vast asymmetries of knowledge and capacity between depositors on the one hand and banks and scammers on the other. Meanwhile, sophisticated scammers are providing their targets with scripts to 'get around' existing protections that have the limited aim of authenticating a customer without coming to grips with the sophisticated tools of manipulation, deceit and coercion that are at scammers' disposal. Financial service providers operate not only in a significant asymmetry of power and knowledge with individual depositors, but also with significant social licence and commercial privilege. They should bear the primary responsibility of preventing, halting and remediating what are effectively bank robberies that are able to employ the banks' own systems to steal from customers acting honestly and in good faith.

⁴⁴ See, eg, Johnston, 2023.

⁴⁵ See ABS, 2022; see also ACCC, 2020.

⁴⁶ National Seniors Australia, 24 May 2024: <https://nationalseniors.com.au/news/latest-news/seniors-top-scammers-hit-list> [accessed 1 February 2025]

⁴⁷ See, eg, Han & Button, 2025; Cross, 2023.

Accordingly, Relationships Australia welcomes the intention of Governments to prioritise

Increased collaboration between and among government agencies and financial institutions to better understand and safeguard against abuse and mistreatment.⁴⁸

Consistent with our proposal to include exploitation as conduct within the scope of this Plan, we **recommend** that Priority Action 2.5 be expanded to explicitly include actions taken by Australian governments to prevent, identify and respond to scams (**Recommendation 20**).

Relationships Australia **recommends** that the National Plan include under Focus Area 2 (legal frameworks) a Priority Action of legislating mandated reimbursement (**Recommendation 21**). We need meaningful commercial incentives for financial service providers to ensure that their systems and processes are adequate.

First Nations Peoples (pp 24-26)

Relationships Australia notes the intention to undertake further consultation with First Nations Peoples on how the Plan should support older First Nations People (p 26). We **recommend** that the guiding principles should be expanded to affirm that, while it is essential that ACCOs be available and resourced to provide services, this does not in any way abrogate from the responsibility of other providers to offer culturally safe services to First Nations Peoples (**Recommendation 22**). First Nations Peoples should, like other members of the community, have a choice of service providers, and there are sometimes cultural and other reasons why an individual might approach a service other than an ACCO.

Broader social context of this plan (pp 28-30)

'Care recipient' as an outdated term

The *Aged Care Act 2024* moved away from the passive language of 'care recipient', used in the 1997 legislation, to the more human rights aligned 'individual', with one limited exception.⁴⁹ Accordingly, and consistent with the human rights focus intended for this Plan, Relationships Australia **recommends** that the boxed note on p 28 omit 'care recipient' and substitute 'individual' (**Recommendation 23**).⁵⁰

Implementation and governance (pp 31-33)

Relationships Australia welcomes the inclusion of an implementation and governance framework to support successful implementation of the Plan. As we have previously argued, Ministerial accountability for actions to end AMNEOP has been absent and is needed to ensure that structural ageism, and the governmental inertia it fosters, does not thwart realisation of

⁴⁸ Focus area 1: Exploring enhancements to the role of institutions in preventing financial abuse: p 52.

⁴⁹ A set of funding provisions which support transition from the 1997 legislation (see section 273A).

⁵⁰ See also footnote 11 on p 21 of the draft Plan.

the important objective of ending AMNEOP in a generation. Officials of the IEG, no matter how senior, are not accountable to the public. Parliamentarians are.

Accordingly, Relationships Australia recommends that the Plan include a Principle and an associated Focus Area reflecting that accountability, coordination and collaboration are essential enablers of all of the actions and initiatives in the Plan. We **recommend** that Focus Area 1 should require efficient, effective and results-focused inter-governmental accountability, coordination and collaboration while reducing the burden of fragmentation on older people (**Recommendation 24**). Priority Actions under the new Focus Area should require:

- that each Government identify a Minister to be responsible for ending ageism and AMNEOP
- that Ministers give annual letters of expectation to their representatives on the IEG, identifying two priority areas in which fragmentation must be reduced in each year
- that IEG members report progress to their Ministers quarterly
- that Ministerial Council Communiqués report publicly on progress, and
- urgent escalation when progress against the proposed Action Plans does not align with expectations.

The holding of meetings, without delivery of results that make a difference to ending AMNEOP and ageism, is not to be considered progress. The Plan must ensure that, where there are roadblocks, delays and diversions, swift corrective action is taken to get back on track, and actions do not stagnate. Two five year plans leave little ‘wiggle room’ if delays are recognised only at the completion of the First Action Plan while, conversely, a ten year Plan that is not scaffolded by effective reporting and accountability is a great opportunity to kick the can down the road for a decade.

Role of the Australian Government (p 32)

Relationships Australia **recommends** that, in addition to its leadership and coordination roles (p 32), the Australian Government commit to taking specific actions that fall within its Constitutional responsibilities and powers, and which are essential to ending abuse, mistreatment, neglect and exploitation of older people in Australia. The following actions relate to Focus Area 2 (legal frameworks):

- legislating a comprehensive human rights act that explicitly recognises and provides mechanisms to uphold the rights of older persons
- developing, and requiring Commonwealth-regulated financial service providers to use, a standard financial enduring power of attorney form, to be based on the model provisions published by the Queensland Office of the Public Advocate⁵¹

⁵¹ At https://www.justice.qld.gov.au/_data/assets/pdf_file/0007/770794/final-gpa-model-financial-enduring-powers-of-attorney-law.pdf.

- amending the *Aged Care Act 2024* to ensure that restrictive practices are eliminated in aged care, and
 - actively advocating for international convention on the rights of older persons, to be supported by the following detailed actions:
 - establishing a multi-stakeholder group, comprising older people from diverse backgrounds and circumstances across Australia, as well as civil society groups and frontline workers, to inform Australia’s leadership in upholding our rights as we age
 - actively supporting and participating in the work of the United Nations in developing a new convention, and
 - ratifying and implementing the treaty in Australian law.⁵²
- (Recommendation 25)**

Relationships Australia also **recommends** that the dot point list in column 1 on p 32 be expanded to refer also to the Commonwealth’s powers and responsibilities in relation to external affairs, corporations and financial services (including insurance and superannuation) **(Recommendation 26)**.

The impending intergenerational wealth transfer is likely to have an adverse effect on our economy (as well as a substantial impact on social cohesion) if it is not managed in a lawful and prudent way. The Treasury portfolio includes a range of matters with significant implications for achievement of the objectives of this Plan, including taxation matters, superannuation and insurance. Accordingly, Relationships Australia further **recommends** that Commonwealth, State and Territory Treasury officials be included in the IEG mentioned at p 31 **(Recommendation 27)**.

Role of non-for-profit sector, community services and community leaders (p 33)

As a provider of both Commonwealth and state/territory funded services for individuals and families affected by AMNEOP, Relationships Australia **recommends** that the dot point list refer expressly to family relationship services **(Recommendation 28)**. This is important in contributing to moving to a less fragmented and more collaborative service system.

Principles (pp 34-44)

Principle 1 Taking a human rights approach

The weight of evidence is overwhelming - as we age, we cannot be confident that our rights will be respected, protected, supported or vindicated. Any Human Rights Act, framework or action plan must elevate and amplify our rights as we age.

⁵² See the discussion of Principle 1, below. See also the Call to Action of Rights of Older People Australia, accessible at <http://www.rightsofolderpersons.org.au/wp-content/uploads/2022/09/ROPA-Call-to-Action-October-2022.pdf>

A convention on the rights of older people

The final recommendation of the United Nations report into COVID-19 and its effect on older persons was that stronger legal frameworks are required at both national and international levels to protect the human rights of older persons, including by accelerating the efforts of the General Assembly's working group to develop proposals for an international legal instrument to promote and protect the rights and dignity of older persons.⁵³ Relationships Australia has welcomed Australia's recent move away from entrenched opposition to a convention; much more, however, remains to be done. As canvassed in the previous section dealing with the Role of the Australian Government in implementation and governance of the Plan, it is important that work on a convention be included in the Plan as a concrete action which the Commonwealth should take, and to galvanise leadership in ending AMNEOP (see **Recommendation 25**).

The Plan is ambivalent in its commitment to the autonomy of older people

While the draft Plan recognises the importance of autonomy, we **recommend** that the Plan clarify and strengthen its treatment of autonomy by recognising explicitly – and consistently – that autonomy is paramount, and that the relationship between autonomy and beneficence (in which safeguarding is grounded) is one of complementarity and service to autonomy (**Recommendation 29**). That is, to safeguard a person requires acknowledgement and respect for the primacy of their legal and moral personhood, and their agency, will and preferences.

In particular, we strongly reject the premise – often implicit and taken for granted – that the duties to respect autonomy and the duty to safeguard have equal and competing weight, or exist in a tension in which 'balance' between them must be found in particular circumstances. If autonomy is to mean anything at all, safeguarding must exist in service to it, and take its content from the expressed agency of the older person. This is reflected the dignity interest⁵⁴ long recognised in the common law as protecting expressions of identity, personality and self-esteem. From the dignity interest derives the principle of dignity of risk and the concept of supported decision-making, reflected in international and domestic law. The primacy of autonomy over beneficent safeguarding finds expression in society's acceptance that adults

⁵³ UN Report, 2020, 14; See also Inter-American Commission on Human Rights, 2020.

⁵⁴ See *Department of Health and Community Services (NT) v JWB and SMB ('Re Marion')* (1992) 175 CLR 218, 252 (joint judgment), 266, 267, 273-7 (Brennan J), 303 (Deane J), and 310 (McHugh J). In articulating his understanding of the dignity interest in *Marion's Case*, Brennan J (as he then was), reflected on several human rights treaties, including the United Nations Charter, the International Covenant on Civil and Political Rights, the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights. See also Deane J at 303 and McHugh J at 310. The dignity interest also reflects self-perception and self-esteem: see *Department of Health and Community Services (NT) v JWB and SMB ('Re Marion')* (1992) 175 CLR 218, 239, 252-4 (joint judgment), 267-8 (Brennan J). See also *Gillick v West Norfolk AHA* [1986] 1 AC 112; *Airedale NHS Trust v Bland* [1993] AC 789.

have the right to be wrong, the right to make mistakes, and the right to make decisions of which others, however lovingly, disapprove or fear.

Orthodox jurisprudence in cases such as *Re Marion* and *Bland* underline the universality of the dignity interest, regardless of age or perceived capacities. Recognising and protecting such an interest universally maximises the likelihood of its recognition for everyone.

We are concerned that the Outline on p 10 highlights adult safeguarding responses without contextualisation that legal frameworks should support autonomy, while providing for safeguarding in limited circumstances. As set out on p 10, users of the Plan could well infer that the purpose of the legal frameworks is to support safeguarding, rather than to give primacy to our autonomy as we age. The current structure of the Plan would support and justify, rather than minimise, benevolent ageism that can lead to harm, while also ‘othering’ older people and assuming that, as we age, we need the protection of others simply by virtue of our age. This ordering of language reflects and perpetuates benevolent ageism and paternalism, relatively de-prioritising autonomy, empowerment, self-determination and dignity of risk. The prominence afforded to adult safeguarding may inadvertently encourage implementation of the Plan in ways that ‘read down’ our rights as we age through biomedical, ableist and ageist lenses. Such models, prevalent in the aged care and disability spheres, have proven disastrously reductionist and dismissive of individuals’ moral and legal personhood.

Liberty and security (p 35)

Relationships Australia welcomes the description of older people’s rights to, *inter alia*, liberty and security. We **recommend** that, to reinforce the primacy of older people’s human rights and autonomy, the first two paragraphs on p 35 be transposed (**Recommendation 30**). The current ordering could be read as affording paramountcy to safeguarding and benevolent ageism.

Relationships Australia would welcome more detail on how governments will integrate an intersectional approach (see p 35), and on how governments will work together to achieve not only this goal, but also the related goal of minimising fragmentation and siloing of services. This is of serious concern to Relationships Australia because we have seen ample evidence of inability of Australian governments to collaborate effectively in this area, including the delays in producing a draft successor plan to the first plan (which expired in 2023) and the unconscionable languor with which SCAG has, over more than two decades, approached EPOA reforms. This Plan needs to give Ministers and officials a clear pathway towards better collaboration, and to impose accountability for achieving efficient and effective collaboration.⁵⁵ This is why we have proposed an additional Focus Area as a key enabler of the success of this Plan (see Summary table on p 1 of this submission).

⁵⁵ See, eg, Churchill et al, 2020, for a European perspective on the criticality of multi-agency and cross-sectoral collaboration.

Please also see our comments above with respect to the continuing normalisation and tolerance of restrictive practices under authorising framework provided for by the *Aged Care Act 2024*. Restrictive practices, but for this authorising framework, are otherwise instances of physical abuse. A regulatory framework privileging permission for restrictive practices over the human rights of older people is inconsistent with the purported aims of the Aged Care Act and this Plan to end AMNEOP.

Living and care (p 35)

Relationships Australia **recommends** that this section be strengthened by including reference to reablement services (**Recommendation 31**). As canvassed in our submissions relating to the development of the 2024 Aged Care Act, explicit reference to reablement is an important, human rights-based counter to reductionist biomedical and deficit models of ageing, and therapeutic nihilism towards older people. Reablement should also be included in the new Principle 5 which we have recommended (recovery and healing).

Participation (p 36)

Relationships Australia welcomes the Plan's intention to provide opportunities for older people to 'participate actively in the design and implementation of policies and services that directly affect them' (p 36).

We **recommend** that the second paragraph of this section (as well as Priority Action 1.3 (p 48)) be amended to also include opportunities to participate in the *evaluation* of policies and services that directly affect them (**Recommendation 32**). In affording these opportunities, governments need to be mindful of the needs of the constituencies with whom they are engaging. The consultations carried out in late 2023 were avoidably rushed and, as a consequence, some important cohorts were significantly under-represented. We experience this frequently and across a range of social policy consultations, where it appears that intentions to engage in co-design and value lived experience dissipates to become (at best) last minute afterthoughts or reduced to becoming a 'tick a box' ritual. Against this background, we would welcome clarification about what Ministers have in mind as circumstances in which co-design is not possible and what actions will be taken to ensure that lived experience perspectives are understood and shape policy and programmes. (see pp 39, 47).

Principle 4 A strong focus on prevention and early intervention (pp 40-41)

Several of our member organisations (as well as other organisations and entities including the Federal Circuit and Family Court of Australia) practise universal screening using DOORS, including tailored DOORS products. Consistent use of universal screening has been shown to provide robust data to identify opportunities for effective interventions.⁵⁶

Prevention and early intervention opportunities for AMNEOP could be scaled up substantially by building on successes demonstrated by existing Health Justice Partnerships and

⁵⁶ McIntosh & Ralfs, 2012; McIntosh, Wells & Lee, 2016; Wells et al, 2018. See also Meyer et al, 2023.

multi-disciplinary hub models, and promoting integration into the broader family relationship, family law and family violence service systems. Hub approaches have been recommended and successfully implemented across a range of social service delivery systems,⁵⁷ and would align with the Principles set out in the draft Plan.

We have canvassed the merits of such service models in many of our submissions over the past years, and were pleased that the Metcalfe Report on family and relationships services (2024) observed the unrealised potential of integrated multi-disciplinary hub models in promoting client-centred service delivery, as well as reduced costs to taxpayers.⁵⁸ We have previously written to the Commonwealth Attorney-General expressing our strong support for the full implementation of Mr Metcalfe's recommendations.

While our service delivery models move further towards providing greater integration, older people experiencing AMNEOP, and those who love and care for them, need better support in navigating services.⁵⁹ To this end, we **recommend** ongoing funding for universal screening, and for case management and navigation services (**Recommendation 33**).

New Principle 5 A strong focus on recovery

The National Plan to End Violence Against Women and Children 2022-2032 acknowledges the need for services across the continuum of experiencing violence. Recovery and healing is identified as a discrete domain. The draft Plan is silent on recovery for those who survive abuse, mistreatment, neglect or exploitation as an older adult, perhaps reflecting an unacknowledged institutional ageism and therapeutic nihilism. This dismisses the lived reality that while experience of AMNEOP can be devastating, even life-limiting, recovery and healing are possible at any age. If Australia is serious about upholding our rights as we age, then we must acknowledge that healing is not the prerogative of the young; it is possible, and must be supported, throughout the lifecycle.

Accordingly, Relationships Australia **recommends** that recovery and healing should be embedded throughout this Plan, recognised as a Principle in its own right, and supported by Focus Areas and measurable Priority Actions that enable us, if we experience abuse, mistreatment, neglect or exploitation to access supports that will restore and heal us (**Recommendation 34**).

⁵⁷ See, eg, the highly successful Family Relationship Centres in the family law system, Child and Family Hubs in New South Wales, and Integrated Child and Family Centres, as well as the Victorian 'Our Place' schools programmes. There is no principled reason why 'family' in these contexts should exclude older family members, and their relationships. (Cahill et al, 2020; Calik et al, 2024; Cleaver et al, 2019; Cortis & Smyth, 2024; Honisett et al, 2022; Kulkarni, 2019; Social Ventures Australia, 2023).

⁵⁸ See especially Recommendation 4 of the Metcalfe Review, 2024, at <https://www.ag.gov.au/sites/default/files/2024-08/frsp-review-final-report.PDF>

⁵⁹ See also p 51 of the Plan (Greater coordination of safeguarding supports and clearer avenues for reporting).

Existing Principle 5 Supporting individual decision making, autonomy and dignity

Relationships Australia considers that autonomy and dignity should be recognised, and presented throughout the Plan as paramount, and that safeguarding – grounded in the principle of beneficence – should be clearly and carefully expressed as being in the service of, not in conflict with, Principle 5. This accords with well-established common law and statutory jurisprudence, including jurisprudence recognising the right to refuse even life-saving medical treatment, which can be exercised for reasons that are ‘...irrational, unknown or even non-existent.’⁶⁰ Clarity in the Plan that autonomy and dignity are paramount would also align with case law and legislation that presumes decision making ability. These rights are grounded in the principle of autonomy, expressed through the dignity interest and the interest in bodily integrity that have been confirmed by the High Court⁶¹ and reflected in a range of Australian health legislation.⁶²

This section of the Plan would benefit from clarifying and reinforcing the proper relationship between upholding autonomy and acting benevolently against the wishes of an older person; as currently phrased, the Plan is ambivalent in its willingness to uphold dignity of risk and the right to make decisions with which others disagree. For example, and notwithstanding the language from the Disability Royal Commission quoted on p 42, Relationships Australia considers that a right to take *unreasonable* risks is inherent in the right to make mistakes, the right to fail and the right to make decisions that others consider catastrophically wrong, irrational or foolish. Further examples of an ambivalent approach to autonomy appear in the note presented against a purple background on p 43, in which decision making ability is presented as a binary, rather than as existing on a continuum; this appears to contradict the discussion in the last paragraph of p 42 and the definition of capacity provided in Appendix 2 (p 62). That note also refers to a right to take informed risks; however, adults generally are permitted to (and do) take uninformed risks.

We therefore **recommend** that the content in p 42 be amended to clearly state that:

- autonomy is paramount
- Australian law has long recognised a presumption of decision making ability (perhaps the note in purple background on p 43 could be re-located to the beginning of the discussion of Principle 5)

⁶⁰ See, eg, *Rogers v Whitaker* (1992) 175 CLR 479 on a person’s ‘paramount’ right to make decisions about one’s life, including medical treatment; *In re T (Adult: Refusal of Treatment)* [1993] Fam 95, 115 per Lord Donaldson MR. Indeed, the Family Court of Australia envisaged that persons under the age of 18 could refuse medical treatment (*Re Alex (Hormonal Treatment for Gender Identity Dysphoria)* [2004] FamCA 297, cited at paragraphs 170, 172 per Nicholson CJ). In 2018, Victoria passed legislation recognises the right of a person (including a minor) to make an instructional advance directive refusing medical intervention, provided that the person has ‘decision-making capacity’: *Medical Treatment Planning and Decisions Act 2016* (see also Chesterman, 2017).

⁶¹ *Secretary of the Department of Health and Community Services v JWB and SMB (Marion’s Case)* (1992) 175 CLR 218.

⁶² See, eg, the recently-commenced *Variations in Sex Characteristics (Restricted Medical Treatment) Act 2023* (ACT).

- Australian law recognises a right to be ‘wrong’, and to make decisions of which others disapprove (regardless of the intimacy of the relationships in which those others stand or their good intentions), and
- safeguarding should not be seen as being in a relationship of conflict with autonomy, but as in the service of supporting the autonomy, dignity and agency of an older person.
(**Recommendation 35**)

Existing Principle 6 A person-centred and trauma-informed response

Relationships Australia welcomes the prominence afforded to the pervasive effects of trauma by the inclusion of Principle 6. Implementation of preceding recommendations to establish new, and scale up existing, family services hubs will promote person-centred and trauma-informed responses to AMNEOP.

We **recommend** that the discussion on p 45 be strengthened by inclusion of survivors of institutional child sexual abuse as a cohort living with trauma (**Recommendation 36**). This is a cohort many of whose members have particular concerns about models of aged care service delivery, and whether they will have access to health and social services that are trauma-informed (and person-centred).

Focus Areas (pp 46-58)

Focus area 1 Increase whole-of-community awareness, education and engagement (p 47)

Relationships Australia supports actions to increase community awareness, education and engagement, all of which are important to end AMNEOP. However, these actions need to be backed up by properly resourced reforms to laws, systems and processes that actually empower us and help keep us safe as we age.

Relationships Australia **recommends** that awareness, education and engagement materials focusing on older audiences should also describe internalised ageism, and that – in collaboration with the Department of Social Services - materials should also be developed specifically for unpaid carers of older people (**Recommendation 37**).

Relationships Australia further **recommends** that DFSV programs being delivered in schools also canvass AMNEOP (**Recommendation 38**).

Connection and belonging

Relationships Australia welcomes the emphasis, throughout the draft Plan, on the value of social connection and belonging; in particular, its protective and preventative power in relation to abuse, mistreatment, neglect and exploitation of older people. We consider that actions to harness this power fall within the ambit of Focus Area 1 of the Plan. Relationships Australia **recommends** that Priority Action 1.4 be expanded to refer to initiatives that support belonging

as well as meaningful (and enduring) social connections (**Recommendation 39**).⁶³ The Neighbours Every Day campaign, auspiced by Relationships Australia since 2013, has demonstrated that low cost, grass roots initiatives of this kind can have an enduring beneficial impact for individuals and communities.⁶⁴

Focus area 2 Enhance legal frameworks and adult safeguarding responses

This Focus area is vital in achieving the Vision of the draft Plan. Current legal infrastructure has proved demonstrably inadequate to uphold the rights of older people and to prevent and respond effectively to AMNEOP. Numerous reports and inquiries demonstrate that the lack of respect for our rights as we age undermines the basic rights of older Australians in policy design and service delivery.⁶⁵ Older persons in Australia suffer from violations to their fundamental human rights such as the right to life, the right to privacy and the right to family life, as well as the right to freedom from cruel, inhuman or degrading treatment.⁶⁶

Human Rights Act

Accordingly, our 2023 submission to the PJCHR inquiry into Australia's Human Rights Framework recommended that the Australian Government enact a Human Rights Act which expressly recognises, *inter alia*, the rights of older people and the implications of intersectionality (see Recommendation 4 of that submission). We further advocated that such legislation should expressly:

- identify the articulation and protection of human rights of older persons as a national priority within a Human Rights Framework and associated action plans, and
- develop and maintain ongoing public awareness and education campaigns to refute ageist and ableist beliefs and discrimination across care support, health, education and employment, social and cultural domains. (Recommendation 5)

Recommendation 6, which is replicated in this submission at **Recommendation 25**, was that Australia should pursue an international convention on the rights of older people.

Aged Care Act 2024

As a result of decades of failure to uphold our human rights as we age, Australia's international and domestic normative structures resulted in the recent passage of an Aged Care Act which:

- relies for its Constitutionality on a deficit-focused patchwork of heads of power relating to sickness and hospitals

⁶³ A range of intergenerational community projects have proved successful; see, eg, the Centenarian Portrait Project by Teenagers: <https://www.embraced.com.au/centenarian-portrait-project>. See also Dean, 2019, identifying social isolation as a modifiable protective factor.

⁶⁴ See, eg, Fong et al, 2021; Cruwys & Fong, 2020; Cruwys, et al, 2019.

⁶⁵ See Final Report of the Royal Commission into Aged Care Quality and Safety, 2021; North & Fiske, 2013.

⁶⁶ Royal Commission Report Final Report, 2021; Royal Commission Interim Report, 2019.

- brazenly couples a statement of rights with a provision that expressly excludes enforcement of those rights, and
- perpetuates archaic arrangements that entrench reliance on restrictive practices while relegating their regulation to subordinate legislation.

Enduring Powers of Attorney – a case study in failure by governments to collaborate effectively

Relationships Australia welcomes attention given in the draft Plan to EPOA laws, and is pleased to see this highlighted as Priority Action 2.1. However, the anaemic approach taken in the draft Plan to EPOA reforms and, more broadly, to effective and outcomes-focused inter-governmental collaboration does not inspire confidence. For over 20 years,⁶⁷ there have been many words written by Australian governments about EPOA reform; thus far, none of them has resulted in any amelioration whatsoever of the burden of fragmentation cast on principals, attorneys or third parties seeking to rely on EPOAs. The predecessor to this draft Plan was also notable for its vagueness on this point, merely requiring governments ‘to consider developing’ harmonisation options. Yet not even this flimsy commitment was met, SCAG haring off to pursue a register which never happened, disdaining advice from diverse sources of expertise and practical experience that harmonisation should precede a register. This particular tilt at windmills wasted around three years.

EPOAs have the potential to be a powerful protector of our autonomy as we age, while also reducing opportunities for financial abuse. This potential cannot be realised until principals, attorneys and third parties can be confident that an instrument is lawfully made (achievable through a register) and will be recognised and enforced according to its terms throughout Australia (achievable through harmonisation). In a country with a mobile and scattered population, and in an era in which state borders are increasingly irrelevant to trade and commerce, this nonsensical. It represents decades of failures by Australian governments to collaborate authentically and effectively. It trivialises what is at stake in terms of empowering and protecting people acting in good faith to make their own decisions and have them respected. SCAG communiqués noting progress are no substitute for making practical, pragmatic compromises.

As we understand it (given the lack of transparency and accountability to date), state and territory governments are unwilling to do this, each wedded to the supposedly unrivalled virtues of their own model. This is not helpful. It is pursuit of perfection at the cost of the good, and people who would be empowered and protected by a contemporary national system remain, after decades, disempowered and exploited. The prospect of this Plan auspicing another 10 years of communiqués noting progress, while these instruments are used to exploit and abuse, is dismal.

⁶⁷ EPOA reform was on the SCAG agenda in 2003.

Relationships Australia was profoundly disappointed that the Parliamentary Joint Committee into Corporations and Financial Services were satisfied that greater consistency was practical, achievable and sufficient. If 'greater consistency' were, in fact, achievable, why has it not been achieved over the preceding seven years?⁶⁸

The Committee noted

the recommendation of the Standing Council of Attorneys-General that the focus of reform in relation to EPOAs should be also to implement education and awareness raising programs aimed at reducing elder abuse occurring through EPOAs. (paragraph 170)

It is unclear to us how education and awareness raising, against a background of confused and fragmented laws, would be effective in preventing and remediating abuse or promoting the value of advance planning. Indeed, diverse stakeholders have been patiently explaining to governments, for years, that the lack of harmonisation is a principal barrier to effective education and awareness.

The Committee appears to have conflated harmonisation with 'greater consistency', stating in its Report that

...the harmonisation of state and territory schemes along with the resourcing of education and awareness raising should be pursued in the first instance, with the establishment of a national scheme to be considered in the event that inconsistencies between state and territory schemes prove to be intractable. (paragraph 170)

Yet, the actual recommendation (Recommendation 14) refers not to harmonisation but to the elusive (and possibly illusory) prospect of 'greater consistency'. We also wonder what the Committee would consider an intractable situation if over 20 years of inertia is not sufficient to clear that bar.

We would hope that the finalised Plan will provide the impetus and focus necessary to achieve reforms (harmonisation and a register) which everyone seems to agree is a good idea, but which no one has been able to actually deliver. If states and territories can put aside parochial considerations to reach agreement on reforms in so many and disparate areas, why is this so difficult?

Access to Justice for older people – a priority cohort in the National Access to Justice Partnership

The Law Council's Justice Project (2018) highlighted barriers to accessing justice that are experienced by older people in Australia. Since then, the Royal Commission into Aged Care Quality and Safety and the Australian Institute of Family Studies have identified widespread abuse and neglect of older people. A range of campaigns has been launched to counter ageism,

⁶⁸ See Recommendation 14 and paragraphs 2.169-2.171 of the Committee's Report.

which underlies abuse, exploitation and neglect,⁶⁹ and vigorously assert that everyone, at all ages, has human rights, and that everyone, at all ages, should be able to uphold their rights through relevant legal processes.⁷⁰

Our practitioners tell us that

It is nearly impossible to find legal representation for seniors with disputed capacity or communication difficulties. Many are being discriminated against due to disability and age.

Practitioners have also alerted us to the need for

...a service that can investigate allegations of abuse of seniors with cognitive capacity but who may not have the necessary knowledge base/physical ability/access to required resources.

Relationships Australia **recommends** that, as a Priority Action, Australian governments agree to allocate funding for legal assistance services to older people experiencing AMNEOP, within the framework of the National Access to Justice Partnership Agreement and its successor agreements (**Recommendation 40**).

Embedding greater safeguards and actions for older persons with disability (p 51)

To more powerfully entrench the importance of a human rights lens across the operation of the Plan, Relationships Australia **recommends** that the dot point list be refined to:

- accelerate EPOA reforms
- elevate supported decision making frameworks, and
- commit Australian Governments to making concrete progress in moving to supported decision-making frameworks.

(Recommendation 41)

Care will also need to be taken to ensure that ‘greater safeguards’ does not, in practice, translate to greater surveillance, coercion or paternalism.

These refinements would mitigate the ambivalence about the autonomy and agency of older people that appears sporadically throughout the draft, and which has been canvassed above.

Relationships Australia has encountered a number of cases, across Australia, where safeguarding agencies such as public trustees and guardians, and guardianship tribunals, have been unable to respond to clients’ needs in a human rights-grounded and trauma-informed way. With distressing frequency, the agency and the voice of an older person is overlooked, and

⁶⁹ For example, the EveryAGE Counts, of which Relationships Australia is a member. See <https://www.everyagecounts.org.au/>

⁷⁰ For example, the Rights of Older Persons Australia network, of which Relationships Australia is a founding member. See <https://www.rightsofolderson.org.au/>

substitute decision-making measures imposed by default. Some of our clients have experienced systems abuse when family members have been able to suborn public guardians to enable those family members to take control of our client (and their finances). This is systems abuse.

Failures by such agencies to take a human rights-based and person-centred approach arise from a combination of many circumstances, including lack of resourcing and overly-long client lists, as well as institutional ageism and ableism that infantilise and silence our voices as we age.

Further, inconsistent laws across Australia means that our human rights, as we age, become subject to nationally fragmented laws about public trustees and guardians. Human rights should not be subject to the vagaries of postcode lottery. Accordingly, Relationships Australia **recommends:**

- harmonisation of public guardianship and trustees laws
- national standards for public guardians and trustees
- a national complaints scheme (as is the case for health care providers, for example)
- legislating to elevate the use of supported decision-making by such agencies, including by requiring them to use relational and restorative modalities such as mediation and Eldercaring Coordination.

(Recommendation 42)

Many of our services tailored for older people experiencing family and relationship conflict, or AMNEOP, supplement these pathways to offer a more tailored service that puts the older person at the centre. We acknowledge that this can involve intensive effort over a lengthy period. Over the past 18 months, Relationships Australia South Australia has been trialling an innovative and intensive service model called Eldercaring Coordination. This work is being undertaken with research and evaluation support from the University of South Australia. EC has been in use for some time in the United States of America, where the authorising environment is far more amenable to the use of this modality.⁷¹ Evaluation of the pilot is ongoing.

Enhancing aged care protections

It is expected that the Plan, in its final form, will recognise the passage of the *Aged Care Act 2024*. In doing so, it must acknowledge that:

- while the Act includes a Statement of Rights in section 23, it includes an ouster clause in section 24, and
- the Act effectively preserves arrangements to permit restrictive practices, while regulating their use through conditions imposed on service providers (see sections 17,

⁷¹ For more information about Eldercaring Coordination as a discrete and specialised intervention, see, eg, <https://www.eldercaringcoordination.com/>.

18, 162; the rules which will provide more detail are due for release for consultation in early February⁷²).

In view of these provisions, the Aged Care Act falls well short of aspirations to be human rights aligned. We therefore welcome the statement in the draft Plan that it will be ‘essential to monitor its effectiveness and ensure it is achieving systemic change’ (p 52).

Focus area 3 Strengthen the capacity and capability of services, including through targeted education and training for professionals (pp 54-56)

Previously (including under the predecessor Plan), service availability for people affected by AMNEOP has been subject to postcode lotteries and has never been funded to a quantum that is proportionate to even known prevalence of abuse (noting that existing prevalence data is incomplete in key areas, so that true prevalence is likely to be significantly greater). (see, eg, Qu et al, 2021).⁷³ Funding has also been delivered under short-term grants without funding certainty. This has serious adverse impacts on recruiting and retaining highly specialised staff. Relationships Australia therefore welcomes Priority Action 3.4.

Despite favourable evaluation in 2021 of the service types piloted by the Commonwealth under the first Plan, and despite need clearly and substantially exceeding the funding envelope, there has been no action taken to expand service footprints. Even where funding has been provided, significant population centres are served by fewer than 3 FTE. Canberra, for example, is served by 1.5FTE, and Tasmania (which receives only State and no Commonwealth funding) by 1.0FTE. Known prevalence of AMNEOP is that 14.8% of people over 65 experience one or more types of AMNEOP in a 12 month period in Australia.

This grotesque asymmetry between resourcing and need was recklessly exacerbated (as service providers warned Government that it would be) by the splashing of over \$1 million of taxpayers’ money on an ad campaign to ‘raise awareness’. Not one, but two, firms of ‘creatives’ were, we were told at NEAC2024, hired to compose this beautifully polished and emotionally impactful campaign. Meanwhile, people living in unsafe situations had nowhere to turn and frontline workers remained at constant risk of moral injury. As Government had been warned some months before the campaign launch, the advertisement saw an increase in visitors to Compass and an increase in calls to 1800ELDERHelp.

The draft Plan is, thus far, silent on resourcing. States and Territories (who also fund services) have made clear that the lack of resourcing for actions allocated to them under the first Plan was a barrier to achieving better outcomes for people at risk of, or experiencing, AMNEOP.

⁷² As per <https://www.health.gov.au/sites/default/files/2024-12/aged-care-rules-consultation-topics-by-release.pdf>. The website says consultation on new restrictive practices rules will start in ‘early February 2025’. At time of writing, it does not appear that this has yet occurred.

⁷³ For international perspectives on prevalence, see, eg, Yon et al, 2017; Yon et al, 2018.

For commitment to ending abuse, mistreatment, neglect and exploitation to have meaning, actions must be backed with resourcing. If governments are not prepared to prioritise resourcing, proportionate at least to known prevalence, to end AMNEOP, then they should be transparent about their level of commitment to this objective.

Specific suggestions from our member organisations include:

- funding for safety devices and increased senior-specific advertising of services and services available for them
- increased in-home (wherever that may be) face-to-face mental health services, and
- access to similar brokerage as DFV services so clients can be supported e.g. vouchers, taxi vouchers, emergency motel accommodation.

Workforce

To support implementation of Priority Actions 3.5, 3.6 and 3.7, Relationships Australia **recommends** that governments task the IEG with the development of a workforce plan (**Recommendation 43**). Relationships Australia also looks forward to working with Australian governments to enhance nationally consistent worker screening approaches.

Integral to successful workforce planning will be proportionate resourcing of services. Currently, this workforce is hanging on by its teeth, confronted daily by gross mismatch between need and availability of services. Relationships Australia, as an employer, has duties of care towards its staff, and we are very mindful of the risk of moral injury that arises from these parlous circumstances. So, we respectfully suggest, should be governments.

Focus area 4 Address gaps in the evidence base and increase collaboration

Relationships Australia **welcomes** the commitment, in the draft Plan to research into the association between cognitive impairment and the occurrence of abuse, mistreatment, neglect and exploitation (see p 20), as well as the commitments to the priority areas identified at p 57. We also acknowledge the research program that has been initiated in the past two years, and look forward to incorporating into our services insights and lessons emerging from this research.

Relationships Australia also **recommends** that the Plan support research into the occurrence and associations between intimate partner violence, child maltreatment, sibling violence and abuse, mistreatment, neglect and exploitation of older people (**Recommendation 44**). The landmark AIFS study by Qu et al (2021) noted associations between family histories characterised by conflict and complexities and the occurrence of AMNEOP. However, more granular research into intergenerational conflict, violence and harmful relationship dynamics is necessary to achieve the objectives of the interconnected strategies and plans to end intimate partner and gender-based violence, to promote child safety, and to end AMNEOP.

In our practice experience, for example, FVOs made in relation to intimate partner violence can have harmful flow on effects that endanger older people. A person who is removed from their home in accordance with the terms of an FVO may seek shelter with their parents; anecdotally, this occurs with increasing frequency because of lack of housing and accommodation options.⁷⁴

It is not unlikely that a perpetrator has been exposed to DFV as between their parents and caregivers; where this is the case, the danger is that returning to that environment may reinforce their use of violence, and inhibit actions taken by them to be accountable, and to change their behaviour. This is particularly likely if they are experiencing issues such as financial stress, mental ill health, substance misuse or harmful gambling. Second, it places older people at risk from violence at the hands of the returning adult child. Housing precarity is, of course, also a serious issue for victim survivors, and our services have observed that safe housing is critical.⁷⁵

Relationships Australia notes evidence recently provided during Estimates to the Community Affairs Committee, that while drivers, risk factors and prevalence may differ as between intimate partner violence, child maltreatment and abuse and neglect of older people,

Some of the common themes are around structural inequality and power imbalances.⁷⁶

Accordingly, Relationships Australia **recommends** (as we have in other submissions) integrating legislation, policy and service delivery in family law, DFV, child protection, and abuse and neglect of older people, to:

- enable timely and effective safety planning
- facilitate access by older people to mainstream services, including recreational, educational and health services, and
- reduce risks to safety arising from administrative, funding, or vocational fragmentation.⁷⁷

(Recommendation 45)

Program logic

Relationships Australia **welcomes** the development and publication of the program logic to support implementation of the National Plan.

⁷⁴ See also, eg, ANROWS, 2019; Breckenridge et al, 2016.

⁷⁵ Relationships Australia South Australia has expressed its support for a model used in New Zealand, in accordance with which a perpetrator is removed from the family home on the making of an order, and safety supports are provided to the family in the home. This enables children to stay in their community, and at their schools.

⁷⁶ Evidence from Dr Rae Kaspiew, Australian Institute of Family Studies, 4 June 2024.

⁷⁷ The fragmentation arising from disconnections between different professional and conceptual disciplines is explored in Hester, 2011, applying Bourdieu's concept of habitus.

Appendix 2, Glossary

'Intersex' is not a matter of sexuality or gender identity. Relationships Australia **recommends** that the Attorney-General's Department consult with peak body, InterAction, for suitable text (**Recommendation 46**).

Conclusion

There is much to be commended in the draft Plan, and we congratulate those who have been engaged in its development (including past participants). We consider that there are numerous opportunities to enhance the intended ambition of the Plan in ways that are practical, achievable and will better uphold our rights as we age. We look forward to working with Australian Governments to finalise and successfully implement this Plan. Should you wish to discuss any aspect of this submission further, please do not hesitate to contact me at ntebbey@relationships.org.au (0422 415 987) or our National Policy Manager, Dr Susan Cochrane, at scochrane@relationships.org.au (0477 778 659).

Kind regards



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