Advocare Inc. additional information to the WA Legislative Council Select Committee into Elder Abuse.
Prepared by Diedre Timms CEO Advocare.

Information pertaining to the experience of Social isolation for older people, response to the question from the Hon Tjorn Sibma

Loneliness for older people can be triggered by life changing events or can be a continuing life experience.

> *Research commissioned by COTA Victoria cites several studies including research in Perth where seven per cent of seniors reported severe loneliness, with higher levels of loneliness reported by single participants, those who lived alone, and those with self-reported poor health. A national study of veterans found that 10 per cent were socially isolated and that another 12 per cent were at risk of social isolation[1]*

> *Research conducted to inform the United Kingdom's Campaign to End Loneliness estimated a prevalence of loneliness (either all or most of the time) of about 10 per cent of the general population over 65 years of age[2]*

It is expected that the actual number of people experiencing social isolation and loneliness would be higher than indicated because of the under reporting of loneliness due to the associated stigma.

> *Life transitions which are common in later life can weaken or diminish social roles that provide personal value, belonging and attachment.*
> *Poor physical and mental health, and needing care, can lead to loss of confidence and withdrawal from social engagement. Health issues such as sensory loss, impaired vision or hearing, onset of dementia, mental illness and disability are risk factors*

> *The literature is clear that socially active older people are happier and healthier than those who are not socially active, and that socially active older people, through continued participation, have reduced risk of social isolation and its negative health consequences. [2]*

With the current customer and government preference for older people to age at home combined with the projected increasing number of older people, there will be a concurrent increase in the number of people experiencing social isolation and loneliness.

> *Specific population groups at higher risk of isolation and loneliness include those living alone, those with limited English and people who provide unpaid care for others.*
> *Living alone is more common for older women. ….As identified in the literature review, people living on their own are at higher risk of social isolation and loneliness.*

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[1] Pate A 2014, *Social isolation: Its impact on the mental health and wellbeing of older Victorians*, COTA Victoria, Melbourne. p. 7. Cited in *Ageing is everyone's business.*
[2] Bolton M 2012, *Loneliness – the state we're in. A report of evidence compiled for the Campaign to End Loneliness*, Age UK Oxfordshire, Abingdon. p. 5. http://www.campaigntoendloneliness.org/

> *The data shows increasing numbers of older women will face a higher risk of isolation and loneliness.*[2]

Combined with the specific older population groups that are susceptible to social isolation: those living alone, those from CALD communities, women, carers and members of the LGBTI community there are also locations of particular disadvantage for isolation:

- *rural areas with small populations in isolated locations with limited transport and service options*
- *areas experiencing high growth, including growth in the population of people 60 years of age or older, and with limited social and community infrastructure, particularly outer metropolitan fringe areas*
- *areas with low socioeconomic measures across the population, and with intergenerational disadvantage*[1]

Social isolation among older people is one of the biggest health risks facing Australia. **"Social isolation is equivalent to the health effects of smoking 15 cigarettes a day or consuming more than six alcoholic drinks daily"**[3]

> The consequences to health of experiencing loneliness for older people... *are dramatic, as feeling isolated from others can disrupt sleep, elevate blood pressure, increase morning rises in the stress hormone cortisol, alter gene expression in immune cells, increase depression and lower overall subjective wellbeing.'*
> *Research by Cacioppo and his colleagues has identified three core dimensions to healthy relationships: intimate connectedness, which comes from having someone in your life you feel affirms who you are; relational connectedness, which comes from having face-to-face contacts that are mutually rewarding; and collective connectedness, which comes from feeling that you're part of a group or collective beyond individual existence -* [4]

The challenges associated with reducing loneliness for individuals as cited in the *Campaign to end Loneliness*, Age UK can be summarised as:

1 **Reaching** lonely individuals
2 **Understanding** the nature of an individual's loneliness and developing a personalised response
3 **Supporting** lonely individuals to access appropriate services[5]

Age UK uses the term "foundation services" to identify the first steps in service provision to reduce loneliness, such as social groups and befriending schemes. However it is the "structural enablers", not the direct interventions such as clubs etc., but the mechanisms to

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[3] http://www.adelaide.edu.au/news/news46361.html

[4] American Association for the Advancement of Science 2014, *Loneliness is a major health risk for older adults*. Viewed 30 November 2015, http:// news.uchicago.edu/article/2014/02/16/aaas-2014-loneliness-major-health-risk-older-adults.
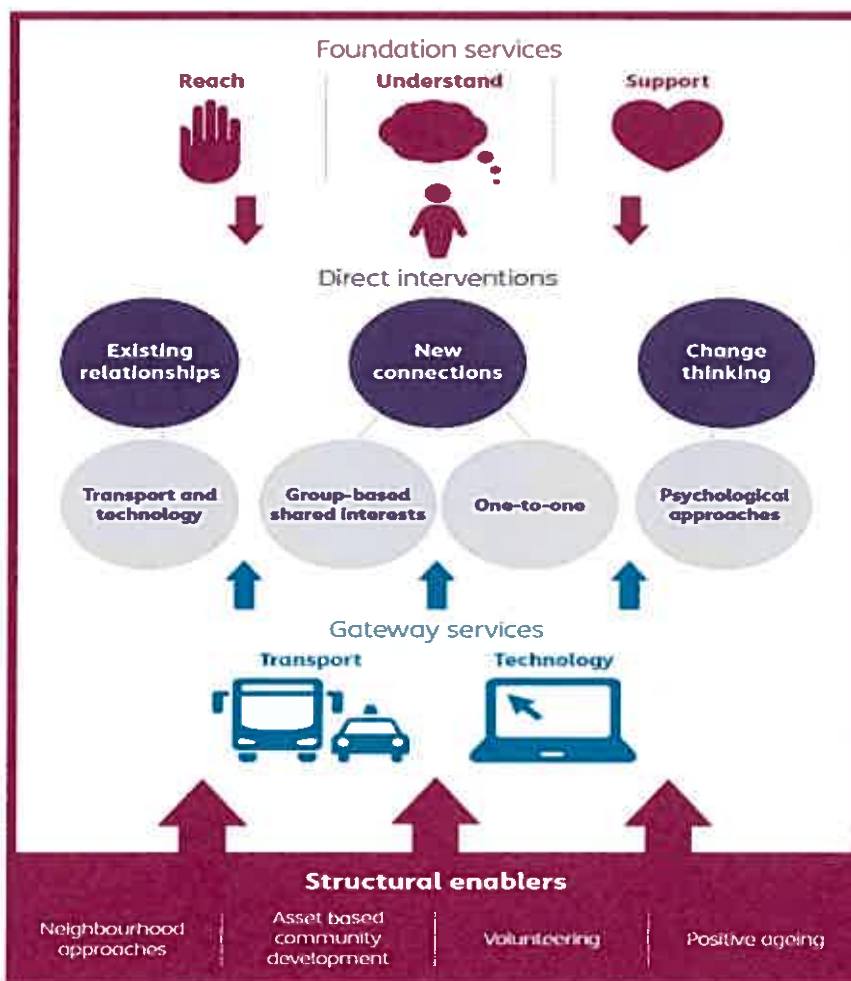[5] http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life-1.pdf

Advocare Inc. additional information to the WA Legislative Council Select Committee into Elder Abuse.　　　Prepared by Diedre Timms CEO Advocare.

create these interventions that are of significance and support the development of new structures within communities. Structural enablers include:

- *Neighbourhood approaches – working within the small localities with which individuals identify.*
- *Asset based community development (ABCD) – working with existing resources and capacities in the area to build something with the community.*
- *Volunteering – with volunteers working at the heart of services, wherever possible creating a 'virtuous circle of volunteering' whereby service users become volunteers.*
- *Positive ageing – approaches that start from a positive understanding of ageing and later life as a time of opportunity – including Age Friendly Cities, Dementia Friendly Communities, etc.[8]*

Further evidence indicates that communities needed to offer a menu of approaches, group based and one on one intervention to effectively reduce isolation.

Transport and technology were often identified as enablers for effective interventions to reduce isolation and loneliness and their absence often reduced interventions as ineffective.

[6] Pg 11 http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life-1.pdf

Advocare Inc. additional information to the WA Legislative Council Select Committee into Elder Abuse.   Prepared by Diedre Timms CEO Advocare.

Most effective interventions to reduce loneliness were not specific activities but services designed to address the key challenges for lonely individuals using a holistic and person centred approach. Loneliness is a highly individual experience affected by a range of compounding life challenges.

> *Actions that have been commonly found to successfully address social isolation among older people include access to health and aged care services, recreation, leisure activities,*

> *volunteering and life-long learning. Examples of successful approaches to address social isolation include mentoring, involving older people in service planning and design, and emphasising home care, ageing in place and good communication strategies.*
> *There is a longstanding correlation between old age and poverty in many developed nations around the world, including Australia. In later life people on a fixed income are particularly vulnerable to changes to their income situation.*
> *Many individuals receiving income support do not have substantial savings or other assets. The impact of this lack of discretionary spending is that a significant proportion of older people are excluded from fully participating in a social life due to limited financial resources, which can in turn lead to isolation and loneliness.*[Error! Bookmark not defined.]

The listening tour conducted by the Commissioner for Senior Victorians as part of the compilation of their evidence in the *Ageing is Everyone's Business* report indicated that as seniors age they want to have a meaningful role and continue to contribute to society. Many seniors referred to subtle age discrimination and the feeling that because they were getting older they had less to contribute.

Review of OPAN Elder Abuse Advocacy and Prevention programs – Attached

Summary of report:

Recommendation 1

It is recommended that the traditional pattern of resourcing by *both* Commonwealth and State/Territory governments continues to support the evolution of Australian elder abuse advocacy and prevention services. *(Section 1.3.4, page 28)*

Recommendation 2

It is recommended that the OPAN group source additional funding to support a national program of Elder Abuse Advocacy and Prevention. There is strong alignment for funding through the Department of Health, via NACAP, to address abuse experienced by older people who are current or potential consumers of aged care services, and through the Attorney-General's Department to address abuse experienced by older members of the wider Australian community. *(Section 2.2, page 44)*

Recommendation 3

It is recommended that in funding a national OPAN Elder Abuse Advocacy and Prevention program, the NACAP identify as an additional and priority special needs group, older people who are potential or existing aged care consumers and experiencing abuse. *(Section 2.2, page 44)*

Recommendation 4

It is recommended that OPAN members agree on the core features of a national elder abuse program model, the core skills and knowledge required for a nationally consistent training and professional development program for Advocates, and the partnerships that are essential to provide elder abuse advocacy and prevention. *(Section 2.2.1, page 46)*

Recommendation 5

It is recommended that a national OPAN Elder Abuse program include a core set of nationally consistent information and education resources, drawing from existing OPAN members' elder abuse resources and taking into account the development of the national elder abuse Knowledge Hub. The OPAN Elder Abuse Resource Centre should be located on the national OPAN website and one-off funding sought for its establishment. *(Section 2.2, page 47)*

Recommendation 6

It is recommended that a national OPAN Elder Abuse Advocacy and Prevention program include as part of its prevention activities, the provision of student education designed to build the capacity of future health and aged care (and other) workforces to recognise and address elder abuse. *(Section 2.4, page 51)*

Recommendation 7

It is recommended that a nationally consistent OPAN elder abuse dataset be developed, based on agreement by OPAN members about the information that should constitute a consistent core, and reflected in a template to support coherent collection and annual presentation of data. *(Section 2.5, page 52)*

Advocare Inc. additional information to the WA Legislative Council Select Committee into Elder Abuse. Prepared by Diedre Timms CEO Advocare.

<u>Recommendation 8</u>

It is recommended that OPAN members agree on a core set of outcomes that can be achieved by elder abuse advocacy services, and by prevention services, and develop a set of Key Performance Indicators that are linked to those outcomes and reflected in OPAN data collection. *(Section 2.5.2, page 58)*

<u>Recommendation 9</u>

It is recommended that OPAN members design a nationally consistent client feedback tool designed to yield information about the effectiveness of elder abuse service interventions from the perspective of the older person. Information from this feedback tool should be compared with outcomes-related data to determine service effectiveness and impact. *(Section 2.5.2, page 58)*

<u>Recommendation 10</u>

It is recommended that OPAN partner with Elder Abuse Action Australia and seek funding from the Attorney-General's Department and the Department of Health for a number of agreed pilots of best practice, and multidisciplinary and cross-sector models of elder abuse service provision, including prevention and early intervention approaches. *(Section 5, page 95)*

<u>Recommendation 11</u>

It is recommended that OPAN seek funding to support the employment of additional Advocates as part of a national OPAN Elder Abuse Advocacy and Prevention Program. As a guide, and to reflect jurisdictional differences, this should involve as a minimum, one FTE Advocate position in each smaller jurisdiction, and at least two FTE Advocate positions in each larger jurisdiction. *(Section 5, page 96)*

Page 15 correction:

Correction page 15: APIA is actually APEA (Alliance for the Prevention of Elder Abuse)

The CHAIRMAN: I think Advocare also chairs APIA?

Ms TIMMS: Yes.

The CHAIRMAN: Has that conversation come up in the APIA group?

Page 17 Advocare supplied a factual error, the funding from the Department of Communities for the Elder Abuse Help line is $90,000 per annum not $125,000 and it is until December 31st 2018

Page 18 Advocare will advise the committee when the education session are scheduled the new Elder Abuse Protocols.

Pge 23 Assets for Care publication. Advocare does not have the resources to produce this document at this time. We will inform the committee should the circumstances change.

6

REVIEW OF OPAN ELDER ABUSE ADVOCACY AND PREVENTION PROGRAMS: FINAL REPORT

NOVEMBER 17TH 2017

PREPARED BY

DR KATE BARNETT
STAND OUT REPORT

FOR THE **OLDER PERSONS ADVOCACY NETWORK LTD (OPAN)**

STAND OUT
REPORT

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ACRONYMS

ADACAS	ACT DISABILITY AGED AND CARER ADVOCACY SERVICES
ADAA	AGED AND DISABILITY ADVOCACY AUSTRALIA (QUEENSLAND)
ALRC	AUSTRALIAN LAW REFORM COMMISSION
ANPEA	AUSTRALIAN NETWORK FOR THE PREVENTION OF ELDER ABUSE
APEA	ALLIANCE FOR THE PREVENTION OF ELDER ABUSE
APP	ABUSE PREVENTION PROGRAM (SOUTH AUSTRALIA)
ARAS	AGED RIGHTS ADVOCACY SERVICE (SOUTH AUSTRALIA)
ATI	ADVOCACY TASMANIA INC
CALD	CULTURALLY AND LINGUISTICALLY DIVERSE
CCNT	CATHOLICCARE NORTHERN TERRITORY
CHSP	COMMONWEALTH HOME SUPPORT PROGRAM
EAAA	ELDER ABUSE ACTION AUSTRALIA
ERA	ELDER RIGHTS ADVOCACY (VICTORIA)
INPEA	INTERNATIONAL NETWORK FOR THE PREVENTION OF ELDER ABUSE
LGBTI	LESBIAN GAY BISEXUAL TRANSEXUAL AND INTERSEXUAL
MOU	MEMORANDUM OF UNDERSTANDING
NACAP	NATIONAL AGED CARE ADVOCACY PROGRAM
NACLC	NATIONAL ASSOCIATION OF COMMUNITY LEGAL CENTRES
NEAPHUB	NATIONAL ELDER ABUSE PREVENTION HUB
OPAN	OLDER PERSONS ADVOCACY NETWORK
OPLS	OLDER PERSONS' LEGAL SERVICE
SDRS	SENIORS AND DISABILITY RIGHTS SERVICE (NORTHERN TERRITORY)
SLASS	SENIORS LEGAL AND SUPPORT SERVICE
SRS	SENIORS RIGHTS SERVICE (NEW SOUTH WALES)
WEAAD	WORLD ELDER ABUSE AWARENESS DAY

EXECUTIVE SUMMARY

REVIEW CONTEXT AND METHOD

The Older Persons Advocacy Network (OPAN) receives funding from the Commonwealth Department of Health to deliver the National Aged Care Advocacy Program (NACAP) through nine state and territory based member organisations - one in each State and the ACT and two in the Northern Territory.

The NACAP funds rights-based advocacy services that are designed to ensure that current and potential aged care consumers understand and can exercise their rights and participate wherever possible in decisions made regarding their care. Services support older people and their representatives to articulate and address issues associated with accessing and using Commonwealth funded aged care services. The program also funds the provision of free **information, and education** sessions to consumers and potential consumers of Commonwealth funded aged care services, and their families, carers or representatives, and to aged care service providers.

A review of Commonwealth aged care advocacy services (DSS 2015) identified widespread support for a single *National Aged Care Advocacy Framework* to ensure national consistency of services, and for combining advocacy services delivered through NACAP and the Commonwealth Home Support Program (CHSP) into an "integrated, end-to-end program". The Commonwealth Government accepted these recommended directions, replacing the previous NACAP model which funded each state/territory office individually with a single program and framework, providing advocacy for consumers in both residential and community aged care programs. In February 2017 the Government released an updated draft Advocacy Framework and called for tenders to deliver the new NACAP.

The nine OPAN member organisations signed a Memorandum of Understanding in August 2016 to formalise their network and strengthen cooperation between their services. They also formed a not for profit company limited by guarantee and positioned themselves to tender successfully for the new NACAP. From 1/7/17 to 30/6/20, OPAN is receiving up to $25.7 million to deliver the program as a single national provider under the new Framework.

During development of the draft Framework, a number of areas were excluded from the NACAP service delivery model including 'elder abuse'. OPAN members expressed concern about its omission as this appeared to be contrary to the *Charters of Recipients Rights and Responsibilities* which provide for the right to live free from abuse and exploitation. It was also evident that OPAN member organisations have for some time been addressing elder abuse issues through CHSP or other funded advocacy and prevention work.

OPAN commissioned this independent review of the work of OPAN members in elder abuse with a view to informing future elder abuse advocacy, education and information, including through a national approach. The **Scope of the Review** was determined as involving:

⇨ Documentation of current practice in elder abuse advocacy services by OPAN members.

⇨ An analysis of Elder Abuse Advocacy models used by Aged Rights Advocacy Service (ARAS) in South Australia and Advocare Inc. in Western Australia including:

- Achievements and constraints of the current programs;
- Balance of investment across program outputs;
- Documenting relevant core skill sets for this work;
- Current and future data collection practices;
- Opportunities and options for improvement.

⇨ Evidence of the effectiveness of selected elder abuse prevention programs across Australia and internationally from published and grey literature.

⇨ A high level summary of where OPAN elder abuse advocacy fits within the national context.

⇨ Based on models and findings, provision of indicative options and resourcing for a national model of elder abuse advocacy.

An overarching Framework was developed to guide the review. This was structured around a *Program Logic* approach. A copy of the Framework is provided in **Appendix III.** The Review has had a relatively short timeframe of seven weeks and the methodology was structured accordingly, involving these main components:

1) A focused review of research on elder abuse studies, in particular any with findings on the effectiveness of interventions that address or prevent elder abuse.

2) A review of OPAN organisations' documentation (such as Annual Reports, service data) and of the key findings of major Inquiries, such as the Australian Law Reform Commission and State or Territory Parliamentary Inquiries into Elder Abuse and submissions from OPAN members to those Inquiries.

3) Structured interviews with OPAN CEOs and staff designed to document current practice in relation to elder abuse. *See **Appendix 1** for details of the people interviewed.*

4) Detailed case studies analysing the models of ARAS and Advocare which each have been providing a specific elder abuse program for some time.

5) Analysis of the wider elder abuse service landscape in Australia and OPAN's place in that landscape, based on the review of documentation (described above) and structured interviews with managers of leading elder abuse services in the human services and community legal services sectors. *See **Appendix 1** for details of the people interviewed*.

6) Analysis of all findings against key review requirements.

7) Reporting of findings.

A NATIONAL APPROACH TO ADDRESSING ELDER ABUSE

Evaluation of OPAN's existing advocacy, education and information regarding elder abuse, informing planning for its future work on this issue, and whether or not a national approach is required, is occurring at a critical time.

Awareness is growing of elder abuse as an issue of concern characterised by significant unmet need in service provision. Parliamentary Inquiries have been held in multiple jurisdictions over the past decade, and most recently, the Australian Law Reform Commission's Inquiry, which reported on UN World Elder Abuse Day, 15/6/17, have added to that awareness. The report recommended that a comprehensive *National Plan on Elder Abuse* be developed, based on a national policy framework, in order to support 'integrated planning and policy development' (ALRC 2017: 21). This recommendation addresses two issues – the substantial gap between need for and supply of elder abuse-specific services, and the need for a coordinated national strategy to overcome the currently fragmented response. It also made recommendations focused on the aged care sector, including to address inadequacies in current responses to identified elder abuse, and legislative provisions for this.

Given the increasing importance of older people's rights in a reformed aged care system that is designed around consumer choice and control, together with our growing understanding of the prevalence of elder abuse, it is critical that this is recognised as a specific and essential role of OPAN services, reflected in the *National Aged Care Advocacy Framework*, and delineated as a specific component of the NACAP. Older people experiencing abuse should be identified as an additional special needs group, and given priority within OPAN services.

In addition to these drivers, the recommendations of the Australian Law Reform Commission regarding abuse in the aged care sector create further impetus for OPAN to be positioned to better address elder abuse as it relates to their target consumer group and aged care providers. As the specialist group in this area, OPAN can provide leadership for the wider aged care sector in addressing the reforms recommended by the Commission, and beyond the aged care sector, leadership in supporting older people and their significant others.

The Commonwealth Attorney-General has acknowledged the ALRC's recommendations by recently committing resources that can be expected to make a significant contribution to quantifying the prevalence of elder abuse, increasing the evidence base for responding to elder abuse, coordinating efforts across sectors and jurisdictions, and continuing to raise public and professional awareness. On October 1st 2017 (International Day of Older Persons), the Attorney General announced the provision of funding of $250,000 over two years to establish Australia's first national elder abuse peak body - **Elder Abuse Action Australia (EAAA) –** whose roles include providing a national voice for elder abuse; improving the coordination of responses to elder abuse across Australia; fostering collaboration and the sharing of information to facilitate learning and innovation (including by supporting the Knowledge Hub); and providing policy expertise to governments.

OPAN members Advocare, ARAS and the SRS have all played a key role in the development of this group and continue to be represented on EAAA, establishing from the outset a foundation for collaboration with OPAN that is based on strong existing working relationships. The now recognised need for a national approach to addressing elder abuse extends to the OPAN group whose members have built significant expertise in providing elder abuse advocacy and prevention services, the result mainly of different State/Territory government funding programs over the years.

The review has concluded that there are a number of drivers for a national approach to elder abuse that exist beyond the OPAN group, but which influence its current and future directions. These drivers are supportive of a national OPAN approach to addressing elder abuse. It is both timely and appropriate for such an approach, but requires specific funding - see **Recommendations 2, 3 and 11.**

There are practical and resource-based justifications for OPAN to deliver a national elder abuse program as a specific additional component integrated with its NACAP role. A national approach to OPAN elder abuse prevention and advocacy brings opportunities to leverage from multiple sources of expertise and resources within the OPAN group, and from the partnerships and alliances each OPAN member has formed outside of OPAN. Feedback provided to the evaluator indicates that OPAN members are increasingly working in ways to maximise resource usage and leverage from their collective expertise, and that this trend is expected to grow over time.

A national OPAN Elder Abuse Advocacy and Prevention program would also allow for economies of scale in addressing elder abuse and its prevention – for example, small and large states could collaborate across jurisdictional boundaries to better manage challenges associated with large and small populations and distances involved in travelling. It would also enable sharing of common inputs required for elder abuse service provision – in particular, staff training and development, information and education resource development, elder abuse awareness raising and promotion. A national approach could be developed quickly given the processes already in place to operate as a national program, and existing national level collaborations such as the national elder abuse conference and WEAAD events.

THE ELDER ABUSE SERVICE LANDSCAPE

OPAN has a specific and recognised place in the broader elder abuse service landscape which acknowledges its members' expertise in working with older people and their supporters, as well as with service providers - particularly in the aged care, health and community legal services sector. OPAN organisations work with older people in a variety of contexts, not only as consumers of aged care services (based on their NACAP funding) but more broadly with older people in the community setting (with funding from other sources). A summary of the elder abuse service landscape in Australia is provided in *Table 2, Section 1.3.2* which depicts the agencies involved, including OPAN members, by their involvement in five core elder abuse service types (advocacy, information, education, Helplines and legal services).

Although the past decade or so has seen shared national effort among providers of elder abuse-related services in Australia, some of this collaboration is less visible because it is based on individual interactions that occur in a largely *ad hoc* manner. There are several structures and collaborative activities which have supported visible information exchange and other forms of communication, and which have been prominent in supporting a national focus on elder abuse – the **Older Persons Advocacy Network** (OPAN), the **Older Persons' Legal Service network** (OPLS); and the **Australian Network for the Prevention of Elder Abuse** (ANPEA) – although ANPEA has not provided an elder abuse response service like OPAN and OPLS.

⇨ ANPEA members include some from the OPAN group, and it provides the Australian representative for the *International Network for the Prevention of Elder Abuse (INPEA)*. INPEA has consultative status with the United Nations Department of Economic and Social Affairs and launched the First **World Elder Abuse Awareness Day (WEAAD)** on 15 June 2006. WEAAD has become a key source of national activity in the elder abuse field. The recently announced **Elder Abuse Action Australia** is likely to become the other significant player in this landscape.

⇨ The (OPLS) is a national network of legal services that advocates for the rights and interests of older Australians and is one of several networks that sit under the umbrella of the National Association of Community Legal Centres (NACLC) - the peak national organisation representing community legal centres (CLCs) in Australia. OPAN organisations work closely with these services, are sometimes co-located with them, and/or have developed formal partnerships with them, and some are CLCs.

⇨ The Seniors Legal and Support Service (SLASS) program is a Queensland initiative that currently supports legal services for older people in five locations, with more planned. Currently these are based in Brisbane, Cairns, Hervey Bay, Toowoomba and Townsville.

There are a number of services providing different combinations of services to older people experiencing abuse. These tend to fall across two sectors – human services and legal services, the latter including specialist services for older people, and typically provided by community legal centres. All of these services, in both sectors, share a commitment to upholding the rights of older people and more broadly, social justice, with core services involving (i) advocacy, (ii) information, (iii) education (to older people, service providers and the broader community) and (iv) legal services. The fifth type of service involves Helplines, usually badged with the identifying term 'elder abuse', and providing information, advice and linkage to services. These are discussed further in *Section 1.3.4.* Two OPAN agencies are structured as a single organisation providing elder abuse services both as part of a legal service, *and* as part of a human services agency (Seniors Rights Service NSW, and Seniors Disability Rights Service NT).

A number of activities and initiatives support a national approach to elder abuse - in particular, the series of **National Elder Abuse Conferences** which have provided an Australia-wide focus on elder abuse as well as a mechanism for national networking. The first Conference was held in 2012 (Brisbane), and the fifth will be held in Sydney in 2018. OPAN members have been actively engaged in the design and delivery of these Conferences. The 2013 Conference initiated the

implementation of a series of **National Annual Reports** on elder abuse. These have involved collecting from each jurisdiction data on prevalence and type of elder abuse and releasing the report to Members of Parliament and the media. Reports have been provided annually since 2013-14, coordinated by Advocare (without resourcing to do so) and will now become the responsibility of OPAN (but without dedicated resourcing for this). The reports have generated significant media response and have played a valuable role in raising awareness nationally and at State level. Like the Conferences, there is now an expectation from their target audiences that they will continue to be provided, which in turn is important in building a national profile for elder abuse-focused service agencies.

THE ROLE OF STATE AND TERRITORY GOVERNMENTS IN ADDRESSING ELDER ABUSE

State and Territory governments have played a critical role in building the capacity of OPAN organisations to address elder abuse. Apart from the funding of Elder Abuse Helplines in all jurisdictions, a number of elder abuse policy and program initiatives have provided –

a) funding for services that support older people experiencing abuse (including specialist legal services for older people, as well as human service programs); and

b) frameworks designed to address elder abuse at systemic levels.

The participation of OPAN members in the development of these strategies, in delivering services, and collaborating across government with key agencies involved in addressing elder abuse, has significantly enhanced their individual and collective capital in this specialist field. Importantly, the separate funding streams provided have enabled most to leverage and combine resources, creating significant efficiencies in the process.

The two OPAN organisations with the longest standing profile as elder abuse specialists are ARAS and Advocare, and in both cases, this has been the result of ongoing State government funding supporting the employment of additional Advocates, the development of information and educational resources, and the provision of advocacy and prevention services. Case studies of both are provided in *Sections 3 and 4.* In October 2017, the Northern Territory government provided funding for twelve months for a specific elder abuse prevention program.

With the exception of Victoria, where funding is being provided to Seniors Rights Victoria, **OPAN organisations are recognised as key players in delivering State and Territory government policy and program initiatives that address elder abuse at *both* systemic and individual levels.**

It is the experience of OPAN members that this historic pattern of a combination of funding from both Commonwealth and State/Territory governments has worked well and should be continued. Together the resourcing that has been provided has supported a degree of national consistency and cross-jurisdictional collaboration while allowing for local, regional and State/Territory needs to be addressed. **See Recommendation 1.**

DEMAND FOR ELDER ABUSE SERVICES

The Australian Law Reform Commission, multiple Parliamentary Inquiries into elder abuse, and researchers consistently point to a lack of reliable data capturing the prevalence of abuse in the older population. Estimated rates are placed at between **2% and 10%,** with neglect possibly occurring at higher rates (Lacey et al 2017; Kaspiew et al 2016 citing multiple researchers).

In part, reliability is compromised by lack of agreed and common definitions of elder abuse, but under-reporting is also known to be significant. Elder abuse usually occurs within families, is often intergenerational (for example, with adult children as the perpetrators), and is an acknowledged form of family violence, which is also under-reported (Kaspiew et al 2016:11).

> Where they were able to estimate, OPAN organisations consider that elder abuse activities involve **between 10 and 15 per cent** of overall time and resources (excluding State and Territory government funded Elder Abuse Help Line services and the ARAS and Advocare dedicated elder abuse services). Two of the ARAS advocacy programs (the Residential Aged Care Advocacy Program and the Retirement Villages Advocacy Program collect data on elder abuse and in 2016-17, this represented some **15 per cent** of the former program's total advocacy cases and **9.6%** of the advocacy cases of the latter – see *Sections 3.3.1* and *3.3.2.*

An indication of demand can be gathered from the data collections of individual OPAN members, particularly South Australia and Western Australia (demand-related information is summarised below). In addition, since 2013-14, Advocare Inc. has collated data from key services supporting older people experiencing abuse (both within and external to the OPAN group), and provided a National Annual Report. In the 2015-16 Annual Report, **19,127** clients were identified as having been assisted with elder abuse issues, with an upward trend in numbers being reported over time (Advocare 2017).

SOUTH AUSTRALIAN DATA

In the financial year 2016-2017, the three Advocates from ARAS' *Abuse Prevention Program (APP)* assisted at total of **687** consumers, involving *742.25 hours* of staff time and *27.6 hours* of staff travel time. *The main types of abuse, and the relationship between the older person being abused and their alleged abuser are provided in the comparative ARAS and Advocare data tables below.*

⇨ The most common **referral source** was a family member (144), followed by service providers (114), health professionals (74) and self-referral (54).

⇨ The most **common place of residence** was the older person's own home (424 people) or a home they were renting (86 people). The home of the family caregiver was the next most

common place of residence (47), followed by a retirement village (21) or an aged care home while receiving respite services (12).

⇨ APP consumers who were identified with **special needs** involved these groups: People living with Dementia (127); Culturally and Linguistically Diverse (CALD) background people (118); Financially or socially disadvantaged people (90); People living with a disability (71); and Aboriginal and Torres Strait Islander people (19).

⇨ The most commonly identified **risk factors** were associated with family conflict (419), followed by lack of information (349) and a mental health issue (321). Other common risk factors were isolation (266), psychological dependence (238), financial stress (234), physical dependence (232), lack of appropriate services (198), living with the abuser (176), cognitive impairment (176), and physical illness (171).

Demand can also be ascertained from two other ARAS advocacy programs:

A. The ARAS *Residential Care Advocacy Program* began in 1997 with funding from the Australian Government that is now provided through NACAP. It currently has 2 FTE and 1 part-time Residential Care Advocates, and 1 FTE Retirement Villages Advocate, funded by the SA Office for the Ageing.

⇨ In 2016-17, ARAS responded to **64** cases involving abuse of older people living in residential aged care, and **155** contacts were made in relation to those 64 cases. The three most common forms of abuse associated with these 64 cases were financial (35%) of which 65% related to misuse of a Power of Attorney, psychological (28%) and physical (21%).

⇨ **Approximately 15% of all complaints or concerns brought to this Program related to some form of elder abuse.**

⇨ **35%** of all cases required some type of direct representation with service providers to address issues relating to the abuse of a resident.

B. In the same year, the *ARAS Retirement Village Advocacy Program* worked with **22** cases of elder abuse, representing **9.6%** of all of its advocacy work. The two most common forms of abuse were psychological (involved in almost every case) followed by financial.

WESTERN AUSTRALIAN DATA

Advocare has a defined *Elder Abuse Prevention Program* for which it has received WA Government funding for some time. Unlike ARAS, the Advocare program is embedded in its overall advocacy work with older people, and its Advocates all provide elder abuse advocacy and support. The ARAS program has three Advocates allocated to it, but all of its Advocates provide elder-specific services.

In the financial year 2016-2017, Advocare provided advocacy support to **86** older people experiencing abuse. This involved 647 hours of staff time, and an *average of 7.5 hours per client*. A total of **1,219** people were assisted with elder abuse issues (but without advocacy support).

COMPARATIVE SOUTH AUSTRALIAN AND WESTERN AUSTRALIAN DATA

It is possible to compare data collected by ARAS and Advocare, relating to types of abuse and to the relationship between the older person and their alleged abuser. This information is summarised in the two tables below.

In relation to type of abuse, it can be seen that the most common involve psychological and financial abuse, followed by social abuse, physical abuse and neglect.

TYPES OF ELDER ABUSE, ARAS AND ADVOCARE DATA, 2016-17

Type of abuse	Number, ARAS	Number, Advocare
Psychological or emotional	611	285
Financial	389	297
Social	103	114
Physical	73	84
Neglect	136	82
Sexual	6	5
Misuse of Power of Attorney	33	n.a
Substance abuse	8	n.a

It is clear that family members are the prime source of elder abuse cases reported to ARAS and Advocare, with adult sons and daughters being the most frequently identified.

RELATIONSHIP BETWEEN OLDER PERSON AND ALLEGED ABUSER, ARAS AND ADVOCARE DATA, 2016-17

Relationship to older person being abused	Number, ARAS	Number, Advocare
Son	186	200
Daughter	184	163
Spouse/Partner	69	71
Separated Spouse/Partner	4	n/a
Grandchild	39	35
Carer	n/a	27
Carer – unpaid, informal	6	
Carer – registered with Centrelink	2	
Carer – paid privately by consumer	1	
Friend/neighbour	34	21

Relationship to older person being abused	Number, ARAS	Number, Advocare
Daughter in Law	24	17
Son in Law	22	17
Sibling	21	14
Niece/Nephew	10	13
Stepdaughter/Stepson	14	8
Parent	n/a	0
Other	32	59
Other family	22	n/a
Multiple family members	14	n/a
Adopted children	13	n/a
Brother	12	n/a
Sister	10	n/a
Private business	2	n/a
Worker – staff or volunteer	2	n/a

Data associated with **Elder Abuse Helplines** also provide an estimation of demand, at least for information and advice, with some of these calls resulting in referral for services. Four of these Helplines are operated by OPAN members– SDRS in the NT, ARAS in SA, Advocacy Tasmania and Advocare in WA.

Annual calls involve ACT (125); NSW (2,182), NT (40), Queensland (1,529), SA (241), Tasmania (116), Victoria (2,436) and WA (570).

EFFECTIVE ELDER ABUSE SERVICE INTERVENTIONS

The literature review undertaken as part of this review found agreement across all systematic reviews identified that there are few high quality original studies on which to base recommendations for service design, and that the evidence base for effective elder abuse interventions is sparse and limited with few rigorous evaluations of interventions (Joosten et al 2017; Kaspiew et al 2016; Baker et al 2016; O'Donnell et al 2015; Daly et al 2011; Ploeg et al 2009).

A large systematic Australian review found that there has been very little research done into whether public education and awareness-raising aimed at older people is an effective intervention or prevention measure for elder abuse (Joosten et al 2017: 32). However, data from ARAS and Advocare link specific awareness-raising and information activities with increased and significant demand for elder abuse-related services. ARAS identified a **53% increase** in elder abuse clients compared with the average over the three preceding financial years, and an **82% increase** in participant numbers in education sessions. Similarly, Advocare's data illustrate a direct correlation between specific information and awareness raising initiatives (for example, WEAAD events, newspaper articles, and radio discussions) and subsequent spikes in the number of calls compared with the previous two years.

Nevertheless, the following conclusions can be drawn from these systematic review findings:

- There is evidence that a **multidisciplinary** approach, *including combining advocacy support with legal services,* and multidisciplinary assessment, is effective in addressing the complexity characterizing most elder abuse cases (Joosten et al 2017; Kaspiew et al 2016, citing WHO research). (However, this involves multiple interventions with a variety of disciplines and services, which makes it challenging to compare the effectiveness of specific interventions.)

- The strongest evidence for interventions focused on the older person is associated with the provision of *psychological and social support.*

- Education and support services *may* improve older people's knowledge and rates of reporting abuse, but this does not necessarily lead to behavioural change.

- Education of health and aged care providers *may* improve their ability to detect resident-to-resident abuse (Baker et al 2016, based on a Cochrane review of interventions).

- To be successful, interventions need to take an **individualised, tailored approach that targets particular risk factors as well as the specific form of abuse experienced by the older person** (O'Donnell et al 2015. National Centre for the Protection of Older People in Ireland).

DOCUMENTATION OF CURRENT PRACTICE IN ELDER ABUSE ADVOCACY SERVICES BY OPAN MEMBERS

Section 2 provides an overview of current practice, showing that the majority of OPAN members are providing elder abuse advocacy and prevention services as part of their wider advocacy role but without specific funding to support this. They do not receive Commonwealth Government funding to provide a specific elder abuse program and therefore do not have to report specifically about abuse of older people. The only exceptions are Advocare and ARAS, and since October 2017, the SDRS in the Northern Territory. Nevertheless, analysis of data collections shows that some of the other OPAN members choose to provide this information (see *Section 2.5*).

Two OPAN organisations receive State government funding to provide specific advocacy programs for older people who live in **Retirement Villages** (Seniors Rights Service NSW and ARAS in SA) and in the process, have identified elder abuse (usually financial and psychological) as an important part of their advocacy role. **This would appear to be an area of unmet demand across the OPAN group.**

Two OPAN members (SRS in NSW and SDRS in the NT) are part of, and/or co-located with a **community legal centre** and have highlighted to the reviewer the advantages this brings in terms of seamless service provision across both the human services (including aged care) and legal services sectors. The shared underpinning rights-based philosophy between community legal centres and OPAN organisations is advantageous to these partnerships – and to collaborations between both that are not based on a joint delivery model. Other OPAN organisations have developed MOUs with community legal services and all work closely with them and others in the legal sector (for example, as part of cross sector networks designed to

address elder abuse at the systemic level). Given the research evidence on the effectiveness of multidisciplinary models, including those spanning human services and legal services sectors, it would be useful for OPAN to consider applying this approach nationally – either through joint structures or through partnerships formalised with a Memorandum of Understanding.

Four OPAN organisations (ADACAS, ADAA, Advocacy Tasmania, and SDRS) also specialise in advocacy for people with disabilities, building on a long history of work in this area, and receive funding from the National Disability Advocacy Program (NDAP) and/or from State and Territory disability programs. The implementation of the NDIS has brought a growth in opportunities for expanding work in this area, and there are clear synergies with advocacy for older people.

Commonalities across the OPAN group

The review has identified a number of **commonalities** in OPAN organisations' response to elder abuse, despite variations in service models, local conditions and individual organisational structure. They each have some 25 years' experience in providing advocacy, providing a valuable collective intellectual capital resource in addressing elder abuse. All operate with an underpinning rights-based philosophy and associated core values, which provides the foundation on which services are designed and delivered. This is highly appropriate for providing elder abuse services. The WHO definition of elder abuse *appears* to be commonly applied by OPAN organisations but without having been adopted in any formalised manner.

Across the OPAN group, elder abuse is being addressed through five core activities:

1. Advocacy services that support individual older people who are consumers or potential consumers of aged care services (and with State or Territory government funding, all older people regardless of aged care service usage).

2. Information services to older people, their significant others or representatives, to service providers (within the aged care system and in other sectors, particularly health and legal).

3. Education services to older people, their supporters or representatives, to service providers (within the aged care system and in other sectors, particularly health and legal), and to the wider community.

4. Linking and referring older people to other services to assist in addressing abuse.

5. Collaboration with other key agencies and with government to address elder abuse at the systemic level.

Activities 2, 3 and 5 are associated with the *prevention* of elder abuse but also play a key role in a *continuum* of intervention strategies. Across the OPAN group there is significant commonality in the choice of methods.

Service models

ARAS (SA) and the SDRS (NT) are the only OPAN organisations with elder abuse specialist Advocates working within a specific elder abuse focused program. That said, all ARAS Advocates provide elder abuse advocacy and prevention (and this is quantified in their dataset) and this is considered to be an important risk management strategy as it reduces reliance on a few team

members while building capacity for all Advocates to recognise and respond to the abuse of older people.

The ability to structure teams into specialist groups also requires a certain staff size – the smaller the service, the less it is possible to structure along specialist lines. Feedback from OPAN members has also identified the importance of specialisation to work effectively as Advocates for special needs groups. Within all OPAN services there are specialisations that arise from individual staff background and experience, and from the strategic alliances developed with organisations because of their expertise. This is particularly evident in relation to special needs groups, notably those working with Aboriginal and Torres Strait Islander people, LGBTI people and people from CALD backgrounds. Finally, service design can reflect the priorities of the funding body, for example, in funding Aboriginal Advocacy programs within Advocare and ARAS.

Key lessons from the years of experience developed by ARAS and Advocare relate to intake processes, training and staff development. Ongoing education is critical to ensure that all Advocates are able to provide advocacy support for older people experiencing abuse, and have the knowledge and working relationships with other key services to ensure that its multiple facets are addressed. Education must include frontline staff with an intake role, who play an important role in triage as the first point of contact with a service. Advocare Advocates all have four hour shifts where they are responsible for intake, while ARAS is considering appointing an intake officer, having recently completed a trial of this strategy. **Ideally, all teams should include some specialisation but the lesson from across OPAN organisations is that this knowledge should be shared and developed with all Advocates in a service.**

Therefore, designing a service model for a national OPAN Elder Abuse Advocacy and Prevention program should not involve a 'one-size-fits-all' approach as this would work against significant local, regional and state/territory differences (such as, population size, geographical size and population dispersion, proportion of specific special needs groups). Instead, OPAN members should identify core features that all agree are essential, leaving scope for tailoring to address differences within jurisdictions.

The OPAN group will also need to agree on the **core skills and knowledge** sought in a national elder abuse program. Those identified in this review were applicable to general advocacy work, with specification relating to areas of knowledge that concern elder abuse:

- ✓ interpersonal and communication skills, particularly listening and empathy;
- ✓ time management skills (because demand levels are described as constantly exceeding resources);
- ✓ the ability to work effectively with other services and to build strong working relationships that support referral, joint service provision and follow-up of clients;
- ✓ knowledge of key services that will be involved in addressing elder abuse;
- ✓ practical skills including timeliness, data collection, record keeping and resource management;
- ✓ presentation skills, particularly for those with an education role, and associated with this role, an understanding of adult learning principles;

✓ a skill set and associated understanding of the Guardianship and protective systems (eg Enduring Power of Attorney) that are put in place to protect older people, but are often used as the vehicles to perpetrate abuse, particularly financial abuse; and

✓ knowledge specifically associated with being an advocate and the boundaries involved with this role, including a degree of understanding of the law, particularly as it relates to human rights.

In developing a national approach to elder abuse service provision, it would be useful for OPAN members to also agree on a core set of skills and knowledge that would structure a shared program of elder abuse advocacy training and development. This could achieve important resource efficiencies, and would enable members to pool their collective expertise to produce a best practice program, updating this as needed – see **Recommendation 4.**

Elder Abuse information and education resources

Across the OPAN group, and particularly in relation to services that have specific elder abuse programs in place, there is a significant collection of resources that have been developed separately over time. A national Elder Abuse Advocacy and Prevention program would draw on these resources, and it will be important to establish a mechanism whereby future resource development can be shared wherever possible, to avoid duplication of effort and maximise resource usage.

One strategy to consider would be creating an **Elder Abuse Resource Centre** on the national OPAN website, recognising that this would require initial resourcing and then a small ongoing investment for updating. Significant progress has been made by ARAS, on behalf of a number of elder abuse agencies, in developing a resource hub – the *National Elder Abuse Prevention Hub* (ARAS 2015). The NEAPHUB was developed to provide a national focal point for elder abuse prevention resources, and was one response to a strongly supported move to develop a national approach to elder abuse. Advocare has also developed the *Elder Abuse Community* website to share elder abuse resources, news and discuss elder abuse. The OPAN group will also need to consider the recently announced funding from the Attorney-General to support an Elder Abuse *Knowledge Hub* (described in *Section 1,* this will be an 'online gateway' raising awareness and providing information and training materials for the general public and professionals).

The OPAN Elder Abuse Resource Centre would be tailored to the needs of OPAN members to avoid duplicating efforts in the broader elder abuse field, but it can, and should, build from the significant amount of work that has been undertaken to date in developing the NEAPHUB and the Elder Abuse Community site, and the work that will be involved in developing the national elder abuse Knowledge Hub. **It will be critical to avoid duplication and to leverage from existing and planned initiatives.** See **Recommendation 5.**

Partnerships and working relationships

NACAP Guidelines stipulate that OPAN organisations are required to have effective and active networks and linkages with a number of identified agencies and services in order to support access and referrals to services that address advocacy needs for aged care consumers.

The review has identified through structured interviews with OPAN members, the key networks and service collaborations in which they are involved. These are mapped in *Table 8,* where it can be seen that all OPAN organisations are part of interagency networks. These bring multiple service providers together and form an effective and efficient way to ensure that they are known and recognisable, and that working relationships can be developed on behalf of consumers.

Systemic advocacy is enhanced through collaboration with State and Territory governments, particularly ageing and aged care policy units, and authorities with responsibility for protecting vulnerable people. Council on the Ageing (COTA) is also an important ally as will be Elder Abuse Action Australia (EAAA) once it is fully established. Collaboration with services specialising in working with special needs groups is also a key part of OPAN service linkage and development, with Aboriginal and Torres Strait Islander agencies being the most commonly nominated.

Four OPAN organisations have identified research collaborations (and there are probably more) while three are working with education providers to develop education programs on elder abuse for students in health sciences and aged care programs. Given the critical role of educating future health and aged care professionals who will require skills to work with an ageing population, the OPAN group could position itself to be a key provider of student education by contributing to the delivery of university and vocational education and training sector programs, and by hosting student placements. This would involve educating students about elder abuse, and developing their skills in advocacy and prevention, providing a further element to current OPAN prevention programs. Findings from the national evaluation of the short-lived but highly successful TRACS program (Teaching Research Aged Care Services)[1] reinforce the critical role to be played by the aged care sector in developing future health and aged care workforces and a considerable amount of material is available from the evaluation regarding the application of the TRACS model and lessons generated from the 16 project partnerships involved in the Program. This education could be extended to other professions, such as the banking, finance and legal services sectors. See **Recommendation 6.**

Elder abuse data collection

A critical component for a national OPAN Elder Abuse Advocacy and Prevention program will be a shared dataset, involving an agreed and consistent core set of data, and additional organisation-specific data as required. A nationally consistent dataset will make a positive contribution to broader national prevalence data collection, which is now receiving focused attention as a result of the Attorney-General's funding of prevalence research. At the time of writing, discussions were being held about the development of a national minimum data set with the involvement of the Attorney-General's Department. OPAN can and should be an important contributor to this ongoing research, but that is not possible without the development of its own nationally consistent data. **See Recommendation 7.**

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[1] Barnett K, Howard S & Moretti C (2015) *TRACS to the Future - National Evaluation of Teaching and Research Aged Care Service (TRACS) Models: Final Report*, presented to the Department of Social Services, Canberra. Available at https://agedcare.health.gov.au/tracs-to-the-future-national-evaluation-of-teaching-and-research-aged-care-services-tracs-models-final-report

There is a foundation of expertise in data collection within OPAN that can be drawn upon in designing a consistent dataset, but OPAN members (or a designated Working Group) will need to meet to identify its **core** elements. At a minimum, this will include reaching agreement about:

⇨ a shared definition of elder abuse;
⇨ the profiling of *both* older people and their alleged abusers;
⇨ the nature of their relationship;
⇨ the core demographic and other characteristics that need to be captured,
⇨ the risk factors to be documented; and
⇨ the type(s) of abuse.

In terms of *service provision,* agreement will be needed about:

⇨ what referral data should be documented (referrals to the OPAN service and from that service to other providers).
⇨ outcomes to be identified and documented (discussed further below).

Regarding *information and education*, agreement will be needed about what to document. *Table 9: Data Collected by Field of Enquiry and OPAN organisation* provides a comparison of the information being collected regarding elder abuse advocacy services. There are some areas of commonality, but the gaps are most apparent.

A national OPAN Elder Abuse Advocacy and Prevention program will ideally require reporting against both outputs and outcomes. OPAN organisations' data collection relating to elder abuse service provision (where it exists) is currently focused on input and output information and outcomes are not a feature, largely because of the challenges involved in capturing them. For example, the time involved in achieving behavioural changes will not necessarily be measured in a funding year, and the outcome of cessation of abusive behaviour may not be achievable in many instances, while reduction is likely to be a more realistic outcome. The complexity of elder abuse and the involvement of multiple players and services, many of which will not be within the influence of OPAN elder abuse services, also make outcomes very difficult to measure, and to achieve (as was identified in the literature review). That said, individual organisations in the OPAN group have begun to address the challenge of measuring outcomes, mainly through structured feedback with their clients.

It will be important for OPAN members to draw on their own experience and knowledge to determine a set of outcomes, and to rank them according to their potential achievability. From this a set of accompanying Key Performance Indicators (KPIs) can be developed and reporting can be structured against these. Once this is achieved, OPAN can then negotiate with funding bodies about reporting requirements. See **Recommendation 8.**

In the absence of **consistent** outcomes-related data, it is difficult to **measure** OPAN organisations' effectiveness in providing elder abuse advocacy and prevention. It would be useful, now that OPAN services are part of a single national program, for an agreed client feedback tool to be developed that is focused not only on satisfaction rates, but also on changes achieved for clients as a result of elder abuse service interventions. This would be administered as cases are closed, and at the 12 month point for those cases enduring for more than a year, and would

complement KPI-related outcomes data collected. Together, these will make it more possible to monitor the effectiveness and impact of elder abuse advocacy and prevention services. See **Recommendation 9.**

BUILDING NATIONAL CAPACITY

A further strategy to achieve greater resource sharing and building national capacity in relation to elder abuse lies in the pursuit of collaborative pilot projects, focused on areas identified as priorities for elder abuse service development. These collaborations could involve as few as two OPAN members, or all members, depending on the relevance of an issue to each member and their jurisdiction, or on existing expertise that can be further leveraged, for example, by applying a model that has worked well with one member organisation, and testing it in other locations. Examples could involve:

- Testing the ability to achieve economies of scale by sharing the delivery of a specific service, or an aspect of a program across jurisdictional boundaries that have common needs (such as, southern NSW and ACT, northern NSW and Queensland, the Top End of NT, Qld and WA; the SA APY Lands[2] and southern NT).

- Testing multi-service elder abuse models, the referral pathways required, the MOUs needed (for example, between OPLS and OPAN services) and the protocols that support these.

- Applying in multiple locations the highly successful intergenerational Mentoring Camps that are part of the building Respect strategy of the ARAS Aboriginal Advocacy Program (refer to the case study within the ARAS Case Study).

Given the funding announced by the Attorney-General towards the establishment of Elder Abuse Action Australia, as well as the other initiatives described in *Section 1* of this report, it would be strategic for OPAN to consider a number of partnered initiatives focused on building a national approach to elder abuse. This could include seeking funding from both the Attorney-General's and Health Departments for (a) a national Elder Abuse Advocacy and Prevention program (as per **Recommendation 2**); (b) for the development of the national elder abuse Knowledge Hub (funding OPAN for its contribution of resources to that Hub); and (c) for a range of innovative service models that involve partnerships between the human services and legal services sectors to address elder abuse. See **Recommendation 10.**

SUMMARY OF RECOMMENDATIONS

Recommendation 1

It is recommended that the traditional pattern of resourcing by *both* Commonwealth and State/Territory governments continues to support the evolution of Australian elder abuse advocacy and prevention services. *(Section 1.3.4, page 28)*

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[2] Anangu **Pitjantjatjara** Yankunytjatjara (APY) Lands, sometimes referred to as 'Pit Lands'

Recommendation 2

It is recommended that the OPAN group source additional funding to support a national program of Elder Abuse Advocacy and Prevention. There is strong alignment for funding through the Department of Health, via NACAP, to address abuse experienced by older people who are current or potential consumers of aged care services, and through the Attorney-General's Department to address abuse experienced by older members of the wider Australian community. *(Section 2.2, page 44)*

Recommendation 3

It is recommended that in funding a national OPAN Elder Abuse Advocacy and Prevention program, the NACAP identify as an additional and priority special needs group, older people who are potential or existing aged care consumers and experiencing abuse. *(Section 2.2, page 44)*

Recommendation 4

It is recommended that OPAN members agree on the core features of a national elder abuse program model, the core skills and knowledge required for a nationally consistent training and professional development program for Advocates, and the partnerships that are essential to provide elder abuse advocacy and prevention. *(Section 2.2.1, page 46)*

Recommendation 5

It is recommended that a national OPAN Elder Abuse program include a core set of nationally consistent information and education resources, drawing from existing OPAN members' elder abuse resources and taking into account the development of the national elder abuse Knowledge Hub. The OPAN Elder Abuse Resource Centre should be located on the national OPAN website and one-off funding sought for its establishment. *(Section 2.2, page 47)*

Recommendation 6

It is recommended that a national OPAN Elder Abuse Advocacy and Prevention program include as part of its prevention activities, the provision of student education designed to build the capacity of future health and aged care (and other) workforces to recognise and address elder abuse. *(Section 2.4, page 51)*

Recommendation 7

It is recommended that a nationally consistent OPAN elder abuse dataset be developed, based on agreement by OPAN members about the information that should constitute a consistent core, and reflected in a template to support coherent collection and annual presentation of data. *(Section 2.5, page 52)*

Recommendation 8

It is recommended that OPAN members agree on a core set of outcomes that can be achieved by elder abuse advocacy services, and by prevention services, and develop a set of Key Performance Indicators that are linked to those outcomes and reflected in OPAN data collection. *(Section 2.5.2, page 58)*

Recommendation 9

It is recommended that OPAN members design a nationally consistent client feedback tool designed to yield information about the effectiveness of elder abuse service interventions from the perspective of the older person. Information from this feedback tool should be compared with outcomes-related data to determine service effectiveness and impact. *(Section 2.5.2, page 58)*

Recommendation 10
It is recommended that OPAN partner with Elder Abuse Action Australia and seek funding from the Attorney-General's Department and the Department of Health for a number of agreed pilots of best practice, and multidisciplinary and cross-sector models of elder abuse service provision, including prevention and early intervention approaches. *(Section 5, page 95)*

Recommendation 11

It is recommended that OPAN seek funding to support the employment of additional Advocates as part of a national OPAN Elder Abuse Advocacy and Prevention Program. As a guide, and to reflect jurisdictional differences, this should involve as a minimum, one FTE Advocate position in each smaller jurisdiction, and at least two FTE Advocate positions in each larger jurisdiction. *(Section 5, page 96)*

1. BACKGROUND

1.1. THE OLDER PERSONS ADVOCACY NETWORK

The Older Persons Advocacy Network (OPAN) receives funding from the Commonwealth Department of Health to deliver the National Aged Care Advocacy Program (NACAP) through nine state and territory based member organisations -one in each State, the ACT and two in the Northern Territory. *Table 1* provides details.

TABLE 1: OPAN ORGANISATIONS BY JURISDICTION

OPAN ORGANISATIONS (9)	JURISDICTIONS (8)
ADACAS (ACT Disability, Aged & Carer Advocacy Service)	ACT
ADAA (Aged & Disability Advocacy Australia)	Qld
Advocare Inc.	WA
ARAS (Aged Rights Advocacy Service)	SA
ATI (Advocacy Tasmania Inc.)	Tas
ERA (Elder Rights Advocacy)	Vic
SRS (Seniors Rights Service)	NSW
SDRS (Seniors & Disability Rights Service), Darwin	NT (a)
CCNT (Catholic Care NT), Alice Springs	NT (b)

NACAP funded services are provided for older people (including their families and representatives) who are receiving, or could potentially receive, Commonwealth-funded aged care services. The NACAP funds rights-based **advocacy** services that are designed to ensure that aged care consumers understand and can exercise their rights and participate wherever possible in decisions made regarding their care. Services support older people and their representatives to articulate and address issues associated with accessing and using Commonwealth funded aged care services. The program also funds the provision of free **information, and education** sessions to consumers and potential consumers of Commonwealth funded aged care services, and their families, carers or representatives, and to aged care service providers.

Delivery of the NACAP is guided by the *National Aged Care Advocacy Framework*, the *Aged Care Act 1997*, including the *Grant Principles 2014,* and by NACAP Guidelines. The Minister for Aged Care has overall responsibility for the NACAP.

A review of Commonwealth aged care advocacy services (DSS 2015) identified widespread support for a single Framework to ensure national consistency of services, and for combining advocacy services delivered through NACAP and the CHSP (Commonwealth Home Support Program) into an "integrated, end-to-end program". The Commonwealth Government accepted

these recommended directions and confirmed that a single program and framework would replace the previous NACAP model, providing advocacy for consumers in both residential and community aged care programs. In February 2017 the Government released an updated draft Advocacy Framework and called for tenders to deliver the new NACAP.

The nine OPAN member organisations signed a Memorandum of Understanding in August 2016 to formalise their network and strengthen cooperation between their services. They also formed a not for profit company limited by guarantee and positioned themselves to tender successfully for the new NACAP. From 1/7/17 to 30/6/20, OPAN is receiving up to $25.7 million to deliver the program as a single national provider, under the new Framework.

1.2. THE REVIEW OF OPAN ELDER ABUSE ADVOCACY AND PREVENTION

During development of the draft Framework, a number of areas were excluded from the NACAP service delivery model including 'elder abuse'. OPAN members expressed concern about its omission as this appeared to be contrary to the *Charters of Recipients Rights and Responsibilities* which provide for the right to live free from abuse and exploitation. It was also evident that OPAN member organisations have for some time been addressing elder abuse issues through CHSP or other funded advocacy and prevention work. In particular, both SA and WA have long standing elder abuse programs which are at risk if elder abuse remains outside the Advocacy Framework.

OPAN commissioned this independent review of the work of OPAN members in elder abuse with a view to informing future elder abuse advocacy, education and information. The review has documented the way in which elder abuse is being addressed by member organisations through their existing advocacy and prevention services, the foundation which exists for a national approach to elder abuse by the OPAN group, and the location of this work within the broader landscape of elder abuse services. In particular, the Review Brief sought:

- ❖ identification of the effectiveness of current programs in delivering best practice elder abuse prevention advocacy support, including achievements to date;

- ❖ identification of the efficiency of elder abuse advocacy programs including any efficiencies gained through delivery alongside NACAP advocacy;

- ❖ recommendations for a national elder abuse advocacy program integrated within OPAN advocacy services.

1.1.1. Review Scope

The Scope of the Review was determined as involving:

⇨ Documentation of current practice in elder abuse advocacy services by OPAN members.

⇨ An analysis of Elder Abuse Advocacy models used by ARAS and Advocare including:

- Achievements and constraints of the current programs;
- Balance of investment across program outputs;
- Documenting relevant core skill sets for this work;
- Current and future data collection practices;

- Opportunities and options for improvement.

⇨ Evidence of the effectiveness of selected elder abuse prevention programs across Australia and internationally from published and grey literature.

⇨ A high level summary of where OPAN elder abuse advocacy fits within the national context.

⇨ Based on models and findings provision of indicative options and resourcing for national model of elder abuse advocacy.

1.1.2. Review Method

An overarching Framework was developed to guide the review. This was structured around a *Program Logic* approach which involves a hierarchy that begins with Inputs (for example, annual funding, staffing), is followed by Outputs (for example, specific programs or services provided), then Outcomes, and finally Impact. This approach looks for relationships between these four elements so that cause and effect can be better understood. A copy of the Framework is provided in **Appendix III.**

The Review has had a relatively short timeframe of seven weeks and the methodology was structured accordingly, involving these main components:

1) A focused review of research on elder abuse studies, in particular, any with findings on the effectiveness of interventions that address or prevent elder abuse.

2) A review of OPAN organisations' documentation (such as, Annual Reports, service data) and of the key findings of major Inquiries, such as the Australian Law Reform Commission and State or Territory Parliamentary Inquiries into Elder Abuse and submissions from OPAN members to those Inquiries and to the Commission.

3) Structured interviews with OPAN CEOs and staff designed to document current practice in relation to elder abuse. *See **Appendix 1** for details of the people interviewed.*

4) Detailed case studies analysing the models of ARAS and Advocare who each have been providing a specific elder abuse program for some time.

5) Analysis of the wider elder abuse service landscape in Australia and OPAN's place in that landscape, based on the review of documentation (described above) and structured interviews with managers of leading elder abuse services in the human services and community legal services sectors. *See **Appendix 1** for details of the people interviewed.*

6) Analysis of all findings against key review requirements.

7) Reporting of findings.

1.3. OVERVIEW OF THE ELDER ABUSE SERVICE LANDSCAPE

This review of OPAN's existing advocacy, education and information regarding elder abuse, informing planning for its future work on this issue, is occurring at a critical time.

Awareness is growing of elder abuse as an issue of concern, with Parliamentary Inquiries in multiple jurisdictions over the past decade, and most recently, the Australian Law Reform Commission's Inquiry, the report of which was released on UN *World Elder Abuse Awareness Day* (WEAAD), 15/6/17. The report provides a comprehensive framework for addressing elder abuse while significantly boosting the awareness raising efforts of advocacy agencies on this issue. The report recommended that a comprehensive *National Plan on Elder Abuse* be developed, based on a national policy framework, in order to support 'integrated planning and policy development'.

> *A national planning process offers the opportunity to develop strategies beyond legal reforms, including: national awareness and community education campaigns; training for people working with older people; elder abuse helplines; and future research agendas (ALRC 2017: 21).*

During 2017, some of its recommendations were implemented by the Commonwealth Attorney-General, and these can be expected to make a significant contribution to quantifying the prevalence of elder abuse, increasing the evidence base for responding to elder abuse, coordinating efforts across sectors and jurisdictions, and continuing to raise public and professional awareness.

⇨ A **Knowledge Hub** will be established to act as an online gateway raising awareness and providing information and training materials for the general public and professionals about preventing and responding to elder abuse.

⇨ In order to better understand the nature, scale and scope of the abuse, the Government is providing $590,000 for the next stage of **research** by the Australian Institute of Family Studies. This research will focus on the *prevalence and nature of elder abuse* in Australia and will be undertaken in collaboration with the National Ageing Research Institute, the Social Research Centre (ANU) and the Social Policy Research Centre (UNSW).

⇨ The Government will sponsor the **fifth National Elder Abuse Conference** in 2018 to further build engagement and support for a collaborative response to elder abuse.

⇨ A **Commonwealth and State/Territory Elder Abuse Working Group** has one year to consider the recommendations of the Australian Law Reform Commission report and reporting back to Ministers through the Law, Crime and Community Safety Council.

⇨ Establishment of a **national elder abuse peak body**.

ELDER ABUSE ACTION AUSTRALIA

On October 1st 2017 (International Day of Older Persons), the Attorney General announced the provision of funding of $125,000 each year for two years to establish Australia's first national elder abuse peak body - *Elder Abuse Action Australia* (EAAA). Its roles include:

⇨ providing a national voice for elder abuse;
⇨ improving the coordination of responses to elder abuse across Australia;

⇨ fostering collaboration and the sharing of information to facilitate learning and innovation (including by supporting the Knowledge Hub; and

⇨ providing policy expertise to governments.

This will ensure that vulnerable older Australians are better supported through having their issues addressed and represented in a more coordinated and comprehensive manner. While much valuable work is done by States and Territories and organisations, it is fragmented with resources often difficult to find and obtain.[3]

OPAN members **Advocare, ARAS and the SRS have all played a key role in the development of this group and continue to be represented on EAAA.**

THE AUSTRALIAN NETWORK FOR THE PREVENTION OF ELDER ABUSE (ANPEA)

Established in 1997, ANPEA[4] operated for a few years then faded to semi-obscurity to be reconvened in 2006 by a group of interested individuals and organisations from different jurisdictions. It does not receive funding and is supported by its members, most of whom are interested individuals, and some are service providers (including from the OPAN group – for example, Seniors Rights Service (NSW), Aged Rights Advocacy Service (SA) and Advocare (WA). ANPEA has four goals:

o To act as a forum for sharing information about new developments, ideas and approaches in the identification, prevention and response to the abuse of older people in Australia and internationally.

o To identify opportunities for improvements in policies, programs, community education and the training of professionals, and to share these with interested stakeholders.

o To encourage research into the causes, consequences, prevalence, prevention, service and legislative responses to the abuse of older people.

o To contribute to the **International Network for the Prevention of Elder Abuse (INPEA)** and to appoint the Australian representative.[5] The International Network for the Prevention of Elder Abuse is an international non-government organisation which was founded in Adelaide in1997 by a small group of people who were attending the 1997 International Association Gerontology and Geriatrics (IAGG) in Adelaide. INPEA has grown substantially since then and has consultative status with the United Nations Department of Economic and Social Affairs.[6] INPEA launched the First **World Elder Abuse Awareness Day (WEAAD)** on 15 June 2006. In December 2011, the United Nations officially designated WEAAD as a United Nations International Day of Commemoration.

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[3] https://www.attorneygeneral.gov.au/Mediareleases/Pages/2017/FourthQuarter/International-Day-of-Older-Persons-Supporting-older-Australians.aspx

[4] http://www.eapu.com.au/anpea

[5] http://www.sa.agedrights.asn.au/abuse_prevention/australian_network_for_the_prevention_of_elder_abuse

[6] http://www.inpea.net/

1.3.1 Structures that support national approaches to elder abuse service provision

The past decade or so has been characterised by a history of shared national effort among providers of elder abuse-related services in Australia. While some of this is less visible because it is based on individual interactions that occur in a largely *ad hoc* manner, there are several structures and collaborative activities which have supported visible information exchange and other forms of communication.

Three structures have been prominent in supporting a national focus on elder abuse – the **Older Persons Advocacy Network** (OPAN), the **Older Persons' Legal Service network** (OPLS); and the **Australian Network for the Prevention of Elder Abuse** (ANPEA) – although ANPEA has not provided an elder abuse response service like OPAN and OPLS. The recently established **Elder Abuse Action Australia** has become the other significant player in this landscape.

OLDER PEOPLE'S LEGAL SERVICES NETWORK AND NACLC

The **Older Persons Legal Services Network** (OPLS) is a national network of legal services that advocates for the rights and interests of older Australians and is one of several networks that sit under the umbrella of the National Association of Community Legal Centres (NACLC) [7] OPAN organisations work closely with these services, and are sometimes co-located with them, and/or have developed formal partnerships with them.

NACLC is the peak national organisation representing community legal centres (CLCs) in Australia. Its members are the state and territory associations of CLCs that represent around 200 centres in various metropolitan, regional, rural and remote locations across Australia. CLCs are not-for-profit, community-based organisations that provide legal advice, casework, information and a range of community development services to their local or special interest communities. CLCs' work is targeted at disadvantaged members of society and those with special needs, and in undertaking matters in the public interest. The Network undertakes social justice campaigns and advocates for the human rights of older persons in Australia and internationally.

Beginning as an information sharing network, over time the role of the OPLS has expanded to include lobbying, providing submissions to Parliament and to a range of formal Inquiries. In the process, it has achieved legitimacy as an expert body, and as a national informant. As a NACLC network, the OPLS has the opportunity to contribute to international policy development via NACLC which has accreditation with the UN's Economic and Social Council, enabling networks like OPLS to participate in UN forums. For example, it has been part of discussions about the need for a Convention on the Rights of Older People and has worked with NACLC in coordinating Universal Periodic Reviews that assess Australia's compliance with UN rights-based Conventions.

SENIORS LEGAL AND SUPPORT SERVICE (SLASS)

The SLASS program is a Queensland initiative that currently supports legal services for older people in five locations, with more planned. Currently these are:

- Brisbane Seniors Legal and Support Service

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[7] http://www.naclc.org.au

- Cairns Community Legal Centre Seniors Legal Service
- Hervey Bay Neighbourhood Centre, Fraser Coast Seniors Legal Service
- Toowoomba Seniors Legal Support Service
- Townsville Community Legal Centre Seniors Legal Service.

1.3.2 Key providers of elder abuse services across Australia

There are a number of services providing different combinations of services to older people experiencing abuse. These tend to fall across two sectors – human services and legal services, the latter including specialist services for older people, and typically provided by community legal centres. All of these services, in both sectors, share a commitment to upholding the rights of older people and more broadly, social justice, with core services involving (i) advocacy, (ii) information, (iii) education (older people, service providers and the broader community) and (iv) legal services. The fifth type of service involves Helplines, usually badged with the identifying term 'elder abuse', and providing information, advice and linkage to services.

Two OPAN organisations are structured as a single entity providing elder abuse services as part of a legal service, *and* as part of a human services agency (Seniors Rights Service NSW and Seniors Disability Rights Service NT). These are discussed further in *Section 1.3.4.*

The chart below summarises known elder abuse direct service provision by agency, location and type of service. Helplines are shown separately as these can be considered as *complementary* to other forms of service provision. OPAN members are bolded for ease of identifying their jurisdictional and national location in this landscape.

TABLE 2: OVERVIEW OF THE AUSTRALIAN ELDER ABUSE SERVICE LANDSCAPE

STATE	ORGANISATION	HELPLINE	INFORMATION	ADVOCACY	EDUCATION	LEGAL SERVICES
ACT	**ADACAS – ACT Disability Aged & Carer Advocacy Service**		✔	✔	✔	
	ACT Government - APRIL	✔	✔			
	Legal Aid ACT		✔			✔
NSW	**Seniors Rights Service**		✔	✔	✔	✔
	NSW Government -Elder Abuse Helpline & Resource Unit	✔	✔		✔	
	Mid North Coast Community Legal Centre		✔	✔	✔	✔
NT	**CatholicCare NT, Alice Springs**		✔	✔	✔	
	SDRS -Seniors Disability Rights Service, Darwin CLS	✔	✔	✔	✔	✔
QLD	**ADA Australia**		✔	✔	✔	
	Elder Abuse Prevention Unit, UnitingCare Community	✔	✔	✔	✔	
	Cairns Community Legal Centre, SLASS*		✔	✔	✔	✔

STATE	ORGANISATION	HELPLINE	INFORMATION	ADVOCACY	EDUCATION	LEGAL SERVICES
	Caxton Legal Centre, SLASS		✔	✔	✔	✔
	Hervey Bay Neighbourhood Centre, Fraser Coast SLASS		✔			✔
	TASC, Toowoomba Community Legal Service, SLASS		✔	✔	✔	✔
	Townsville Community Legal Service, SLASS		✔	✔	✔	✔
SA	**ARAS – Aged Rights Advocacy Service** and Elder Abuse Prevention Phone Line	✔	✔	✔	✔	
	Legal Services Commission SA - part of APEA		✔			✔
TAS	**Advocacy Tasmania Inc** and TEAHL (Helpline)	✔	✔	✔	✔	
	Legal Aid Commission of Tasmania (EA specialist solicitor)		✔			✔
VIC	**ERA – Elder Rights Advocacy**		✔	✔	✔	
	Seniors Rights Victoria	✔	✔	✔	✔	✔
	Eastern Elder Abuse Network, Eastern CLC, Melbourne		✔	✔	✔	✔
	Seniors Law, Justice Connect, Melbourne		✔			✔
WA	**Advocare Inc** and WA Elder Abuse Helpline	✔	✔	✔	✔	
	Northern Suburbs CLC, Perth		✔	✔	✔	✔

*SLASS – Seniors Legal Advice and Support Service

1.3.3 National Elder Abuse Conferences and National Annual Reports

A number of activities and initiatives promote a national approach to elder abuse - in particular, the series of **National Elder Abuse Conferences** which have provided a national focus on elder abuse as well as a mechanism for national networking. The first Conference was held in 2012 (Brisbane), the second in 2013 (Adelaide), the third in 2014 (Perth) and the fourth in February 2016 (Melbourne) while the fifth will be held in Sydney in February 2018. **OPAN members have been actively engaged in the design and delivery of these Conferences** (for example, the Sydney conference is being organised by SRS, and ARAS and Advocare organised the 2013 and 2014 conferences respectively).

The 2013 Conference initiated the publication of a series of **National Annual Reports** on elder abuse. These have involved collecting from each jurisdiction data on prevalence and type of elder abuse and releasing the report to Members of Parliament and the media. To date reports have been provided annually since 2013-14, coordinated by Advocare (without resourcing to do so) and will now become the responsibility of OPAN. The reports have generated significant media response and have played a significant role in raising awareness nationally and at State level. Like

the Conferences, there is now an expectation from their target audiences that they will continue to be provided which in turn, is important in building a national profile for elder abuse-focused service agencies.

1.3.4 The role of State and Territory governments in addressing elder abuse

State and Territory governments have played a critical role in building the capacity of OPAN organisations to address elder abuse. Apart from the funding of Elder Abuse Helplines in all jurisdictions, a number of elder abuse policy and program initiatives have provided:

- funding for services that support older people experiencing abuse (including specialist legal services for older people, as well as human service programs); and

- frameworks designed to address elder abuse at systemic levels.

The participation of OPAN members in the development of these strategies, in delivering services, and collaborating across government with key agencies involved in addressing elder abuse, has significantly enhanced the individual and collective capital of OPAN members in this specialist field. Importantly, the separate funding streams provided have enabled most of them to leverage and combine resources, creating significant efficiencies in the process.

The two OPAN organisations with the longest standing profile as elder abuse specialists are ARAS and Advocare, and in both cases, this has been the result of ongoing State government funding supporting the employment of additional Advocates, the development of information and educational resources, and the provision of advocacy and prevention services. Case Studies of both are provided in *Sections 3 and 4.*

However, as summarised in *Table 3* below, funding for elder abuse interventions is also being provided by the Northern Territory, Victorian, NSW, Tasmanian and Queensland governments and a range of policies and strategies have been implemented that provide frameworks, and sometimes resources, to address elder abuse. With the exception of Victoria, where funding is being provided to Seniors Rights Victoria, OPAN organisations are recognised as key players in delivering State and Territory government policy and program initiatives that address elder abuse at *both* systemic and individual levels.

It is the experience of OPAN members that this historic pattern of a combination of funding from both Commonwealth and State/Territory governments has worked well and should be continued. Together the resourcing that has been provided has supported a degree of national consistency and cross-jurisdictional collaboration while allowing for local, regional and State/Territory needs to be addressed.

RECOMMENDATION 1

IT IS RECOMMENDED THAT THE TRADITIONAL PATTERN OF RESOURCING BY *BOTH* COMMONWEALTH AND STATE/TERRITORY GOVERNMENTS CONTINUES TO SUPPORT THE EVOLUTION OF AUSTRALIAN ELDER ABUSE ADVOCACY AND PREVENTION SERVICES.

TABLE 3: STATE/TERRITORY GOVERNMENT POLICY, STRATEGIES AND FUNDING TO ADDRESS ELDER ABUSE

STATE / TERRITORY GOVERNMENT	ELDER ABUSE STRATEGY/POLICY/PROGRAM
Australian Capital Territory (mainly via the Department of Community Services)	• *ACT Elder Abuse Prevention Program Policy* provides a framework for preventing and responding to elder abuse and is managed by the ACT Office for the Ageing within the Department of Community Services. • *Elder Abuse Prevention Network* provides strategic advice on systemic issues relating to elder abuse, including to the Office for the Ageing. • In 2016, ADACAS received funding to develop and deliver elder abuse training and resources. • *Elder Abuse Working Group* – ADACAS, COTA, Relationships Australia, Legal Aid, legal services, conflict resolution services. • ***APRIL (Abuse Prevention Referral and Information Line)***.
New South Wales (mainly Department of Community Services	• *NSW Government Interagency Policy – Preventing and responding to abuse of older people* (2015). A whole of government policy focused on abuse of older people living in community settings. Includes *Interagency Protocol.* • The *Steering Committee for the Prevention of Abuse of Older People* (2013) – focused on coordinating responses to elder abuse. • *New South Wales Ageing Strategy.* • ***NSW Elder Abuse Helpline and Resources Unit.***
Northern Territory (via NT Department of Health, Office of Senior Territorians)	• **Elder Abuse Prevention Program** – currently funded 2017-18. Includes a dedicated position - *Elder Abuse Prevention Project Officer*. • ***Elder Abuse Information Line.***
Queensland (mainly Department of Communities, Child Safety & Disability Services)	• *Seniors Legal and Support Service (SLASS) network*- providing free legal advice, information and social work services for people over 60, with centres in Brisbane, Cairns, Hervey Bay, Toowoomba and Townsville. • ADAA provides a Guardianship Service funded to support individuals with a decision-making disability experiencing abuse, as well developing a range of preventative resources. • **Elder Abuse Prevention Unit**, UnitingCare Community via Department of Communities, Child Safety and Disability Services. • ***Elder Abuse Helpline –*** operated by the Elder Abuse Prevention Unit.
South Australia (mainly Office for the Ageing, SA Health)	• *SA Strategy to Safeguard the Rights of Older Australians 2014-2021* and accompanying *Action Plan 2015-2021*. • *Stop Elder Abuse community awareness raising campaign (current).* • *Alliance for the Prevention of Elder Abuse – APEA* (Legal Services Commission, Office of the Public Advocate, SA Police, ARAS, Public Trustee.

State / Territory Government	Elder Abuse Strategy/Policy/Program
	- *Our Actions to prevent the Abuse of Older South Australians* (2007). - **ARAS Abuse Prevention Program.** - ***SA Elder Abuse Prevention Phone Line Support and Referral Service.***
Tasmania (mainly Department of Health and Human Services)	- A small program that funds elder abuse advocacy support for 30 people per year, provided as an adjunct to the Helpline and known as the *Tasmanian Elder Abuse Prevention Helpline: Advocacy Support.* - *Tasmanian Elder Abuse Partnership* – advocates for effective systemic responses to elder abuse – ATI, Aged and Community Services Tasmania (ACST), TasCOSS and COTA Tas. - *Protecting Older Tasmanians from Abuse: Tasmania's Elder Abuse Prevention Strategy* (2011). - *Elder Abuse Prevention Action Plan 2015-18.* - *Plan for Positive Ageing – Second Five Year Plan (*2007) – committed to a whole of government strategy for elder abuse - ***Tasmanian Elder Abuse Helpline*** (TEAHL)
Victoria (mainly Dept of Health and Human Services)	- Seniors Rights Victoria has been funded since 2008 to provide information, advice – including legal advice – support and referral to anyone in Victoria experiencing elder abuse. - Elder Abuse Prevention online professional education program. - Elder Abuse Prevention Advisory Group, advises on the *Elder Abuse Prevention Initiative.* - *Support and Safety Hubs* program (recent) -includes a focus on elder abuse. - ***Seniors Rights Victoria Elder Abuse Helpline***
Western Australia (mainly Department of Local Government and Communities, and Department of Health)	- *Alliance for the Prevention of Elder Abuse (APEA)* – promotes a whole of government policy to prevent elder abuse. Strong focus on the development of Protocols to ensure consistency and educate. - *Western Australian Network for the Prevention of Elder Abuse*. - Advocare (through APEA) has received funding to review the *WA Elder Abuse Protocols.* - **Advocare Elder Abuse Prevention Program.** - ***WA Elder Abuse Helpline (Advocare).***

ELDER ABUSE HELPLINES

The table below documents calls made to dedicated Elder Abuse Helplines across Australia, and an overview of how those helplines are funded and provided. These figures, together with available prevalence data (*Section 1.3.6*) provide some indication of demand for elder abuse services. There are four OPAN members operating these Helplines – SDRS in the NT, ARAS in SA, Advocacy Tasmania and Advocare in WA.

TABLE 4: ELDER ABUSE HELPLINES, BY JURISDICTION AND NUMBER OF ELDER ABUSE RELATED CALLS 2016-17

ELDER ABUSE HELPLINE	JURISDICTION AND NUMBER OF ELDER ABUSE CALLS 2016-17							
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
APRIL [1]	125							
Elder Abuse Helpline and Resource Unit [2]		2,182						
Elder Abuse Information Line [3]			40					
Elder Abuse Helpline [4]				1,529				
SA Elder Abuse Prevention Phone Line [5]					241			
TEAHL [6]						116		
Seniors Rights Victoria Elder Abuse Helpline [7]							2,436	
WA Elder Abuse Helpline								570

Note: HelpLines operated by OPAN members are highlighted in Blue.

[1] Operated by ACT Government Office for Women, no FTE position, only Help Line not operated by a service provider
[2] Auspiced by the Department of Community Services and operated by Catholic Healthcare Limited. The Elder Abuse Helpline and Resource Unit was established as part of the *NSW Ageing Strategy* and provides resources and training on elder abuse.
[3] Operated by Darwin Community Legal Service
[4] Operated by the Elder Abuse Prevention Unit, UnitingCare Community Queensland
[5] Operated by ARAS – full name is *SA Elder Abuse Prevention Phone Line Support and Referral Service*
[6] Tasmanian Elder Abuse Prevention Helpline, operated by Advocacy Tasmania Inc.
[7] Operated by Seniors Rights Victoria
[8] Operated by Advocare Inc.

1.3.5 Defining elder abuse

In Australia, the term 'elder abuse' is much debated, but is most consistently used to refer to the abuse of older people *within a relationship of trust*. This concept frames the definitions of a

number of government and non-government organisations across Australia.[8] Most recently it was applied in the study by the Australian Institute of Family Studies (Kaspiew et al 2016) and was the starting point for the Australian Law Reform Commission Inquiry into Elder Abuse (ALRC 2016).

In the *Toronto Declaration on the Global Prevention of Elder Abuse* (2002) [9], the World Health Organisation described 'elder abuse' in this way:

> *Elder abuse can be defined as 'a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person'. Elder abuse can take various forms such as physical, psychological or emotional, sexual and financial abuse. It can also be the result of intentional or unintentional neglect.* [10]

The WHO definition appears to be commonly applied by OPAN organisations but without having been adopted in any formalised manner.

The complexities associated with elder abuse are reflected in the different definitions that have been developed and debated over time. Any definition will depend on its context and purpose – for example, to develop services, to inform policy or to obtain data (ALRC 2016: 13, Kaspiew *et al* 2016) – and with the approach being pursued. The Australian Institute of Family Studies' analysis identifies a trend for organisations concerned with issues affecting older people to take a *human rights* approach to the issue of elder abuse – which characterises all of the OPAN members and is reflected in their Mission and Vision statements. By contrast, an approach informed by an *older adult protection philosophy* can be seen in other fields, for example, in the discipline of geriatrics in medicine (Kaspiew *et al* 2016). International and national definitions distinguish multiple **types of elder abuse**, and the following are usually identified: ·

- financial abuse
- psychological and emotional abuse
- social abuse
- physical abuse
- neglect·
- sexual abuse and (less commonly)
- substance abuse (ALRC 2016).

Where OPAN members collect specific data on elder abuse, these are the categories commonly applied (with the exception of substance abuse data which is collected by a

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[8] For example, UnitingCare Queensland: Elder Abuse Prevention Unit -http://www.eapu.com.au/elder-abuse Advocare Inc (WA) http://www.advocare.org.au/help-with-elder-abuse/ NSW Elder Abuse Helpline and Resource Unit - http://www.elderabusehelpline.com.au/for-professionals/definition-of-elder-abuse Aged Rights Advocacy Service - www.arasagedrights.com/definition-of-elder-abuse.html

[9] Toronto Declaration on the Global Prevention of Elder Abuse, 2002 http://www.who.int/ageing/publications/toronto_declaration/en/
[10] http://www.who.int/ageing/projects/elder_abuse/en/

minority of members and usually in relation to data about alleged abusers and/or risk factors for elder abuse). Data collection is explored further in *Section 2.5.*

In order to better understand the abuse of older people, including how it can be prevented, and responded to, data collection needs to capture profile information about both the person being abused and the perpetrator. Some of that profile data relates to categories of special need and some relates to known risk factors. Lacey et al's analysis of four years of ARAS data (2012 to 2016) provides a clear profile of both, and is presented in *Figure 1* below.

It can be seen that family conflict is the risk factor most likely to be involved, (more than 60% of cases) and that this risk is associated almost equally for the person being abused and their abuser. For older people, being physically or psychologically dependent is associated with over 41% of cases, as is being isolated. Mental health issues were associated with the abuse of 54% of older people and 14.5% of perpetrators.

FIGURE 1: RISK FACTORS ASSOCIATED WITH ELDER ABUSE, ARAS SOUTH AUSTRALIA, 2012-2016

ARAS : Prevalance data, South Australia, 2012-2016
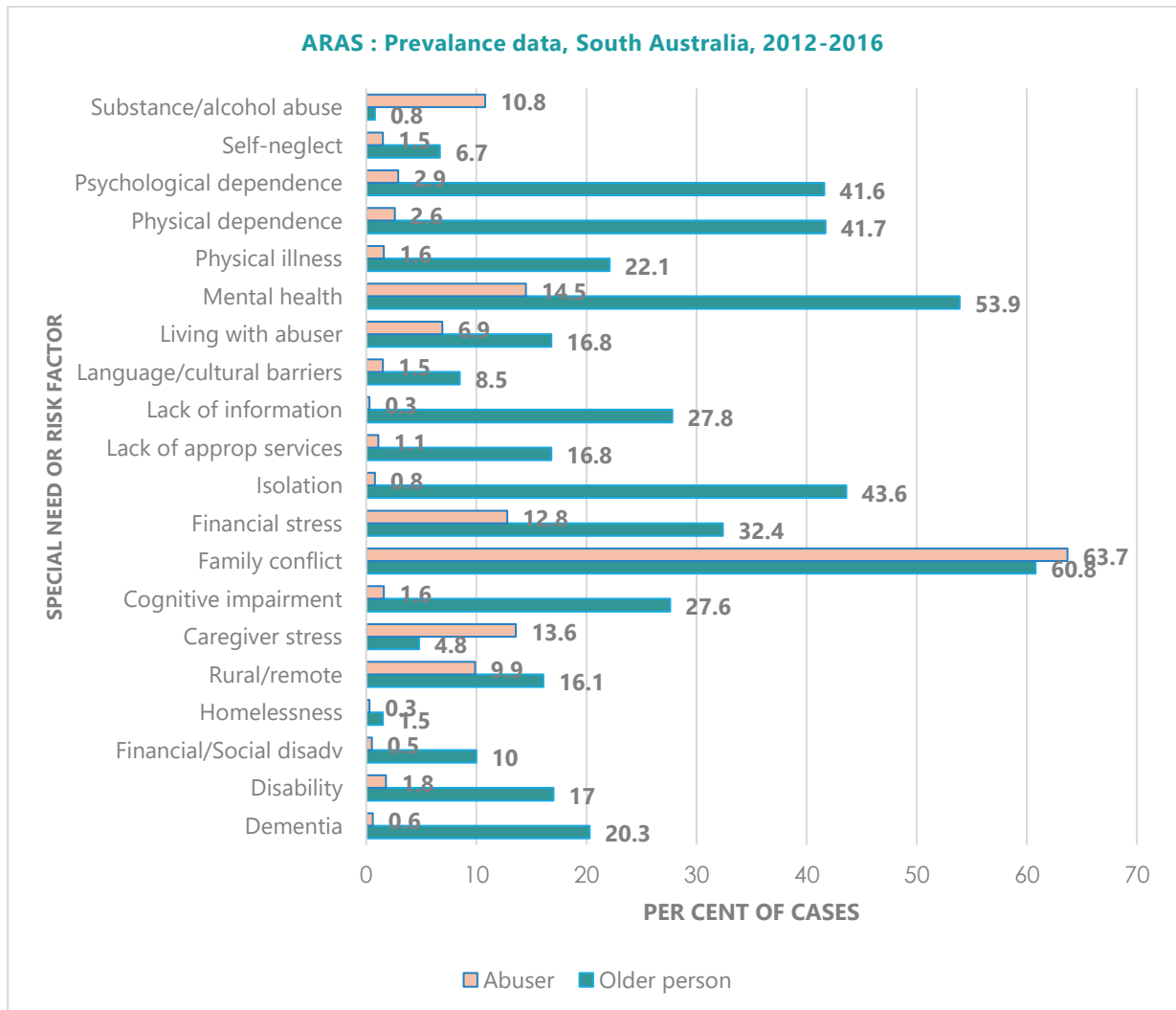
1.3.6 Estimating the prevalence of elder abuse

The Australian Law Reform Commission, multiple Parliamentary Inquiries into elder abuse, and researchers consistently point to a lack of reliable data capturing the prevalence of abuse in the older population. Estimated rates are placed at between **2% and 10%,** with neglect possibly occurring at higher rates (Lacey et al 2017; Kaspiew et al 2016 citing multiple researchers).

In part, reliability is compromised by lack of agreed and common definitions of elder abuse, but under-reporting is also known to be significant. Elder abuse usually occurs within families and is often intergenerational (for example, with adult children as the perpetrators). It is an acknowledged form of family violence, which is also under-reported, and has an over-representation of women being abused and men being abusers (Kaspiew et al 2016:11).

Barriers to reporting identified by researchers include older people not recognising the situation as abusive, not wanting to notify authorities because family violence is viewed as a private matter; feeling a sense of shame or embarrassment; feeling responsible for the abusers' behaviour; and a reluctance to bring negative consequences to a family member. Older people may not know where to seek assistance; they may accept the long-standing behaviour or people in authority; or because of a fear of the consequences, particularly if they are dependent upon the abuser. This includes a fear of retaliation or being abandoned, including being placed in residential care (Kaspiew et al 2016:11-12, citing multiple research studies).

A study co-funded by the SA Office for the Ageing and the University of South Australia investigated elder abuse-related data held by the Aged Rights Advocacy Service (ARAS); the Legal Services Commission; Domiciliary Care SA; the Office of the Public Advocate; The Aged Care Complaints Scheme; SA Health; the Aged Care Assessment Program and South Australian Police (SAPOL). This study had the goal of better understanding the current practices of these core agencies with regard to the collection of information on elder abuse cases and found that ARAS was the only one of these agencies to have captured 'a degree of comprehensive and collated, de-identified data' and identified a range of challenges associated with collecting prevalence data across agencies with different roles and purposes (Lacey et al 2017: 63).

Since 2013-14, Advocare Inc. has collated data from key services supporting older people experiencing abuse (both within and external to the OPAN group), and provided a National Annual Report. In the 2015-16 Annual Report, **19,127** clients were identified as having been assisted with elder abuse issues, with an upward trend in numbers being reported over time (Advocare 2017).

1.4. NATIONAL AND INTERNATIONAL EVIDENCE OF EFFECTIVENESS

As part of this review, a Google Scholar search was made to retrieve systematic reviews focused on identifying the effectiveness of elder abuse service interventions. Systematic reviews exclude studies with unsound methodologies and can provide commentary on the literature in a specific field of enquiry. **There is agreement across all reviews identified that there are few high quality original studies on which to base recommendations for service design** (Ploeg et al 2009: 188). The evidence base for effective elder abuse interventions is sparse and limited

(Kaspiew et al 2016), with few rigorous evaluations of interventions, and most studies involving small sample sizes and lack of control groups, let alone randomised controlled trials.

The most comprehensive systematic analysis in Australia has been undertaken by the National Ageing Research Institute in collaboration with the University of Melbourne (Joosten et al 2017). They concluded that the evidence base on the intervention effectiveness is significantly underdeveloped (2016: 24; citing Daly et al 2011; Ploeg et al 2009; O'Donnell et al 2015; and Baker et al 2016). There has been very little research done into whether public education and awareness-raising aimed at older people is an effective intervention or prevention measure for elder abuse (Joosten et al 2017: 32).

However, data from the *Our Actions* intervention in South Australia (see *Section 3.2.1*) show that awareness-raising and information activities generated significant demand for elder abuse-related education that extends beyond the 12 month timeframe involved, and resulted in the largest number of abuse reports since the inception of the Abuse Prevention Program (ten years earlier). Specifically, this involved a **53% increase** in elder abuse clients compared with the average over the three preceding financial years, and an **82% increase** in participant numbers in education sessions. Similarly, data from Advocare's *Elder Abuse Helpline* for the first six months of 2017 illustrate a direct correlation between specific information and awareness raising initiatives (for example, WEAAD events, newspaper articles, and radio discussions) and subsequent spikes in the number of calls over the previous two years.

Measuring **outcomes** from interventions is also problematic because of the complex nature of elder abuse, because behaviours involved cannot be changed quickly, and because the complete cessation of the abuse is not always possible – for example, because the older person may wish to maintain a relationship with their abuser (Joosten et al 2017: 24). Two systematic reviews identified the following reliable findings on intervention:

A.   Education and support services *may* improve older people's knowledge and rates of reporting abuse, but this does not necessarily lead to behavioural change.

Education of health and aged care providers *may* improve their ability to detect resident-to-resident abuse (Baker et al 2016, based on a Cochrane review of interventions).

B.   The strongest evidence for interventions focused on the older person is associated with the provision of *psychological and social support*.

To be successful, interventions need to take an individualised, tailored approach that targets particular risk factors as well as the specific form of abuse experienced by the older person (O'Donnell et al 2015, National Centre for the Protection of Older People in Ireland).

Joosten et al (2017) conclude from the literature as a whole that the following interventions show some evidence of effectiveness.

EFFECTIVE INTERVENTIONS WITH THE OLDER PERSON

Four interventions were identified, two of them highlighting the importance of multidisciplinary approaches that can address the complexity of most elder abuse cases:

- A *multidisciplinary approach* – combined support services with legal intervention (also identified by Kaspiew et al 2016, citing WHO research).
- A *multidisciplinary assessment* of an older person's needs and referral to appropriate supports.
- A combination of case management and advocacy.
- Motivational interviewing to aid empowerment and decision-making.

Joosten et al's analysis (2017: 26) found that most service responses to an individual's experience of elder abuse comprised *multiple* interventions – whether by a single service, or by a variety of organisations and services working in collaboration. However, this makes it difficult to compare the effectiveness of interventions because of the variety of disciplines and services involved. **Most of the evidence that exists is based on a retrospective review of interventions (rather than from experimental studies).**

> *Despite the lack of high-quality independent evaluation, it is clear that interventions provided by a multidisciplinary team are best able to address the complex and varied needs of an older person experiencing abuse as they utilise the professional resources and expertise of a range of disciplines and can therefore address a variety of risk factors (Joosten et al 2017: 26-27).*

The American program *Eliciting Change in At-Risk Elders* (ECARE) is one example of a multiple intervention approach. It used motivational interviewing techniques to help older people experiencing abuse (n=48) to overcome feelings of ambivalence about making decisions and difficult life changes, It also connected older people to a variety of support services and used outreach specialists (similar to advocates) to build alliances with older people and their family members. The program reduced risk factors (economic and housing, and social and community functioning) and nearly 75% made progress on their treatment goal of preparing for or making changes. A critical success factor was that interventions were *tailored* to the individual's preferences and needs (Joosten et al 2017: 31 citing Mariam et al 2015).

EFFECTIVE INTERVENTIONS WITH PERPETRATORS

Three interventions were identified:

- Psycho-educative support (support groups or individual)
- Anger management
- Counselling (Joosten et al 2017: 26).

EFFECTIVE INTERVENTIONS WITH FAMILIES

Family mediation, family care conferences, and psychological (e.g. cognitive behavioural therapy) or educative approaches that include the family have the *potential* to be a successful intervention. However, there is a need for more research and evaluation on their effectiveness in relation to addressing elder abuse (Joosten et al 2017: 26, 36-38).

2   COMPARING OPAN ELDER ABUSE SERVICE PROVISION

The analysis of OPAN organisations' response to elder abuse identifies a number of commonalities, despite variations in service models, local conditions and individual organisational structure. Organisations in the broader elder abuse field have agreed for some time on the need for a national approach to addressing elder abuse, as was described in *Section 1*. This review has found that a similar national approach would be appropriate and beneficial in the OPAN network, and supported with specific funding from the NACAP. See ***Recommendation 2,*** *Section 2.2.*

The review has identified a strong foundation on which to develop a national elder abuse program, as will be apparent in the following sections. Models of elder abuse service provision across the OPAN network have in common an underpinning rights-based philosophy and associated core values, and this provides the foundation on which services are designed and delivered. This provides an important basis for a national approach to elder abuse. As a group, OPAN members each have some 25 years' experience in providing advocacy, representing a valuable collective intellectual capital resource that could be further exploited in a national elder abuse program.

2.1   MODELS OF ELDER ABUSE ADVOCACY AND PREVENTION IN OPAN SERVICES

The majority of OPAN organisations provide elder abuse and prevention services within their broader advocacy programs, and all operate on a state-wide basis. They do not receive Commonwealth Government funding to provide a specific elder abuse program and therefore, do not have to report specifically about abuse of older people. Nevertheless, analysis of data collections shows that some choose to provide this information (see *Section 2.5*).

Where they were able to estimate, OPAN organisations consider that elder abuse activities involve ***between 10 and 15 per cent*** of overall time and resources (excluding State and Territory government funded Elder Abuse Help Line services and the ARAS and Advocare dedicated elder abuse services). Two of the ARAS advocacy programs (the Residential Aged Care Advocacy Program and the Retirement Villages Advocacy Program collect data on elder abuse. In 2016-17 this represented some **15 per cent** of the former program's total advocacy cases and **9.6%** of the advocacy cases of the latter – see *Sections 3.3.1* and *3.3.2.*

All OPAN organisations identify four **audience segments** for their elder abuse prevention and advocacy activities, with the importance of the aged care provider audience reflecting NACAP funding guidelines.

FIGURE 2: TARGET AUDIENCES FOR ELDER ABUSE PREVENTION AND ADVOCACY
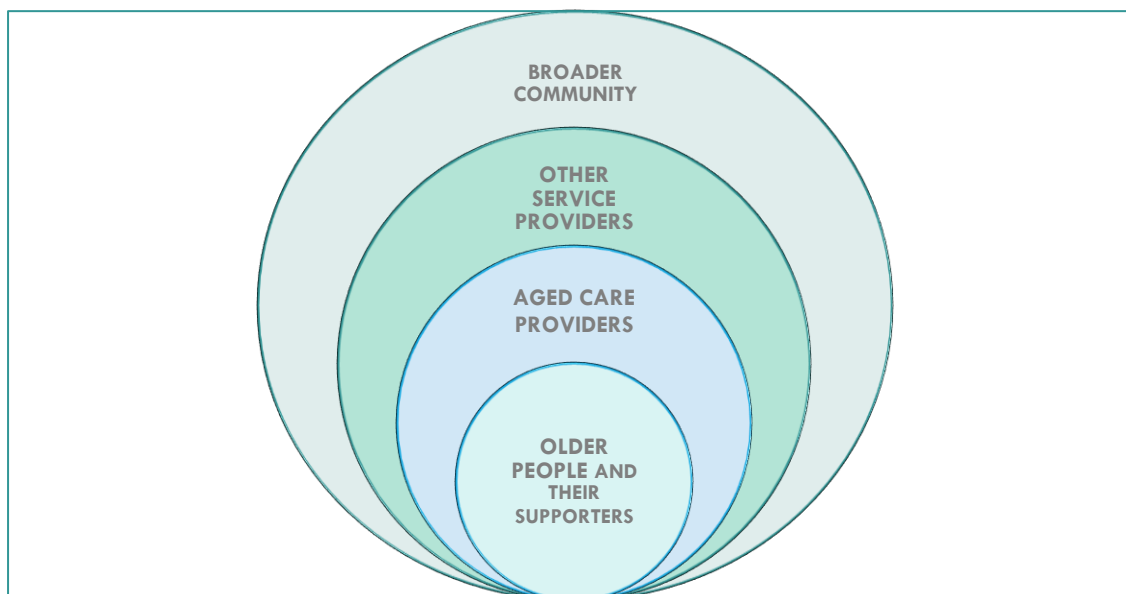
Aged Care Providers includes both residential and community aged care providers, and sometimes, Aged Care Assessment services.

Other Service Providers mainly involves health (primary and acute) service providers, and allied health providers (particularly social workers in hospitals given their role in the pathway into aged care). Increasingly OPAN organisations are identifying the finance and banking sectors as a critical audience in addressing financial abuse.

Specific elder abuse funding has been provided for many years in **South Australia** (see ARAS Case Study, *Section 0)* and **Western Australia** (see Advocare Case Study, *Section 4).* In October 2017, the Office of Senior Territorians provided funding to the Seniors and Disability Rights Service (SDRS) for a one year **Northern Territory** *Elder Abuse Prevention Program,* which includes funding for an Elder Abuse Project Officer *(see box below for details).*

THE NORTHERN TERRITORY ELDER ABUSE PREVENTION PROGRAM: CORE FUNCTIONS

☐ Deliver coordinated assistance to senior Territorians to minimise the prevalence of elder abuse.

☐ Provide an Information Line and referral service for senior Territorians experiencing abuse.

☐ Research elder abuse, including prevalence of senior Territorians experiencing abuse.

☐ Produce resources for senior Territorians to protect against elder abuse.

☐ Link with domestic violence or other services in communities to determine prevalence and specific issues and provide information and resources.

As depicted in *Table 5,* apart from the SDRS program, ARAS is the only OPAN organisation with elder abuse specialist Advocates working within a specific elder abuse focused program.

TABLE 5: MODELS OF ELDER ABUSE ADVOCACY AND PREVENTION IN OPAN SERVICE DELIVERY

PLACE OF ELDER ABUSE ADVOCACY, PREVENTION	JURISDICTION							
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Integrated into overall advocacy program	✔	✔	✔ b	✔		✔	✔	
Dedicated elder abuse program			✔ a*		✔			✔
Dedicated elder abuse specialist Advocates			✔ a*		✔			

ACT = ADACAS; NTa = Seniors Rights & Disability Service, Darwin; NTb = Catholic Care NT, Alice Springs; NSW = Seniors Rights Service; SA = ARAS; Tas = Advocacy Tasmania Inc.; Vic = ERA; WA = Advocare Inc.

*At this stage funding provided for 12 months only

Two OPAN organisations receive State government funding to provide specific programs designed to address the abuse of older people who live in **Retirement Villages** (Seniors Rights Service NSW and ARAS in SA).

2.1.1 Relationship with legal services sector

As discussed in the overview of the Australian elder abuse service landscape (*Section 1.3*), the community legal service sector, particularly when offering specialised older person's legal services, plays a key role in providing elder abuse services, typically focused on financial abuse and issues associated with powers of attorney and guardianship.

Two of the OPAN group are part of, and/or co-located with a community legal centre and have highlighted to the reviewer the advantages this brings in terms of seamless service provision across both the human services (including aged care) and legal services sectors. The shared underpinning rights-based philosophy between community legal centres and OPAN organisations is advantageous to these partnerships – and to collaborations between both that are not based on a joint delivery model.

Seniors and Disability Rights Service (SDRS) is part of Darwin Community Legal Service which provides general legal services that are prioritised to disadvantaged and marginalised people and communities, including people who are homeless or at risk of homelessness, and the LGBTI community. The Service also provides specialist assistance in relation to Welfare Rights and Disability Discrimination and houses a Family Relationship Centre, a Tenants' Advice Service and through the SDRS, the Elder Abuse Information Line, and health and aged care student placements.

Seniors Rights Service (SRS) in NSW combines the Older Persons' Legal Service (funded by Legal Aid NSW and by the Office of Fair Trading NSW for its Retirement Villages sub-program), which provides free legal assistance to disadvantaged and vulnerable older NSW people, with an Advocacy for Older People Program (funded by NACAP) and an Education program (funded by NACAP, Legal Aid NSW and the Office of Fair Trading NSW). This not only facilitates referrals across legal and advocacy programs, but provides significant scope to leverage resources, particularly in delivering Education sessions.

SRS also identified that clients seeking assistance for one type of abuse, which is typically financial in nature when community legal services are sought, will often identify other forms of abuse which their advocacy program can address. In 2015-16, clients reported 2,305 issues of which **4.3%** were specific to an elder abuse category – including physical, sexual, psychological, social and neglect, misuse of Powers of Attorney and Guardianship (SRS 2015: 9).

2.1.2 Relationships with the disability services sector

Several OPAN organisations also specialise in advocacy for people with disabilities, building on a long history of work in this area, and receive funding from the National Disability Advocacy Program (NDAP) and/or from State and Territory disability funding. The implementation of the NDIS has brought a growth in opportunities for expanding work in this area.

- **Advocacy Tasmania** receives NDAP and Tasmanian Disability Advocacy Program funding, as well as funding for Mental Health Advocacy.

- **ADACAS** receives NDAP and ACT Government funding for Community Mental Health program and Community Assistance and Support Program.

- The **Seniors and Disability Rights Service** (SDRS) receives NDAP funding for disability advocacy services.

- **ADA Australia** (ADAA) has two programs that work across the aged care and disability care sectors. One is focused on advocacy, education and information and is funded by the Department of Child Safety, Communities and Disability Services. The other focuses on guardianship advocacy for adults who may have impaired decision-making capacity to resolve guardianship and administration issues. The guardianship program is funded by Legal Aid Queensland and the Department of Justice and Attorney-General.

2.1.3 Supported Decision-Making

Supporting older people experiencing abuse and with impaired decision-making can be seen as a priority area for OPAN service providers, in part because our growing older population brings increasing numbers of people with ageing-related cognitive decline, in part because all people have a human right to retain their decision-making rights, and in part because common law

requirement prevents legal services working with clients who lack capacity.[11] People outside of the OPAN group who were interviewed for this review identified this as an area of expertise that distinguishes OPAN organisations from others providing services for older people experiencing abuse. This is an important part of the OPAN group's elder abuse work, and some members have undertaken specific work in this area.

- **ADACAS** has undertaken a series of projects focused on supported decision-making. [12] Most recently it has been funded by Disability ACT and the NDIS Sector Development Fund for the *Supported Decision-Making Link and Learn* project. *Link and Learn* is working with people who have disability, families, supporters and service providers to identify how best to support decision-making. The current *Respect Know Act* (RKA) project is designed to create change in the ACT health care system to make it more inclusive of people with impaired decision-making ability and to ensure people with disability are connected and have the information they need to make decisions about their health. It is funded through the NDIS Information Linkages and Capacity Building Program.

- Until mid-2017, **Advocacy Tasmania** provided a Supported Decision-Making program for people experiencing early stages of memory loss, dementia or frailty to undertake planning for their future.

- One of **ADA Australia's** three programs is focused on advocacy to resolve guardianship and administration issues for adults with impaired decision-making capacity. ADAA is collaborating with the Queensland University of Technology on a research study exploring substitute decision-making, including Enduring Powers of Attorney. ADAA recently received funding from the Queensland Department of Justice and Attorney-General, to provide further guardianship advocacy services, particularly to Aboriginal and Torres Strait Islander people entering the NDIS.

OPAN organisations have identified supported decision-making as an approach which may assist some people experiencing elder abuse to put in place safeguards against future harm. OPAN proposes to undertake some work exploring supported decision-making, elder abuse and advocacy during the current financial year.

2.1.4 Types of Elder Abuse Advocacy and Prevention activities

Across the OPAN group, elder abuse is being addressed through five core activities:

1. Advocacy services that support individual older people who are consumers or potential consumers of aged care services (and with State or Territory government funding, all older people regardless of aged care service usage) - including supporting them as part of a multifaceted response to the abuse they experience.

2. Information services to older people, their significant others or representatives, to service providers (within the aged care system and in other sectors, particularly health and legal).

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[11] https://www.alrc.gov.au/publications/equality-capacity-and-disability-commonwealth-laws/capacity-and-decision-making

[12] See http://www.adacas.org.au/supported-decision-making/supported-decision-making/

3. Education services to older people, their significant others or representatives, to service providers (within the aged care system and in other sectors, particularly health and legal), and to the wider community.

4. Linking and referring older people to other services to assist in addressing abuse.

5. Collaboration with other key agencies and with government to address elder abuse at the systemic level.

Activities 2, 3 and 5 are associated with the *prevention* of elder abuse but also play a key role in a *continuum* of intervention strategies. *Table 6* summarises the methods being used as part of this continuum. It can be seen that there is significant commonality in the choice of methods.

TABLE 6: METHOD OF PROVIDING ELDER ABUSE ADVOCACY AND PREVENTION ACTIVITIES

METHOD OF PROVIDING EA ADVOCACY & PREVENTION	OPAN MEMBERS
Face to face information and support	ALL
Telephone information and support	ALL
Web based information	ADAA; Advocare, ARAS, SRS, ERA
Virtual information and support	SRS
Staff members' participation in key structures or committees	ALL
Group education sessions for service providers (face to face)	ALL
Group education sessions for older people (face to face)	ALL
Significant use of social media	ADAA

CASE STUDY: ADACAS, ACT

ADACAS makes regular presentations to residents of residential aged care facilities concerning their rights. Peter approached ADACAS after one of these presentations. He told us that he had been placed in the facility after spending some time in hospital. He explained that he had been informed by family that he had 'cognitive decline', and that he was not involved in the decision to move into residential care instead of going home. Peter said that he wanted to tend to his rose garden, and to live in the house he had built with his wife.

Aged in his 90s, Peter had completed an Enduring Power of Attorney (EPoA) in favour of a family member – so that they could assist him with his affairs should there be a time when he couldn't manage on his own. It was this document they were using to put him into aged care. ADACAS assisted Peter to understand his rights – while the EPoA was valid, there was no medical evidence of any decline in Peter's ability to make decisions. Peter still had the right to choose where to live, and what level of support he would receive.

The advocate assisted Peter to consider what services he would like in his home, and assisted Peter to engage with those supports. Peter moved home again, and from there was able to return to tending to his roses, and living with the memory of his wife.

2.2   A NATIONAL APPROACH TO ELDER ABUSE ADVOCACY AND PREVENTION

Given the increasing importance of older people's rights in a reformed aged care system that is designed around consumer choice and control, together with our growing understanding of the prevalence of elder abuse, it is critical that advocacy for older people experiencing abuse is recognised as a specific and essential role of OPAN services, reflected in the *National Aged Care Advocacy Framework*, and delineated as a specific component of the NACAP. Older people experiencing abuse should be identified as an additional special needs group, and given priority within OPAN services.

Apart from these drivers, the recommendations of the Australian Law Reform Commission regarding abuse and the aged care sector create further impetus for OPAN to be positioned to better address elder abuse as it relates to their target consumer group and aged care providers. As the specialist group in this area, OPAN can provide leadership for the wider aged care sector in addressing the reforms recommended by the Commission, and more broadly, leadership in supporting older people and their significant others.

The Commission found that older people can be abused by paid staff, other residents in residential care settings, family members or friends in both community and residential settings (ALRC 2017: 21). Its recommendations include reforms to enhance safeguards against such abuse, such as, establishing a serious incident response scheme in aged care legislation; enhanced employment screening processes, and ensuring that unregistered staff are subject to the proposed National Code of Conduct for Health Care Workers. The Commission also recommended that aged care legislation be reformed to address inadequacies in response to identified elder abuse.

> *Aged care legislation should provide for a new serious incident response scheme for aged care. The scheme should require approved providers to notify to an independent oversight body: (a) an allegation or a suspicion on reasonable grounds of a serious incident; and (b) the outcome of an investigation into a serious incident, including findings and action taken. This scheme should replace the current responsibilities in relation to reportable assaults in s 63-1AA of the Aged Care Act 1997 (Cth). Recommendation 4–2. The independent oversight body should monitor and oversee the approved provider's investigation of, and response to, serious incidents, and be empowered to conduct investigations of such incidents (ALRC 2017: 22).*

There are practical and resource-based justifications for OPAN to deliver a national elder abuse program as a specific additional component integrated with its NACAP role. A national approach to OPAN elder abuse prevention and advocacy brings opportunities to leverage from multiple sources of expertise and resources within the OPAN group, and from the partnerships and alliances each has formed outside of OPAN (see *Section 2.4*). Feedback provided to the reviewer indicates that OPAN members are increasingly working in ways to maximise resource usage and leverage from their collective expertise, and that this trend is expected to continue to grow over time.

A national OPAN elder abuse program would allow for economies of scale in addressing elder abuse and its prevention – for example, small and large states could collaborate across jurisdictional boundaries to allow them to better manage challenges associated with large and small populations, and distances involved in travelling. It would also enable sharing of common inputs required for elder abuse service provision – in particular, staff training and development, information and education resource development, elder abuse awareness raising and promotion. A national approach could be developed quickly given the processes in place to operate as a national program, and existing national level collaborations such as, the national elder abuse conference and WEAAD events.

RECOMMENDATION 2

IT IS RECOMMENDED THAT THE OPAN GROUP SOURCE ADDITIONAL FUNDING TO SUPPORT A NATIONAL PROGRAM OF ELDER ABUSE ADVOCACY AND PREVENTION. THERE IS STRONG ALIGNMENT FOR FUNDING THROUGH THE DEPARTMENT OF HEALTH, VIA NACAP, TO ADDRESS ABUSE EXPERIENCED BY OLDER PEOPLE WHO ARE CURRENT OR POTENTIAL CONSUMERS OF AGED CARE SERVICES, AND THROUGH THE ATTORNEY-GENERAL'S DEPARTMENT TO ADDRESS ABUSE EXPERIENCED BY OLDER MEMBERS OF THE WIDER AUSTRALIAN COMMUNITY.

RECOMMENDATION 3

IT IS RECOMMENDED THAT IN FUNDING A NATIONAL OPAN ELDER ABUSE ADVOCACY AND PREVENTION PROGRAM, THE NACAP IDENTIFY AS AN ADDITIONAL AND PRIORITY SPECIAL NEEDS GROUP, OLDER PEOPLE WHO ARE POTENTIAL OR EXISTING AGED CARE CONSUMERS AND EXPERIENCING ABUSE.

2.2.1 Features of a national OPAN elder abuse program model

The complexities that underpin elder abuse and service responses to this issue mean that there will be advantages and disadvantages to any models associated with those responses, and a 'one-size-fits-all' approach is neither possible nor appropriate. Furthermore, service design will be dependent, to some extent, on funding amounts and the requirements of funding providers. **Consequently, it will be important that OPAN members agree on the core features of that model while also allowing for additional features that reflect diversity of local need, alliances, existing organisational models and areas of expertise or specialisation.**

ADVOCATE ROLES AND TEAM SPECIALISATION

The three OPAN organisations receiving State or Territory government funding to provide a specific elder abuse program have used different strategies in their designation of Advocate roles and the structuring of Advocate teams. Of the three, only ARAS has Advocates specifically assigned to its elder abuse program whereas Advocare requires all of its Advocates to undertake elder abuse advocacy and prevention. The SDRS has one Advocate assigned to its elder abuse program but this role is embedded in its wider advocacy program.

There are advantages and disadvantages associated with either strategy. Specification brings the advantage of increasing Advocates' knowledge and experience, and ensures that their working relationships are developed around elder abuse issues. Given the complexities associated with elder abuse, there is some merit in a specialist approach.

However, the smaller the specialist team, the greater are the risks associated with loss of team members, or with their temporary absence. Specialisation can bring the risk of others in the organisation seeing elder abuse as outside of their area of responsibility (as was seen when government agencies established separate access and equity divisions during the 1990s). It is important that all Advocates have the expertise to recognise and address elder abuse, especially in terms of prevention and early intervention. Advocates can be working with clients who, once trust is established, then identify abuse issues and may not wish to be referred on (even within the same service). However, this approach is dependent on appropriate training and professional development being made available to all Advocates. Although it may not be apparent to external observers, ARAS ensures that all of its Advocates are trained and able to work with older people experiencing abuse in order to minimise risks.

Key lessons from the years of experience developed by ARAS and Advocare relate to intake processes, training and staff development. Ongoing education is critical to ensure that all Advocates are able to provide advocacy support for older people experiencing abuse, and have the knowledge and working relationships with other key services to ensure that its multiple facets are addressed. Education must include frontline staff with an intake role, who play an important role in triage as the first point of contact with a service. Advocare Advocates all have four hour shifts where they are responsible for intake, while ARAS is considering appointing an intake officer, having recently completed a trial of this strategy.

Feedback from OPAN members has also identified the importance of specialisation to work effectively as Advocates for special needs groups. For example, ARAS and Advocare have appointed Aboriginal Advocates and have a dedicated Aboriginal Advocacy program, but others have appointed advocates with expertise in working with other special needs groups without designating them as such. Ideally, all teams should include some specialisation but the lesson from across OPAN organisations is that this knowledge should be shared and developed with all advocates in a service.

CORE SKILLS

The OPAN group will also need to agree on the core skills and knowledge sought in a national elder abuse program. Those identified in this review were applicable to general advocacy work, with specification relating to areas of knowledge that concern elder abuse:

- ✓ interpersonal and communication skills, particularly listening and empathy;
- ✓ time management skills (because demand levels are described as constantly exceeding resources);
- ✓ the ability to work effectively with other services and to build strong working relationships that support referral, joint service provision and follow-up of clients;
- ✓ knowledge of key services that will be involved in addressing elder abuse;

✓ practical skills including timeliness, data collection, record keeping and resource management;

✓ presentation skills, particularly for those with an education role, and associated with this role, an understanding of adult learning principles;

✓ a skill set and associated understanding of the Guardianship and protective systems (e.g. Enduring Power of Attorney) that are put in place to protect older people, but are often used as the vehicles to perpetrate abuse, particularly financial abuse; and

✓ knowledge specifically associated with being an Advocate and the boundaries involved with this role, including a degree of understanding of the law, particularly as it relates to human rights.

In developing a national approach to elder abuse service provision, it would be useful for OPAN members to agree on a core set of skills and knowledge that would structure a shared program of elder abuse advocacy training and development. This could achieve important resource efficiencies, and would enable members to pool their collective expertise to produce a best practice program, updating this as needed.

RECOMMENDATION 4

IT IS RECOMMENDED THAT OPAN MEMBERS AGREE ON THE CORE FEATURES OF A NATIONAL ELDER ABUSE PROGRAM MODEL, THE CORE SKILLS AND KNOWLEDGE REQUIRED FOR A NATIONALLY CONSISTENT TRAINING AND PROFESSIONAL DEVELOPMENT PROGRAM FOR ADVOCATES, AND THE PARTNERSHIPS THAT ARE ESSENTIAL TO PROVIDE ELDER ABUSE ADVOCACY AND PREVENTION.

ELDER ABUSE INFORMATION AND EDUCATION RESOURCES

Across the OPAN group, and particularly in relation to services that have specific elder abuse programs in place, there is a significant collection of resources (particularly printed material, DVDs, research reports) that have been developed over time. A national Elder Abuse Advocacy and Prevention Program would draw on these resources, but it will be important to establish a mechanism whereby future resource development can be shared wherever possible, to avoid duplication of effort and maximise resource usage.

One strategy to consider would be creating an Elder Abuse Resource Centre on the national OPAN website, recognising that this would require initial resourcing and then a small ongoing investment for updating. Significant progress has been made by ARAS, on behalf of a number of elder abuse agencies, in developing a resource hub – the National Elder Abuse Prevention Hub (ARAS 2015). The NEAPHUB was developed to provide a national focal point for elder abuse prevention resources, and was one response to a strongly supported move to develop a national approach to elder abuse. Advocare has also developed the *Elder Abuse Community* website to share elder abuse resources, news and discuss elder abuse. [13] The OPAN group will also need to

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[13] https://elderabusecommunity.ning.com/

consider the recently announced funding from the Attorney-General to support a Knowledge Hub (described in *Section 1).*

The OPAN Elder Abuse Resource Centre would be tailored to the needs of OPAN members to avoid duplicating efforts in the broader elder abuse field, but it can, and should, build from the significant amount of work that has been undertaken to date in developing the NEAPHUB and the Elder Abuse Community site, and the work that will be involved in developing the national elder abuse Knowledge Hub. **It will be critical to avoid duplication and to leverage from existing and planned initiatives.**

RECOMMENDATION 5

IT IS RECOMMENDED THAT A NATIONAL OPAN ELDER ABUSE PROGRAM INCLUDE A CORE SET OF NATIONALLY CONSISTENT INFORMATION AND EDUCATION RESOURCES, DRAWING FROM EXISTING OPAN MEMBERS' ELDER ABUSE RESOURCES AND TAKING INTO ACCOUNT THE DEVELOPMENT OF THE NATIONAL ELDER ABUSE KNOWLEDGE HUB. THE OPAN ELDER ABUSE RESOURCE CENTRE SHOULD BE LOCATED ON THE NATIONAL OPAN WEBSITE AND ONE-OFF FUNDING SOUGHT FOR ITS ESTABLISHMENT.

2.3   SPECIAL NEEDS GROUPS

The NACAP aims to support older people seeking to or currently accessing aged care services, but also places particular emphasis on supporting people identified as special needs groups in the *Aged Care Act 1997,* namely, people who:

- are from Aboriginal and/or Torres Strait Islander communities
- are from culturally and linguistically diverse backgrounds
- live in rural or remote areas;
- are financially or socially disadvantaged;
- are veterans of the Australian Defence Force or an allied Defence force including the spouse, widow or widower of a veteran
- are homeless or at risk of becoming homeless;
  - are care-leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations)
  - are parents separated from their children by forced adoption or removal; and
  - are from lesbian, gay, bisexual, transgender and intersex communities.

NACAP also identifies a tenth special needs group, namely:
- people living with dementia, a mental health condition, a disability and/or cognitive decline[14]

Although **all** of these targeted groups are responded to according to individual need, OPAN organisations also **tailor** their services according to differences in local population and need, as

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[14]https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/07_2017/nacap_program_guidelines_february_2017_final_version_2.0_accessible.pdf

well as their own specialist capacity. This brings resource implications, such as travel time and costs (particularly to reach remote locations), translation and interpreting costs, and staff development.

Table 7 maps these patterns, based on feedback provided about services, and depicts where a *further layer of specialisation exists for meeting special needs*. **A national OPAN Elder Abuse Program should leverage from these areas of specialisation, avoiding duplication in designing services tailored to the needs of specific groups, and collaborating to design and deliver programs that address both elder abuse and additional specific need(s).**

TABLE 7: GROUPS RECEIVING TAILORED ELDER ABUSE ADVOCACY AND PREVENTION

PRIORITY SPECIAL NEEDS OLDER PEOPLE	JURISDICTION							
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Aboriginal and Torres Strait Islander	✔	✔	✔	✔	✔		✔	✔
CALD background	✔	✔	✔	✔	✔		✔	✔
LGBTI		✔	✔	✔	✔	✔		
Living in rural or remote locations		✔	✔	✔	✔	✔		✔
Living in regional centres		✔	✔	✔	✔	✔	✔	
Living with lifelong disabilities	✔		✔ a			✔		
Disadvantaged and vulnerable		✔						
Living with cognitive impairment++	✔			✔		✔		
Veterans			✔ a		✔			

ACT = ADACAS; NTa = Seniors Rights & Disability Service, Darwin; NTb = Catholic Care NT, Alice Springs; NSW = Seniors Rights Service; SA = ARAS; Tas = Advocacy Tasmania Inc.; Vic = ERA; WA = Advocare Inc.

++ These organisations specialise in advocacy for people with impaired decision-making capacity.

CASE STUDY: Seniors Rights Service, NSW

Mrs M aged 76 came to Australia in about 2004 sponsored by her daughters under an aged parent visa. Mrs M does not speak English. In May 2015 one of the daughters took Mrs M to the bank and arranged for her to withdraw the whole balance of Mrs M's bank account to the sum of $227,000. The money was taken by the daughter who later claimed that the money was a "wedding gift.

Mrs M was later evicted from the daughter's home and started living in a local hospital as she was not entitled to Centrelink benefits and is indigent. In September 2015, NCAT Guardianship Division appointed NSW Trustee as the manager of Mrs M's financial affairs with a view to action being taken to recover the monies which had been misappropriated. The NSW Trustee failed to take any significant action.

In December 2016, Seniors Rights Service acted for Mrs M in making an application to NCAT Administrative Division for review of the NSW Trustee's deemed refusal to take action. In February 2017, NCAT directed that the NSW Trustee reconsider their deemed refusal and (by March) to inform NCAT and the other parties whether the decision had been affirmed, varied or set aside, and if there was a new decision. The NCAT application was resolved after the NSW Trustee and Guardian engaged the services of a private law firm to advise and take action.

2.4 ALLIANCES AND PARTNERSHIPS

NACAP Guidelines stipulate that OPAN organisations are required to have effective and active networks and linkages with a number of identified agencies and services in order to support access and referrals to services that address advocacy needs for aged care consumers. These include other funded NACAP providers; funded providers of the National Disability Advocacy Program; the Aged Care Complaints Scheme; the Aged Care Quality Agency; aged care assessment services; and agencies specialising in working with consumers from special needs groups.

The review has identified through structured interviews with OPAN members, the key networks and service collaborations in which they are involved. These are mapped in *Table 8,* where it can be seen that all OPAN organisations are part of interagency networks as these bring multiple service providers together, and form an effective and efficient way to ensure that OPAN organisations are known and recognisable, and that working relationships can be developed on behalf of consumers.

Systemic advocacy is enhanced through collaboration with State and Territory governments, particularly ageing and aged care policy units, and authorities with responsibility for protecting vulnerable people. Council on the Ageing (COTA) is also an important ally and it is anticipated that this will also be the case for Elder Abuse Action Australia (EAAA). Collaboration with services specialising in working with special needs groups is also a key part of OPAN service linkage and development, with Aboriginal and Torres Strait Islander agencies being the most commonly nominated.

TABLE 8: COLLABORATION TO ENHANCE ELDER ABUSE ADVOCACY AND PREVENTION

COLLABORATION OR PARTNERSHIP	JURISDICTION							
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
COLLABORATION TO SUPPORT SERVICE PROVISION AND LINKAGE								
Interagency networks	✔	✔	✔ a	✔	✔	✔	✔	✔
Legal services ++		✔	✔ a	✔	✔	✔		✔
Relationships Australia	✔				✔			
Emergency housing			✔ a			✔		
Family violence services			✔ a		✔	✔		
COLLABORATION TO SUPPORT SYSTEMIC ADVOCACY AND SERVICE COORDINATION								
COTA		✔	✔ a, b		✔	✔		
COSS			✔ a			✔		
State/Terr government ageing policy units; Ministerial Advisory Council on Ageing	✔		✔ a, b	✔	✔	✔	✔	✔
State/Terr government protection authorities **	✔			✔	✔			✔
COLLABORATION TO SUPPORT TAILORED SERVICES FOR SPECIAL NEEDS GROUPS								
Aboriginal and Torres Strait Islander		✔	✔ b	✔	✔		✔	✔
CALD background		✔		✔	✔	✔		✔
LGBTI		✔		✔	✔	✔		✔
Living in rural or remote locations		✔		✔	✔			✔
Living with lifelong disabilities	✔					✔		
Veterans			✔ a		✔			
LEARNING AND CAPACITY BUILDING ALLIANCES								
Universities for joint research studies		✔		✔	✔			✔
Universities/VET to educate students about elder abuse			✔ a		✔			✔

ACT = ADACAS; NTa = Seniors Rights & Disability Service, Darwin; NTb = Catholic Care NT, Alice Springs; NSW = Seniors Rights Service; SA = ARAS; Tas = Advocacy Tasmania Inc.; Vic = ERA; WA = Advocare Inc.

++ Community Legal Centres, Seniors Legal services/Legal Services for Older People; Legal Aid – often formalised through a Memorandum of Understanding

** Public Guardian, Public Advocate, Public Trustee Administrative Tribunals

Four OPAN organisations have identified research collaborations (and there are probably more) while three are working with education providers to develop education programs on elder abuse for students in health sciences and aged care programs. Given the critical role of educating future health and aged care professionals who will require skills to work with an ageing population, the OPAN group could position itself to be a key provider of student education by contributing to the delivery of university and vocational education and training sector programs, and by hosting student placements. This would involve educating students about elder abuse, and developing their skills in advocacy and prevention, providing a further element to current OPAN prevention programs. Findings from the national evaluation of the short lived but highly successful TRACS program (Teaching Research Aged Care Services)[15] reinforce the critical role to be played by the aged care sector in developing future health and aged care workforces and a considerable amount of material is available from the evaluation regarding the application of the TRACS model and lessons generated from the 16 project partnerships involved in the Program. This education could be extended to other professions, such as, the banking, finance and legal services sectors.

RECOMMENDATION 6

IT IS RECOMMENDED THAT A NATIONAL OPAN ELDER ABUSE ADVOCACY AND PREVENTION PROGRAM INCLUDE AS PART OF ITS PREVENTION ACTIVITIES, THE PROVISION OF STUDENT EDUCATION DESIGNED TO BUILD THE CAPACITY OF FUTURE HEALTH AND AGED CARE (AND OTHER) WORKFORCES TO RECOGNISE AND ADDRESS ELDER ABUSE.

2.5 ELDER ABUSE DATA COLLECTION

A critical component for a national OPAN elder abuse advocacy and prevention program will be a shared dataset, involving an agreed and consistent core set of data, and additional organisation-specific data as required. A nationally consistent dataset will make a positive contribution to broader national prevalence data collection, which is now receiving focused attention as a result of the Attorney-General's funding of research by the Australian Institute of Family Studies, the National Ageing Research Institute, the ANU Social Research Centre and the UNSW Social Policy Research Centre. At the time of writing, discussions were being held about the development of a national minimum data set with the involvement of the Attorney-General's Department. OPAN can and should be an important contributor to this ongoing research, but that is not possible without the development of its own nationally consistent data.

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[15] Barnett K, Howard S & Moretti C (2015) *TRACS to the Future - National Evaluation of Teaching and Research Aged Care Service (TRACS) Models: Final Report*, presented to the Department of Social Services, Canberra. Available at https://agedcare.health.gov.au/tracs-to-the-future-national-evaluation-of-teaching-and-research-aged-care-services-tracs-models-final-report

There is a foundation of expertise in data collection within OPAN that can be drawn upon in designing a consistent dataset, but OPAN members (or a designated Working Group) will need to meet to identify its **core** elements. At a minimum, this will include reaching agreement about:

a) a shared definition of elder abuse;
b) the profiling of *both* older people and their alleged abusers;
c) the nature of their relationship;
d) the core demographic and other characteristics that need to be captured;
e) the risk factors to be documented;
f) the type(s) of abuse; and
g) action taken by services.

In terms of service provision, agreement will be needed about what referral data should be documented (referrals to the OPAN service and from that service to other providers), and outcomes to be identified and documented (discussed further below).

Regarding information and education, agreement will be needed about what to document.

It is likely that this discussion will be occurring as OPAN takes over the preparation of the annual reporting on elder abuse that Advocare has initiated and undertaken since 2013-14.

ARAS has undertaken a significant amount of work towards the design of a national database and this information should be shared as part of that discussion.

RECOMMENDATION 7

IT IS RECOMMENDED THAT A NATIONALLY CONSISTENT OPAN ELDER ABUSE DATASET BE DEVELOPED, BASED ON AGREEMENT BY OPAN MEMBERS ABOUT THE INFORMATION THAT SHOULD CONSTITUTE A CONSISTENT CORE, AND REFLECTED IN A TEMPLATE TO SUPPORT COHERENT COLLECTION AND ANNUAL PRESENTATION OF DATA.

2.5.1 Current OPAN elder abuse data collection

The review explored data collection by OPAN members to compare what information is being collected and to estimate current elder abuse advocacy and education service provision. This is provided in *Table 9* below. There are some areas of commonality, but the gaps are most apparent.

TABLE 9: DATA COLLECTED BY FIELD OF ENQUIRY AND OPAN ORGANISATION

INFORMATION BEING COLLECTED	ACT	NSW	NTa	SA	Tas	WA
Number of clients receiving elder abuse services	✔	✔	✔	✔	✔	✔
Characteristics of person being abused						
Client age/age range	✔		✔	✔	✔	✔
Client gender	✔		✔	✔	✔	✔
Client geographical location (metropolitan, rural etc.)	✔		✔ By post code	✔	✔ By LGA	✔
Living arrangements (own home, rented home, RACF, Retirement Village, boarding house/SRF; in carer's home)	✔		✔	✔	✔	
Aboriginal and Torres Strait Islander older people	✔		✔	✔		✔
CALD background older people	✔		✔	✔	✔	✔
LGBTI				✔		
Veteran			✔	✔		
Homeless or at risk of homelessness			✔	✔		
Living with dementia			✔	✔		
Capacity to make decisions & basis for that assessment					✔	
Separation, forced removal				✔		
Financially or socially disadvantaged			✔	✔		
Main source of income	✔		✔		✔	
Living with abuser/s					✔	
Responsibility for older person's care – self, paid carer, family carer; alleged perpetrator	✔				✔	
Alternative decision maker (Guardianship Order, APP, PoA)			✔			✔
Type of abuse						
Psychological/emotional		✔	✔	✔	✔	✔

INFORMATION BEING COLLECTED	ACT	NSW	NTa	SA	Tas	WA
Financial		✔	✔	✔	✔	✔
Physical		✔	✔	✔	✔	✔
Social		✔	✔	✔	✔	✔
Sexual		✔	✔	✔	✔	✔
Neglect		✔	✔	✔		✔
Misuse of EPoA				✔	✔	
Substance				✔		
Risk factors for abuse						
Caregiver stress	✔			✔		
Cognitive impairment	✔			✔		
Family conflict				✔	✔	
Financial stress				✔	✔	
Gambling				✔		
Homeless or at risk of homelessness				✔		
Isolation				✔	✔	
Lack of appropriate services				✔		
Lack of information				✔		
Language or cultural barriers				✔		
Living with abuser	✔		✔	✔	✔	
Mental health issue	✔			✔	✔	
Cognitive impairment	✔				✔	
Physical dependence				✔	✔	
Physical illness	✔			✔		
Psychological dependence				✔	✔	
Self-neglect				✔		
Substance or alcohol abuse				✔		

INFORMATION BEING COLLECTED	ACT	NSW	NTa	SA	Tas	WA
Care leaver				✔		
Abuser details						
Number of alleged abusers				✔	✔	✔
Gender			✔	✔	✔	
Age/age range				✔	✔	
Geographical location				✔		
Aboriginal and Torres Strait Islander			✔	✔		
CALD background			✔	✔	✔	
LGBTI			✔	✔		
Abuser details						
Veteran				✔		
Homeless or at risk of homelessness				✔		
Living with dementia				✔		
Separation, forced removal				✔		
Financially or socially disadvantaged				✔		
Substance or alcohol abuse			✔	✔		
Theft or other criminal activity			✔			
Physical violence			✔			
Mental illness or disorder			✔			
Debt burden or bankruptcy			✔			
Gambling			✔			
Income source			✔		✔	
Care leaver				✔		
Relationship to older person – family member, paid carer, friend/ neighbour/acquaintance; RACF staff	✔		✔	✔	✔	✔

INFORMATION BEING COLLECTED	ACT	NSW	NTₐ	SA	TAS	WA
History of abuse by type of abuse and source/s of that information					✔	
Abuse case details						
Location/s where abuse occurred			✔		✔	
Abuse previously notified			✔			
Advocacy response						
Informal	✔			✔	✔	
Formal – information, advice	✔			✔	✔	
Advocacy response						
Formal – referral made	✔			✔	✔	
Protective – information, advice	✔			✔	✔	
Protective - referral	✔			✔	✔	
Advocacy outcomes						
Case closed				✔	✔	
Referral source						
Self-referral	✔			✔		✔
Aged care service provider	✔			✔		
Health service provider	✔			✔		
Other service provider	✔			✔		
Family	✔			✔		
Carer or representative (e.g. friend, neighbour)	✔			✔		
Word of mouth	✔			✔		
Formal aged care information source	✔			✔		
Police	✔			✔		

Note: NTa is Darwin Community Legal Service

2.5.2 Reporting and Outcomes

A national OPAN elder abuse program will require reporting against both outputs and outcomes. OPAN organisations' data collection relating to elder abuse service provision (where it exists) is currently focused on input and output information and outcomes are not a feature, largely because of the challenges involved in capturing them. For example, the time involved in achieving behavioural changes will not necessarily be measured in a funding year, and the outcome of cessation of abusive behaviour may not be achievable in many instances, while reduction is likely to be a more realistic aspirational outcome. The complexity of elder abuse and the involvement of multiple players and services, many of which will not be within the influence of OPAN elder abuse services, also make outcomes very difficult to measure, and to achieve (as was identified in the literature review).

It is, therefore, critical that OPAN members draw on their own experience and knowledge to determine a set of outcomes, and to rank them according to their potential achievability. From this a set of accompanying Key Performance Indicators (KPIs) can be developed and reporting can be structured against these. Once this is achieved, OPAN can then negotiate with funding bodies about reporting requirements.

Importantly, individual organisations in the OPAN group have begun to address the challenge of measuring outcomes.

- **ADACAS** conducts surveys before and on completion of advocacy service provision in order to assess the difference made by advocacy interventions across seven aspects of an individual's life –

  o achievement of goals;
  o support needed for decision-making;
  o services and supports needed;
  o opportunity to interact and engage with community;
  o knowledge of rights;
  o satisfaction with quality of services and supports received;
  o being respected and having opinions acknowledge.

  While not elder-abuse specific, they are relevant to elder abuse and show *significant, positive change* as a result of ADACAS advocacy services.

- **ARAS** uses a telephone survey to determine whether their services for older people experiencing abuse have made a difference. Seven types of outcome are investigated and involve –

  o clients being less stressed about the abuse issue;
  o believing that they have options to consider;
  o knowing what needs to be done;
  o feeling stronger in the knowledge that ARAS support is available when they need it;
  o being listened to;
  o realising that their emotional response to the abuse is justified;
  o being appreciative of the services and support provided by ARAS.

- ☐ **SDRS (Seniors and Disability Rights Service)** in Darwin also collects information from clients of its advocacy support and education services, and this will be extended to the newly implemented Elder Abuse Prevention Project. Feedback about advocacy support seeks to assess –

    - o overall satisfaction with the way the team assisted;
    - o if the team was able to assist to resolve concerns;
    - o if the client learned more about their rights and responsibilities;
    - o if the Advocate understood the client's needs and acted according to their wishes.

    The Education survey seeks feedback about –

    - o the usefulness and relevance of the content of the session;
    - o how easy it was to understand,
    - o if knowledge had increased as a result of the session;
    - o if there had been a change in perception of the rights of people receiving aged care services;
    - o impact made on levels of understanding regarding the role of Advocacy Services.

RECOMMENDATION 8

IT IS RECOMMENDED THAT OPAN MEMBERS AGREE ON A CORE SET OF OUTCOMES THAT CAN BE ACHIEVED BY ELDER ABUSE ADVOCACY SERVICES, AND BY PREVENTION SERVICES, AND DEVELOP A SET OF KEY PERFORMANCE INDICATORS THAT ARE LINKED TO THOSE OUTCOMES AND REFLECTED IN OPAN DATA COLLECTION.

In the absence of **consistent** outcomes-related data, it is difficult to **measure** OPAN organisations' effectiveness in providing elder abuse advocacy and prevention. It would be useful, now that OPAN services are part of a single national program, for an agreed client feedback tool to be developed that is focused not only on satisfaction rates, but also on changes achieved for clients as a result of elder abuse service interventions. This would be administered as cases are closed, and for those cases enduring for more than a year, at the 12 month point, and would complement KPI-related outcomes data collected. Together, these will make it possible to monitor the effectiveness and impact of elder abuse advocacy and prevention services.

RECOMMENDATION 9

IT IS RECOMMENDED THAT OPAN MEMBERS DESIGN A NATIONALLY CONSISTENT CLIENT FEEDBACK TOOL DESIGNED TO YIELD INFORMATION ABOUT THE EFFECTIVENESS OF ELDER ABUSE SERVICE INTERVENTIONS FROM THE PERSPECTIVE OF THE OLDER PERSON. INFORMATION FROM THIS FEEDBACK TOOL SHOULD BE COMPARED WITH OUTCOMES-RELATED DATA TO DETERMINE SERVICE EFFECTIVENESS AND IMPACT.

3. CASE STUDY: THE AGED RIGHTS ADVOCACY SERVICE

3.1 THE ARAS ADVOCACY MODEL AND ASSOCIATED CORE VALUES

Note: A more detailed version of this case study of ARAS is provided as an Accompanying Report to this review.

The Aged Rights Advocacy Service Inc. (ARAS) is a not-for-profit community based organisation that has been providing advocacy support since 1990. It aims to promote and protect the rights and wellbeing of older people, through the provision of advocacy support, information and education. ARAS offers a free, state-wide and confidential advocacy service and is one of two services in the OPAN group with a specific elder abuse advocacy and prevention service available for all older people. The other, Advocare Inc., is described in *Section 4.*

Central to the ARAS advocacy model is a focus on **empowerment** of older people, underpinned by a human rights framework[16]. Support is given to an older person (or their chosen representative) to self-advocate, to regain control and thereby reduce or prevent further abuse. In part, this is assisted by proactively providing the relevant knowledge, skills and resources to recognise and prevent abuse – to both individuals, and the wider community (including service providers). The empowerment philosophy underpins all programs, including the *Abuse Prevention Program,* and is evident in ARAS' Vision and Mission statements.

VISION

> *A society in which all older people are recognised as valued, active and contributing participants and where aged care services are responsive to the rights and needs of all consumers.*

MISSION

> *ARAS will aim to increase the older person's control over goods, services and quality of life and develop a sense of empowerment and being valued as an individual and citizen of Australia. ARAS acts in the interest of all older people to safeguard, uphold and promote their rights as citizens of Australia. ARAS strives to work in an inclusive manner. All activities encompass strategies that are appropriate to the particular linguistic, cultural, physical and intellectual requirements of our client group.*

ARAS has seven defined programs, with associated teams of Advocates who bring specialised knowledge and experience to each area, including abuse advocacy and prevention. However, the ARAS Advocates also operate as a group with the capacity to work across programs, and one Advocate works across all program areas. The majority of ARAS Advocates have been working with the organisation for more than ten years. The programs are:

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[16]Apart from adherence to relevant UN policy on the rights of older people, ARAS also adheres to the SA Government's *Charter of the Rights and Freedoms of Older People* (2014) which is part of the SA Government's *Strategy to Safeguard the Rights of Older South Australians 2014-2021*

- Abuse Prevention Program
- Aboriginal Advocacy Program
- Retirement Villages Advocacy Program
- Residential Care Advocacy Program
- Community Aged Care Advocacy Program
- Elder Abuse Prevention Phone Line
- WEAAD Community Activities and Conference.

The *Abuse Prevention Program (APP)* aims to assist older people, who are living in the community, to safeguard their rights, in order to improve their quality of life and ensure their safety and wellbeing. In supporting older people to uphold their rights, the Program is guided by the *United Nations Principles for Older Persons* (1991) and provides assistance to:

- Older people who are at risk of, or experiencing abuse from those with whom they are in a *relationship of trust*, such as family members or friends.

- An older person's representative.

- Service providers - providing information, strategies and support designed to ensure the rights of consumers are upheld.

The *SA Elder Abuse Prevention Phone Line[17]* was established in October 2015 and provides information about elder abuse, advice about resources and referral to support services. This 1800 Phone Line is funded by Office for the Ageing, SA Health.

A review of ARAS data on advocacy support for the 10 years 2006-2016, excluding that associated with the Phone Line, identified a total of <u>5,401 requests from older people</u> for abuse-related assistance, with a sharp increase evident from 2012 and sustained thereafter.

3.2 ORIGINS OF THE ARAS ABUSE PREVENTION PROGRAM

The ARAS *Abuse Prevention Program* (APP) for older people was established in 1997 with funding from the SA Office for the Ageing and HACC to provide advocacy assistance and support to older people at risk of, or experiencing abuse. It was in this year that the *Elder Protection Program SA* (which had been established in 1994 under the auspices of Domiciliary Care Services) became a program of ARAS. The Elder Protection Program had been evaluated in 1996[18] and a range of recommendations were made, including renaming the service (removing the term 'protection'), moving to a rights-based approach, and relocating the service under the auspice of ARAS.

ARAS has always worked closely with SA Office for the Ageing, collaborating on a number of elder abuse-related initiatives. Funding from the Office has been critical to the development of ARAS's elder abuse advocacy and prevention programs. Most recently, ARAS worked with the Office on the development of the SA Government's *Strategy to Safeguard the Rights of Older*

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[17] The *Elder Abuse Prevention Phone Line Support and Referral Service*
[18] Kate Barnett & Associates and Julie Sloan (1996) *Review of the Elder Protection Program*, Office for the Ageing, Adelaide

Australians 2014-2021 and its accompanying *Action Plan 2015-2021*[19] which has had a measurably positive impact on the Abuse Prevention Program - see the following section for further information.

3.2.1 Strategy: Our Actions to prevent the Abuse of Older South Australians

The Strategy *Our Actions to prevent the Abuse of Older South Australians* (2007) was funded by the SA Office for the Ageing and evolved from the State Government's *Improving with Age: our Ageing Plan for South Australia.* **This single project has made a substantial and lasting contribution to the ARAS Abuse Prevention Program, highlighting the positive impact of resourcing combined with strategic project design.**

The *Our Actions* project included resourcing for ARAS to employ an additional Advocate in the Abuse Prevention Program (APP) and made a significant difference to the team's capacity to make an impact. Data collected showed that this project alone –

a)   Resulted in the largest number of reports of abuse over a 12 month period (718) of older people living in the community since the APP began in 1997.

b)   Created the biggest demand since 1997 for information and education sessions (183 with 4,879 participants) over the 12 month period.

The impact continued with a flow-on effect in the calendar year 2010, with 572 reports of abuse of older people and 138 education sessions involving 3,347 participants.

When compared with the average over the three preceding financial years 2005-2008, this impact involved a **53%** increase in the number of individual clients and a **69%** increase in the number of information and education sessions with an accompanying **82%** increase in participants.

3.3   ELDER ABUSE ADVOCACY AND PREVENTION IN OTHER ARAS PROGRAMS

3.3.1 Residential Care Advocacy Program

The ARAS *Residential Care Advocacy Program* began in 1997 with funding from the Australian Government that is now provided through NACAP. It currently has 2 FTE and 1 part-time Residential Care Advocates, and 1 FTE Retirement Villages Advocate, funded by the SA Office for the Ageing (OFTA) is part of this team.

In 2016-17, ARAS responded to **64** cases involving abuse of older people living in residential aged care, and **155** contacts were made in relation to those 64 cases.

- **Approximately 15% of all complaints or concerns brought to this Program related to some form of elder abuse.**

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[19]http://www.sahealth.sa.gov.au/wps/wcm/connect/2e5d0e004459d5af88d9aa76d172935c/Strategy+to+Safeguard+the+Rights+of+Older+South+Australians+WEB+FINAL.pdf?MOD=AJPERES&CACHEID=2e5d0e004459d5af88d9aa76d172935c

- **35%** of all cases required some type of direct representation with service providers to address issues relating to the abuse of a resident.

During this three year period, ARAS conducted **49** staff education sessions throughout South Australia on elder abuse prevention in residential aged care. These were attended by **1,287** staff, **24** students and **41** volunteers.

Further information about advocacy and prevention services in residential aged care for 2016-17 is provided below in *Table 10.*

TABLE 10: ARAS RESIDENTIAL CARE ADVOCACY PROGRAM, 1/7/16-30/6/17

CONTACTS MADE IN RELATION TO 64 CASES		ADDITIONAL NEEDS OF RESIDENTS SUPPORTED**		
Family representatives	79	Dementia or related	22	34.4%
Residents	44	CALD background	13	20.3%
Staff	16	Rural or remote location	5	7.8%
Other (friends, health providers)	16	Aboriginal	1	1.6%
TYPE OF ABUSE		**PER CENT OF CASES**		
Financial +		35.0		
Psychological or emotional		28.0		
Physical		21.0		
Social ++		7.0		
Sexual		5.0		
ALLEGED ABUSER		**PER CENT OF CASES**		
Adult son		31.0		
Adult daughter		23.0		
Staff member		19.0		
Spouse or partner		4.0		
Sibling		3.0		
Other family, friends, neighbours		20.0		
Sub-total		*100.0*		

**ARAS is not always provided with details in respect to special needs so it is difficult to be precise.

+ Some 65% of those cases related to misuse of a Power of Attorney

++ e.g. restriction or prevention of social interaction or contact family/friends

3.3.2 Retirement Villages Residents' Advocacy Program

Funded by the SA Office for the Ageing, the *Retirement Village Residents' Advocacy Program* was launched by ARAS in late 2014. It supports residents with regard to issues which relate to their residency. The Advocate provides information about rights and entitlements relating to residency of Retirement Villages, as well as advocacy support, assistance or representation when individual residents or a group of residents need to contact an administering authority.

Information sessions are provided in retirement villages, and the Legal Services Commission and the Property Council of South Australia. A key referral source into the Program is the SA

Retirement Village Residents Association (SARVRA), but referrals are received from a range of service providers, including GPs, and from legal services. *Table 11* provides details about service provision in 2016-17.

TABLE 11: RETIREMENT VILLAGE RESIDENTS' ADVOCACY PROGRAM SERVICES, 1/7/16-30/6/17

RETIREMENT VILLAGE RESIDENTS' ADVOCACY PROGRAM	NUMBER
TOTAL CASES	**228**
CASES DIRECTLY ASSOCIATED WITH ELDER ABUSE ALLEGATIONS (9.6%)	**22**
• 9 males and 13 females	22
TYPE OF ABUSE (THIS INCLUDES MULTIPLE, OVERLAPPING TYPES)	
• Psychological abuse	20
• Financial abuse	14
• Social abuse	6
• Neglect	3
• Sexual abuse	1

3.4 DATA COLLECTION

There are four key components of the ARAS APP database, presenting information about:

⇨ Advocacy services
⇨ Education services
⇨ Information services and
⇨ Networking.

The data collection is extremely comprehensive, and a recent major South Australian study of elder abuse prevalence described the ARAS database as a model for data collection on this issue.

> *With the exception of ARAS, there currently are no systematic processes for collating de-identified data for analysis at the agency level, and privacy laws are seen to inhibit the sharing of data between agencies. Consequently, access to prevalence data is presently limited. Only one agency at the State level – ARAS - currently collates comprehensive data on the prevalence of elder abuse reported to that organisation (Lacey et al 2017: 6).[20]*

The following two sections present information drawn from the APP database.

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[20] Lacey W, Middleton H, Bryant L & Garnham B (2017) *Prevalence of elder abuse in South Australia, Final Report – Current data collection practices of key agencies*, University of South Australia and Office for the Ageing, South Australia. Accessed at - http://www.sahealth.sa.gov.au/wps/wcm/connect/96f22500421782fe9d2bff40535c9bd4/Prevalence+of+Elder+Abuse+in+South+Australia+-+Final+Report_February+2017.pdf?MOD=AJPERES&CACHEID=96f22500421782fe9d2bff40535c9bd4

3.5 APP ADVOCACY SERVICES IN 2016-17

In the financial year 2016-2017, the **three Advocates** from ARAS' Abuse Prevention Program assisted a total of **687** consumers, with 507 new cases in this period and 54 ongoing cases. This involved 742 hours of staff time and over 27 hours of staff travel time – see *Table 12* below.

TABLE 12: ARAS ABUSE PREVENTION PROGRAM – TOTAL CONSUMERS ASSISTED, 1/7/16-30/6/17

ADVOCACY	NUMBER
No of consumers assisted	687
No of open/ongoing cases	54
No of new cases in reporting period	507
No of consumers finalised or withdrawn	633

During 2016-17, time spent in providing elder abuse advocacy services totalled ***742.25 hours*** and ***27.6 hours*** of travel time.

3.5.1 Type of abuse

The main **type of abuse** was psychological or emotional (611 cases), followed by financial (389), neglect (136), social abuse (103), physical abuse (73) and misuse of Power of Attorney (33). Details follow in *Table 13,* noting that there will be overlap between categories due to more than one type of abuse being experienced by service users. The table also presents the nine categories of abuse against which ARAS data are collected.

TABLE 13: ARAS ABUSE PREVENTION PROGRAM - TYPES OF ABUSE, 1/7/16-30/6/17

TYPES OF ABUSE	NUMBER
Psychological	611
Financial	389
Neglect	136
Social	103
Physical	73
Misuse of Power of Attorney	33
Substance	8
Sexual	6
Reportable assault	0

Figure 3 shows that nearly half of these abuse cases involved emotional or psychological abuse (46.3%), followed by financial (29.3%), neglect (10.1%), social (7.3%), physical (5.45%), substance (0.5%) and sexual abuse (0.45%).

FIGURE 3: APP REPORTED ABUSE – TYPE OF ABUSE BY % OF CASES, 1/7/16-30/6/17
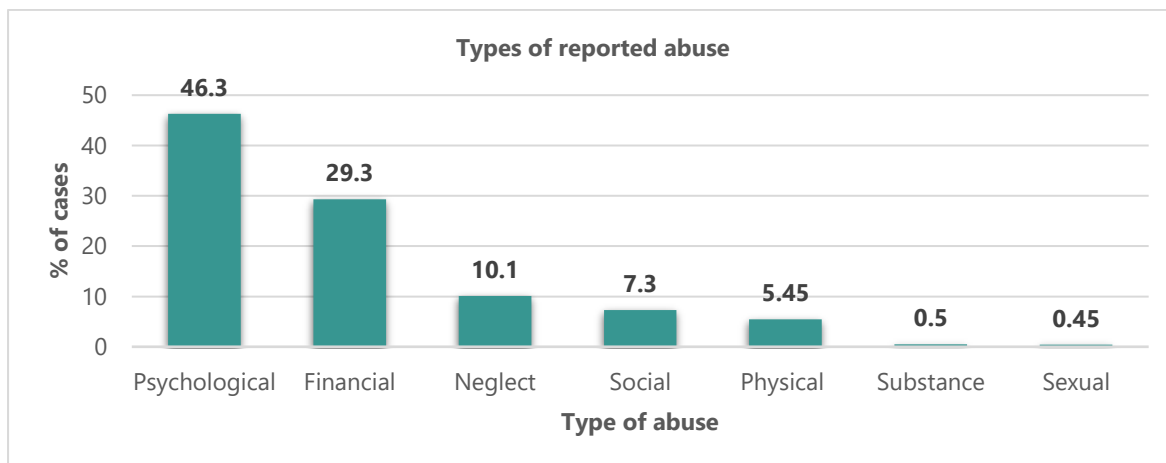
3.5.2 Sources of referral

As can be seen from *Table 14*, the most common **referral source** was a family member (144), followed by service providers (114), health professionals (74) and self-referral (54).

TABLE 14: ARAS ABUSE PREVENTION PROGRAM – REFERRAL SOURCES, 1/7/16-30/6/17

REFERRAL SOURCE	NUMBER
Family	144
Service provider	114
Health Professionals – hospital, community, GP, medical clinic	74
Self-referral	54
Age Page	48
Word of Mouth	44
Carer or Representative (eg friend, neighbour)	38
Elder Abuse Phone Line	14
ARAS Education session	13
Police	12
Advocacy publication	12
Website	12
Social Worker – hospital, community	10

During 2016-17, there was a noticeable increase in the number of referrals from health professionals. This was a result of the education provided to health and allied health professionals in all public hospitals as well as education provided to 5th year medical students, which is now part of their curriculum, making them an important target audience for information, education and awareness raising, as well as for collaborative working relationships.

3.5.3 Consumers' place of residence and geographical location

Consumers receiving elder abuse-related advocacy support from ARAS were most likely to be living in their own homes (424 people), or in a home they were renting (86 people). The home of the family caregiver was the next most common place of residence (47), followed by a retirement village (21) or an aged care home while receiving respite services (12).

FIGURE 4: ARAS APP CONSUMERS' PLACE OF RESIDENCE, 1/7/16-30/6/17
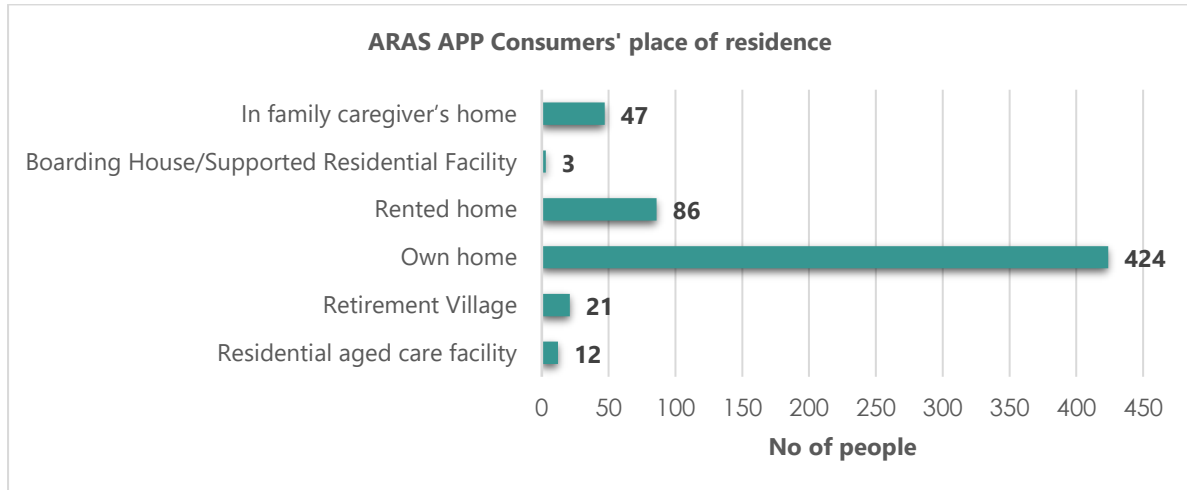
The majority of consumers were living in the metropolitan area (522) followed by a rural/remote location (113). Details follow in *Figure 5.*

FIGURE 5: ARAS APP CONSUMERS' GEOGRAPHICAL LOCATION, 1/7/16-30/6/17
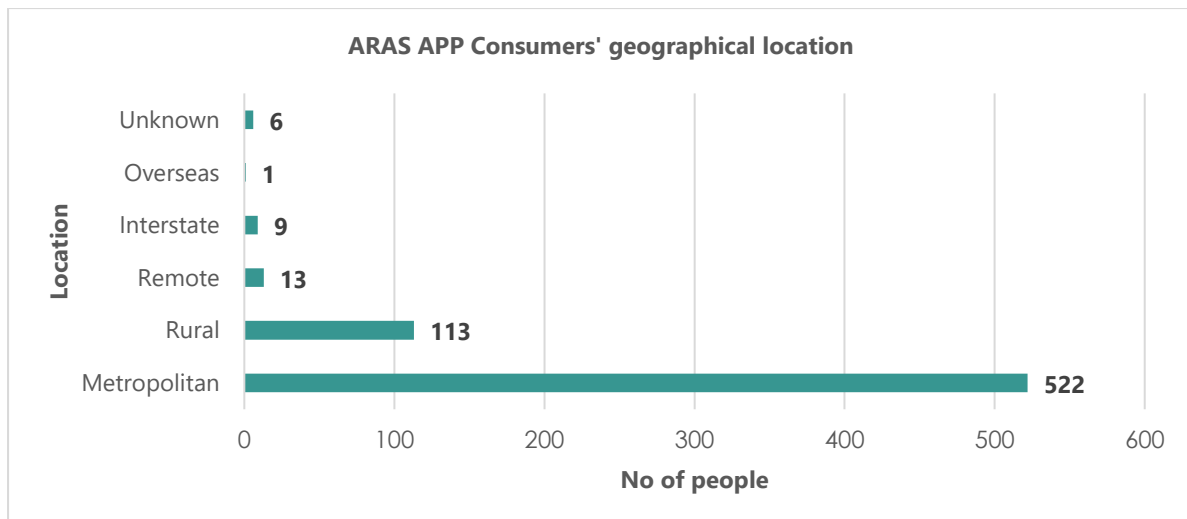
3.5.4 Consumers with special needs

APP consumers who were identified with **special needs** involved these groups - People living with Dementia (127); Culturally and Linguistically Diverse (CALD) background people (118);

Financially or socially disadvantaged people (90); People living with a disability (71); and Aboriginal and Torres Strait Islander people (19).

FIGURE 6: ARAS APP ADVOCACY - CONSUMERS IDENTIFIED WITH SPECIAL NEEDS, 1/7/16-30/6/17
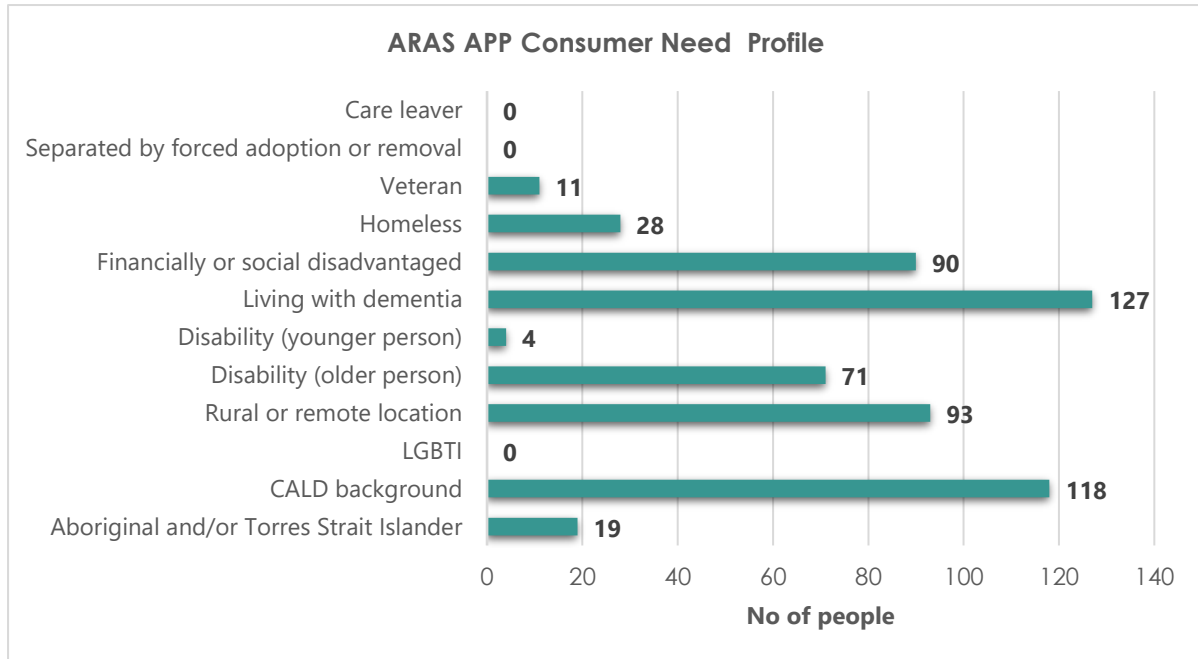
3.5.5 Risk factors for abuse

The most commonly identified **risk factors** were associated with family conflict (419), followed by lack of information (349) and a mental health issue (321). Other common risk factors were isolation (266), psychological dependence (238), financial stress (234), physical dependence (232), lack of appropriate services (198), living with the abuser (176), cognitive impairment (176), and physical illness (171).

FIGURE 7: ARAS APP ADVOCACY SERVICES – RISK FACTORS INVOLVED, 1/7/16-30/6/17

ARAS APP Services: Risk Factors involved

Risk factor	No of cases
Other	1
Substance or alcohol abuse	12
Self-neglect	43
Psychological dependence	238
Physical illness	171
Physical dependence	232
Mental health issue	321
Living with abuser	176
Living in the same property	87
Language or cultural barriers	89
Lack of information	349
Lack of appropriate services	198
Isolation	266
Homeless or at risk of homelessness	56
Gambling	1
Financial stress	234
Family conflict	419
Cognitive impairment	176
Caregiver stress	37

3.5.6 Profile of alleged abusers

Unlike many of the OPAN service provider group, ARAS also collects data about the alleged abuser, with 24 profile characteristics that detail the relationship between the older person being abused and the perpetrator. Details are provided in *Table 15*. It can be seen that sons and daughters were the most frequently identified abusers, followed by spouses, grandchildren, daughters and sons in law, and other family members. In fact, almost all categories of alleged abusers involve family members.

TABLE 15: ARAS ABUSE PREVENTION PROGRAM –PROFILE OF ALLEGED ABUSERS, 1/7/16-30/6/17

RELATIONSHIP TO OLDER PERSON BEING ABUSED	NUMBER
Son	186
Daughter	184
Spouse	64
Grandchild	39
Friend or neighbour	34
Daughter in law	24
Other family	22
Son in law	22

RELATIONSHIP TO OLDER PERSON BEING ABUSED	NUMBER
Sibling	21
Step children	14
Multiple family members	14
Adopted children	13
Brother	12
Sister	10
Niece or nephew	10
Defacto	5
Separated	4
Carer – unpaid, informal	6
Carer – registered with Centrelink	2
Carer – paid privately by consumer	1
Private business	2
Unknown	2
Worker – staff or volunteer	2
Other	*32*

3.6 APP PREVENTION SERVICES IN 2016-17

3.6.1 APP Education sessions

Table 16 presents data about the education activities of the Abuse Prevention Program in 2016-2017. It can be seen that a total of **101** sessions were provided, involving **3,476** participants.

Sessions made provision for professional interpreters at no cost to their service. Following the completion of sessions, Advocates allowed time for private questions or requests for information, disclosure of concerns of elder abuse and private appointment requests for the Advocate to visit the homes of participants. From feedback collected, older people often reported feeling at ease, being listened to, and supported to implement strategies as needed, and these represent very important benefits of the Abuse Prevention Program's education services.

In 2016-17, time spent in providing education sessions involving ***240.2 hours*** of presentation plus just under ***142 hours*** of travel time.
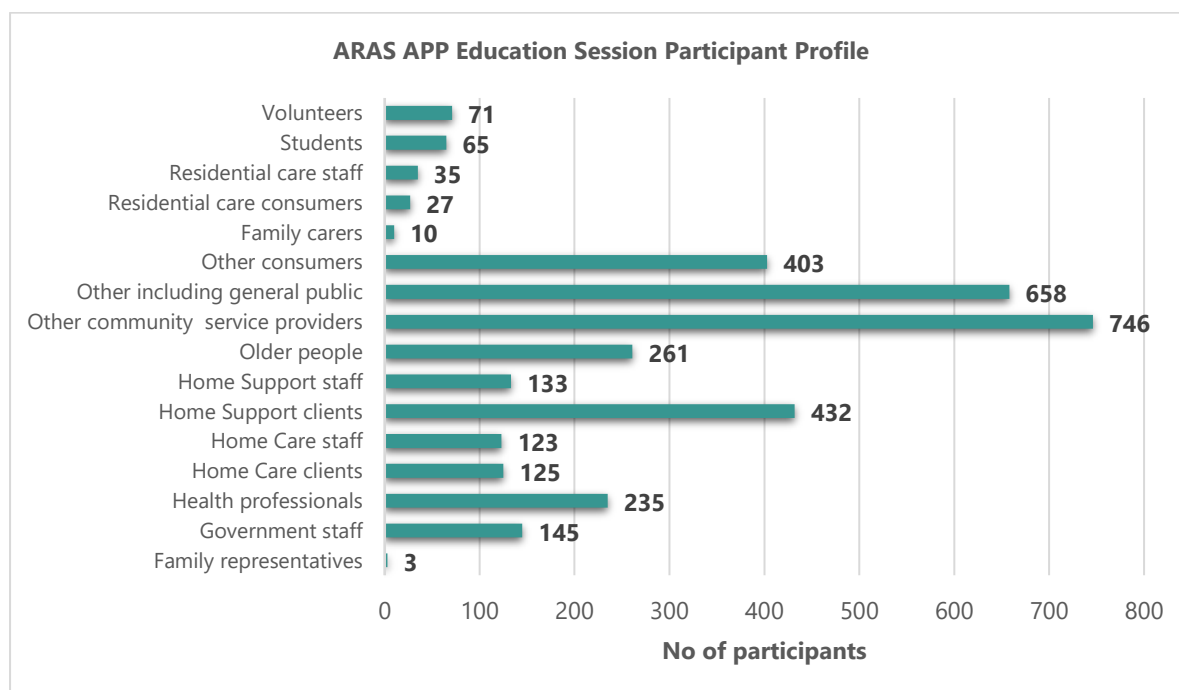
TABLE 16: ARAS ABUSE PREVENTION PROGRAM - EDUCATION, 1/7/16-30/6/17

EDUCATION	NUMBER OF SESSIONS	NUMBER OF PARTICIPANTS
Education sessions and events provided **	101	3,476
• Face to face education sessions	• 94	
• Promotion, publicity, community education events	• 7	
Sessions for health professionals	19	235
Sessions in regional areas	25	268
Sessions with 5th year medical students +	4	54
Sessions with 3rd year psychiatry students ++	1	10
'Train the Trainer' and Responder Workshop sessions for CHSP and non CHSP providers	3	56
Sessions with Aboriginal organisations	5	36
Education sessions to SA Police Officers	4	138

** Participants included older people, community members and professionals
+ Elder abuse component now incorporated into 5th year medical student education
++ Now provided annually

A profile of participants in these education sessions is provided in *Figure 8* which shows that the highest number of participants (746) were 'other' community service providers (i.e. not aged care providers) followed by members of the general public (658).

FIGURE 8: ARAS APP EDUCATION SESSIONS: PARTICIPANT PROFILE, 1/7/16-30/6/17

ARAS APP Education Session Participant Profile

	No of participants
Volunteers	71
Students	65
Residential care staff	35
Residential care consumers	27
Family carers	10
Other consumers	403
Other including general public	658
Other community service providers	746
Older people	261
Home Support staff	133
Home Support clients	432
Home Care staff	123
Home Care clients	125
Health professionals	235
Government staff	145
Family representatives	3

APP Advocates also presented to a range of community organisations, including SA Financial Counsellors, Catalyst Foundation (an information service for older people), United Women's Committee Forum, Respectful Relationships Forum, Developing Service Networks for Older People affected by DV and Homelessness Forum.
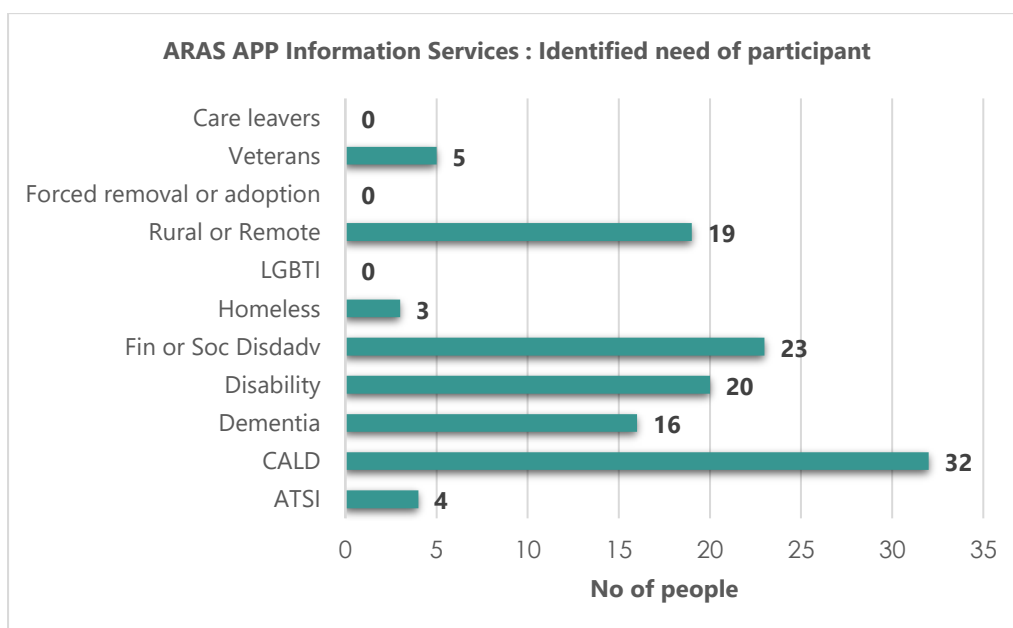
The APP team also provided education to some service providers using a *Train-the-Trainer* approach, with these sessions typically involving a full day of training. Outcomes were that service providers and others can: define the terms of abuse; can recognise the different signs of abuse; and know the barriers to reporting abuse. Due to the demand by services on how to respond to abuse once it has been identified, a Responder Workshop was developed and a full day's training is provided.

3.6.2 APP Information services

In 2016-17, ARAS received **244** requests from older people for information in relation to their rights and the role of agencies, such as, ARAS and the Legal Services Commission. This resulted in 56% being linked to appropriate services for assistance.

As can be seen from *Figure 9,* of the 244 older people, 32 were from CALD backgrounds, 23 were financially or socially disadvantaged, 20 were living with some form of disability, 19 were living in rural or remote locations and 16 had a diagnosis of dementia.

FIGURE 9: ARAS APP INFORMATION SERVICES: CONSUMERS WITH SPECIAL NEEDS, 1/7/16-30/6/17

ARAS APP Information Services : Identified need of participant

Category	No of people
Care leavers	0
Veterans	5
Forced removal or adoption	0
Rural or Remote	19
LGBTI	0
Homeless	3
Fin or Soc Disdadv	23
Disability	20
Dementia	16
CALD	32
ATSI	4

3.7 FUNDING THE ABUSE PREVENTION PROGRAM

ARAS' main sources of funding are the Australian (Department of Health) and SA Governments (primarily the Office for the Ageing). Details about resourcing follow in *Table 17* below. It can be seen that elder abuse services constitute a significant proportion of ARAS program activity, and this applies not only to their defined Abuse Prevention Program but is also part of the work of other advocacy program areas, in particular:

   a)   the Mentoring Camps provided as part of the Aboriginal Advocacy Program;

   b)   the Residential Advocacy Program with **64** elder abuse cases representing about **15.0%** of advocacy work in during 2016-17 (see *Table 10*) and

   c)   the Retirement Villages Advocacy Program showing **22** elder abuse cases or **9.6%** of advocacy work in in the same time period (see *Table 11).*

TABLE 17: ARAS PROGRAM BY FUNDING AND FUNDING SOURCE, 2017-2018

ARAS PROGRAM OR SERVICE	FUNDED AMOUNT ($)	FUNDING BODY
Abuse Prevention Program (APP)	200,000	NACAP via OPAN (1/10/17 – 30/6/18)
Abuse Prevention Program (APP) Transition funding (one-off)	66,000	Commonwealth Department of Health via CHSP
Advocacy for older people	1,290,424	NACAP
Retirement Villages Advocacy Program	136,000	Office for the Ageing, SA Health
Elder Abuse Prevention Phone Line and Referral Service	80,00	Office for the Ageing, SA Health
Mentoring Camp	32,799	Commonwealth Department of Health via CHSP
WEAAD 12th Annual Conference	(estimated) 7,000	Office for the Ageing, SA Health (being negotiated)
Elder Abuse Prevention (aligned with Positive Lives Toolkit, likely to involve community education in relation to the Toolkit)	(estimated) 54,000	Office for the Ageing, SA Health (being negotiated)

3.8 RESOURCES DEVELOPED FOR ABUSE ADVOCACY AND PREVENTION

Over the years, ARAS has developed a significant number of elder abuse resources that are used across Australia and can all be accessed from the ARAS website at - http://www.sa.agedrights.asn.au/residential_care/preventing_elder_abuse/resources and http://www.sa.agedrights.asn.au/publications .

The *Our Actions* project produced the slogan *There is no Excuse for Abuse,* which became ARAS' key promotional slogan and is part of regular radio messages and written resource materials. It

was also adopted for WEAAD[21] events nationally and continues to be used in ARAS' WEAAD and education sessions. A DVD using the slogan as the title was also developed and was designed to raise awareness of the different forms abuse can take. The project developed a number of resources including a kit with information about legal safeguards for Enduring Power of Attorney documents (100,000 were distributed) and a Pocket Guide that raises awareness about what elder abuse entails and how it can be addressed. The Pocket Guide is also available in Greek and Italian. Project funding also supported the reprinting of a frequently requested ARAS booklet, *Regaining your Control*, that explains what elder abuse is and how to prevent it, and advises where to seek help. Its target audiences are older people, families and caregivers.

A collaboration between ARAS and the Council of Aboriginal Elders of SA (CAESA) produced a poster, brochure and radio advertisement - all with a prevention focus. The Aboriginal Advocacy Program has generated several resources, including a Toolkit and three DVDs– further details are provided in *Section 3.10.5.*

Protocols for Responding to Abuse of Older People living in the community were developed with project resources and launched at the 2011 WEAAD. The Protocols provide a framework to assist aged care service providers to respond to abuse of older people living in the community. This includes definitions and signs of the different forms of abuse, risk factors and principles of intervention when working with older people.

An *Abuse Prevention Train the Trainer Kit* was developed for designated aged care providers to provide them with the knowledge and resources required to develop the capacity of front line staff to recognise abuse of older people and act appropriately when abuse was identified. This formed the focus of **20** education sessions. Regional collaboration workshops were undertaken in seven SA regions, with additional resourcing from Country Health SA.

Other resources include *Living a Positive Life Toolkit* which was developed by ARAS and the Office for the Ageing, in consultation with key stakeholders, to raise community awareness of how older people can take steps to safeguard their rights and live a positive life. Designed to enable service providers/facilitators to start the conversation with participants from their client groups and community members, it promotes four key messages: Stay connected; Stay active; Stay healthy; Stay in control. The Toolkit is available for both mainstream and Aboriginal communities.

Top 10 Safeguards Fact Sheets provide preventative strategies for each form of abuse to support informed choice and decision making.

3.9 KEY PARTNERSHIPS AND COLLABORATIONS

As described in *Section 3.10,* ARAS has built strong relationships with Aboriginal leaders, service providers and communities, over a period of some two decades. The **Council of Aboriginal Elders of SA (CAESA)** continues to be one of the organisation's most significant partners. More recently, working relationships have been strengthened with a range of health professionals, who are an important source of referral and for whom education workshops on elder abuse are being

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[21] World Elder Abuse Awareness Day – the focus of an annual ARAS Conference focused on abuse prevention.

provided. Similarly, education sessions are being delivered to SA Police who do not otherwise receive elder abuse awareness training.

In 2016-17, ARAS APP Advocates participated in **14** major networking events, of which 4 were quarterly meetings of the Alliance for the Prevention of Elder Abuse (APEA). Apart from APEA meetings, a further four networking events involved interagency meetings (Western Linkages Network Meeting, Inner City CHSP Network Group, Southern Multicultural Service Providers Network Forum). Abuse Prevention Program Advocates are members of **22** networks that collectively bring together nearly 290 individual members. APP Advocates also participate in aged care networks, and CALD sector networks, providing important opportunities to promote consumer rights, abuse prevention, ARAS services and influence policy and practice.

THE ELDER ABUSE SIMULATION AND LEARNING PROJECT

A partnership between ARAS, The University of Adelaide School of Nursing, and the Office for the Ageing involved ARAS teaching 120 2nd year nursing students about elder abuse prevention, recognition and response through a simulation learning exercise that involved older people who had volunteered to be simulation actors. The Project was designed to teach students how to recognise when older patients in hospital are experiencing abuse.

3.9.1 Alliance for the Prevention of Elder Abuse

The **Alliance for the Prevention of Elder Abuse** (APEA) members are key stakeholders in relation to responding to the abuse and exploitation of older people, and work collaboratively to raise awareness and champion the rights of older people. Participating agencies are ARAS (which initiated this network 19 years ago), the Legal Services Commission, the Office of Public Advocate, the Public Trustee and the South Australia Police. [22] APEA raises awareness of the range of issues related to financial exploitation and promotes safeguards that can be written into Enduring Power of Attorney documents. The group meets bimonthly. APEA recently developed a video that overviews the free services that are available to address elder abuse and provides practical information to protect physical, emotional, mental and financial wellbeing.

3.9.2 World Elder Abuse Awareness Day (WEEAD) Conference and Community Activities

Since 2006 ARAS has held 11 Conferences, including the 3rd National WEAAD Conference to mark World Elder Abuse Awareness Day, with international and national speakers invited to present on elder abuse research and practice. The annual Conference attracts over 200 delegates from a wide variety of aged and community service organisations, educational institutions and other stakeholders across Australia.

WEAAD is also a key time - for raising awareness about elder abuse in the community through creative community activities hosted by aged and community service organisations. A

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[22] See https://www.apea.org.au/

Community Activity Starter Kit has been developed as a resource for service providers with 500 kits distributed with assistance from the South Australian Statewide Collaborative Projects.

3.10 THE ABORIGINAL ADVOCACY PROGRAM: CASE STUDY

The ARAS Aboriginal Advocacy Program exemplifies best practice in addressing the abuse of older Aboriginal and Torres Strait Islander people, being based on co-design with Aboriginal Elders and a culturally inclusive model of prevention. **It is presented here as a separate case study because it provides a model that can be applied nationally.**

3.10.1 Evolution of the Program

The Program has evolved over the past seventeen years in parallel with the development of ARAS' partnership with the **Council of Aboriginal Elders of SA** (CAESA). This partnership is core to the Program which has been co-designed with Aboriginal Elders. Reinforcing the relationship, CAESA's Executive Officer is a member of the ARAS Board.

In **2000,** ARAS had no Aboriginal clients and it was clear that the mainstream model was not reaching Aboriginal communities. Wanting to change this situation, the organisation sought out the CAESA, so beginning the close working relationship between the two organisations. Executive Officer Janine Haynes and ARAS' Strategic Projects Manager Louise Herft began a process of travelling to every region of South Australia, working closely with the 15 forums of the Council and the Elders from each community represented by those forums.

In **2003**, funding was provided by the SA government to pilot an advocacy program designed around Aboriginal cultural and community needs, and included the appointment of an Aboriginal Advocate. In 2008-2009, additional funding was provided to employ a second Advocate.

In **2009**, ARAS successfully sought additional funding for a community development and community education project focused on abuse of older people in Aboriginal communities. Funded by the SA Attorney-General's Department, the *Preventing Abuse of Aboriginal Elders* project operated in three communities from **2010 to 2012.** The project is implemented through monthly meetings with groups of Elders from the targeted communities and held in a culturally safe place. Elders work with the ARAS team to design meeting processes and agendas, including choice of guest speakers. Regional services providers are invited to meet with the Elders and feedback from Elders has found that the groups are valued by them as –

- ✓ a significant source of mutual support and
- ✓ a means of increasing their knowledge, skills and behaviour to address the issue of abuse at both an individual level, and community level.

In **2014,** ARAS replicated the model in three further communities through the project *Elder Abuse – what can we do about it?* In **2017,** the model has been extended to two more communities.

3.10.2 The Program Model

Partnership is central to the model. The program is provided in collaboration with the **Council of Aboriginal Elders SA (CAESA)** and provides access to Advocates in each of the ARAS programs as well as to those in the Aboriginal Advocacy Program. It is a community development model,

underpinned by a human rights philosophy, and designed and delivered within Aboriginal cultural paradigms. There is a strong emphasis on community and service provider education and information, and on collaboration and partnering. All of these features are demonstrated in the way in which Aboriginal advocacy, including that focused on addressing elder abuse, is undertaken.
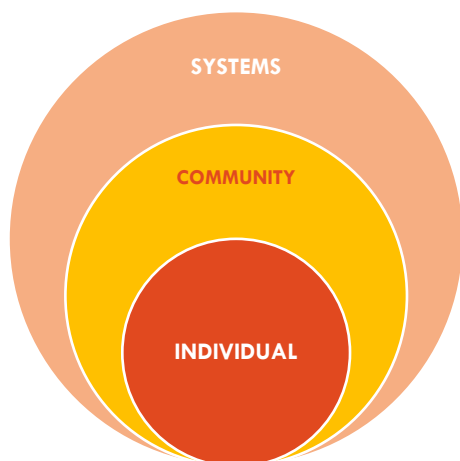
Reflecting the broader advocacy model, elder abuse activities are focused at the *individual* and *systems* levels, but with the third level of *community* (including extended family members) being equally important. ARAS' interventions at this level are highly preventive but also community-strengthening – this is particularly apparent in the intergenerational (Elders-Young People) *Mentoring Camps* strategy (see below).

The program links Elders experiencing abuse to service providers who can assist them, and involves family and extended family if the Elder requests this. A choice of telephone or face to face support is offered, and the program acknowledges the importance of building trust and a working relationship by incorporating 'Yarning Time'.

3.10.3 Addressing the concept of 'elder abuse'

The role of Elders in Aboriginal and Torres Strait Islander communities is one built on traditions of **respect** for older people whereas the notion of elder abuse stands in total contrast and, not surprisingly, is one that is difficult to discuss or acknowledge. Program promotional material reinforces this:

> *Do you want to keep our culture? The Elders are the custodians of Aboriginal Culture. It is because of them that we still have our precious culture.*

For the ARAS Aboriginal Advocacy team, with a seventeen-year-long relationship with these communities, there is sufficient trust in, and respect for, the Program to discuss the issue using the term 'elder abuse'. Elders have advised ARAS that loss of respect leads to abuse of older people, that it is an issue that is too difficult for people to discuss and therefore, Elders will not speak up to report abuse or use legal protections. Therefore, program design had to overcome these challenges and establishing and maintaining close working relationships with community became vital to the success of the program.

Working within cultural morés, the team and CAESA have developed a program model built on the opposite concept – Respect – and have structured activities designed to foster and reinforce

respect for Elders. The program is called *Culture of Respect*, and the different types of abuse of older people are described in everyday language, rather than with professional definitions. For example, financial abuse is described in program literature as 'ripping them off' or 'sponging off' them; social abuse as 'starving Elders of their community support'; physical abuse as 'bashing an Elder' or 'threatening Elders with violence'.

3.10.4 Mentoring Camps – an Intergenerational approach to promoting Elder Respect

Elders wanted to address the underlying cause of abuse in their communities, namely, loss of respect for older people, and proposed that a mentoring camp be held, with a focus on Elders talking with young people, helping them to learn about their culture, and opening up communication between the generations. Camp activities include the sharing of Aboriginal culture, songs, language, dance and stories.

ARAS collaborated with other agencies, such as *Whitelion* (a group with experience in working with disengaged young people) to pilot a Mentoring Camp as a culturally appropriate way of raising awareness among young Aboriginal people about the rights of Elders to be safe from harm in their homes and communities. The first Camp was held in the desert around Coober Pedy in 2012, followed by others in 2013, 2015 and 2017. These Camps have involved collaboration with CAESA, Umoona Aged Care Corporation (Coober Pedy), Ceduna Aboriginal Corporation (and Youth Hub), ACH Group's Aboriginal Wyatt Holidays, Aboriginal Community Services and Alzheimer's SA. The 2017 camp was held, at the request of Elders, in the remote location of Yulara/Uluru, as the traditional spiritual and cultural centre for Aboriginal people.

It is considered crucial that Camps are sited on traditional meeting place grounds, and this also enhances the impact of the Elders' teachings. The 2012 Camp attracted significant community interest with more than 100 people coming from Coober Pedy. Feedback from Elders and young people participating has been extremely positive, identifying enhanced respect for Elders and increased motivation by young people to engage in more community activities. Two DVDs have been made about the camps – *Mentoring Camp – the Tradition of Respect* (2012) and *Nunga Elders and Youth Mentoring Camp – Culture of Respect* (2015). These can be accessed at - https://www.youtube.com/watch?v=XPPvRbr-Nfc and https://www.youtube.com/watch?v=brRfKNeViLk

> **The Mentoring Camp model is one that could be usefully replicated across Australia to prevent and address the abuse of older Aboriginal people.**

3.10.5 ARAS Aboriginal Advocacy Program Resources

The Program has produced a number of valuable resources, including culturally appropriate pamphlets, banners and posters. Most recently, the Program created a Toolkit that was funded by the SA Office for the Ageing, designed to support facilitators to start the conversation with older

Aboriginal people about how they can get involved in activities to maintain wellbeing and safety. The toolkit contains:

⇨ A **DVD** portraying older people engaging in activities to maintain their wellbeing, safety and independence and promoting the following key messages: **Stay connected. Stay active. Stay healthy. Stay in control**. DVD – *Aboriginal Elders Living a Positive Life* (2017) - https://www.youtube.com/watch?v=jxDFSIZEH_Y

⇨ An **Activity Guide** in the form of a Z-card that outlines the positive steps that older people can take to safeguard their wellbeing.

⇨ A **Booklet** of Questions that is a guide for facilitators to start the conversation after they show the DVD to their groups. http://www.sa.agedrights.asn.au/files/575_elders_a5_booklet.pdf

⇨ A **To Do List for Living a Positive Life** for participants.

The ARAS Aboriginal Advocacy Program has also produced two earlier DVDs:

⇨ *Tradition of Respect* (2012) https://www.youtube.com/watch?v=XPPvRbr-Nfc
⇨ *Culture of Respect* (2015) https://www.youtube.com/watch?v=PygW_F63dsA .

3.11 EXEMPLIFYING POSITIVE OUTCOMES FROM THE ABUSE PREVENTION PROGRAM

Paul is 85 years old. He has been married to his second wife Harriet for the last 20 years. Harriet has been diagnosed with dementia but retains her mental capacity and Paul is her primary carer. Both have children from their previous marriages and Paul has given his children Power of Attorneys.

ARAS was contacted with concerns about Paul and Harriet by Dana, a nurse who works at their local general practice. Paul had been admitted to hospital and had an agreement with his son (Clive) that Clive would look after Harriet if he wasn't able. When Paul arrived home from hospital, he found a note saying that Harriet had been taken to Victoria by Clive to stay with Harriet's son (Ethan). Paul was very concerned about Harriet and tried to contact Ethan but despite numerous attempts over the next week, was unable to contact Ethan or Harriet. Paul then received a letter from a solicitor in Melbourne representing Harriet, advising him that Harriet wanted a divorce and didn't want to have any further contact with him. This shocked Paul as he had always considered their marriage to be a happy one. Paul passed the letter to his solicitor who was able to determine that Harriet had been placed in respite in an aged care home in Melbourne. During his next visit to his GP, Paul was very distressed and his doctor asked his nurse (Dana) to contact ARAS.

The ARAS Advocate had numerous discussions with Paul, and with his permission, made an appointment to obtain legal advice from the Legal Services Commission. At Paul's request, the Advocate supported him at this appointment where he was advised that he had no legal options unless he could prove that Harriet didn't have mental capacity, and unless he was her appointed Substitute Decision-Maker through an Advance Care Directive. Paul was also advised that if he attempted to contact Ethan against his wishes, he risked having an Intervention Order applied against him. Working in collaboration with an advocacy service interstate, the Advocate located Harriet and Paul was able to speak to her. Harriet stated categorically that she wanted to return home to live with him again. The Advocate provided Paul with a range of options to achieve this, and to ensure his and Harriet's independence from abusive family control.

With assistance from the advocacy service interstate, which worked with the Director of Nursing where Harriet was accommodated, ARAS arranged for her to travel back to live with Paul. As a result of the ARAS APP Advocate's support, and the support of the advocacy service interstate, Paul was able to locate and re-establish the relationship with his wife, Harriet. Through advocacy and working in collaboration with other services, both were able to make significant changes to their lives and expressed a greater sense of empowerment and independence as a result.

4.   CASE STUDY: ADVOCARE INC.

4.1   BACKGROUND AND ESSENTIAL INPUTS

Advocare Incorporated (Advocare) is an independent, community based, not for profit organisation that supports and protects the rights of older people and people with disabilities.[23] The service began in 1997 with funding from the National Aged Care Advocacy Program and from the HACC program. At that time, it was part of Anglican Health and Welfare Services (Anglicare) and was established as an independent organisation in July 2000. Funding from HACC enabled Advocare to develop an elder abuse prevention program which continues today.

As an advocacy service for older people, Advocare receives funding from NACAP, the WA Department of Communities, and the WA Department of Health (via the HACC program). State government funding has enabled Advocare to build significant expertise in elder abuse-related advocacy, with funding for its *Elder Abuse Prevention Program* and for the *WA Elder Abuse Help Line*.

In 2002, in response to low usage rates of HACC services by Aboriginal people, Advocare was funded to develop the **Aboriginal Access Project** which has continued since then, with a dedicated Aboriginal Advocate. In 2015-16, this program supported **14** Aboriginal older people with advocacy support that involved an average of 6.1 hours per client, and a further 38 were provided with information.

Advocare aims to provide a wrap-around elder abuse service that involves awareness raising, information, education, advocacy support and (through partnerships) counselling services and legal services.

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[23] http://www.advocare.org.au/
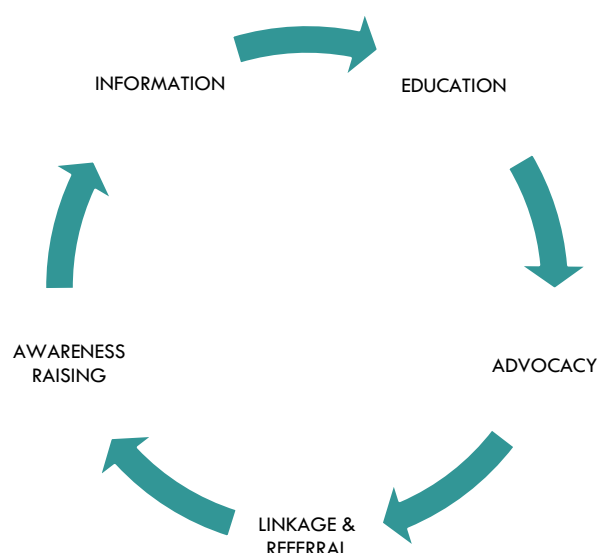
PARTICIPATION IN NATIONAL ELDER ABUSE SYSTEMIC ADVOCACY AND PREVENTION

Advocare works closely with key elder abuse organisations on a national basis, particularly with groups that have been working consistently to develop a national voice for elder abuse and a national approach. In 2014, Advocare hosted the Third National Elder Abuse Conference, and initiated the first national data collection on elder abuse service usage. It is not resourced to do this, but believes that it is essential for elder abuse services to produce prevalence data, and sees this as a starting point. The first report brought together data for the 2013-14 year, and national Annual Reports have followed ever since. The 2015-16 report is the most recent to be released,[24] with 2016-17 being finalised at the time of writing.

4.1.1 Underpinning Philosophy

The Advocare advocacy model has a focus on *empowerment* of older people, underpinned by a human rights framework. This is reflected in its Vision, Mission and Purpose statements.

VISION

> *A community where the rights of people are supported and respected.*

MISSION

> *To provide systemic and individual advocacy to support the rights of older people and people with disabilities.*

PURPOSE

> *To provide advocacy, education and information to support the rights of older people and people with disabilities.*

4.2 THE ELDER ABUSE PREVENTION PROGRAM

Advocare receives funding from the WA Department of Health (via the HACC Program which is still in place in WA) to provide the Elder Abuse Prevention Program.

All Advocates are trained to work with elder abuse, and all contribute to intake services. However, within the Advocare team, specialists exist because of previous work with rural and remote communities, CALD background communities and LGBTI people.

4.2.1 Service provision in 2016-17

In the financial year 2016-2017, Advocare provided advocacy support to **86** older people experiencing abuse. This involved 647 hours of staff time, an *average of 7.5 hours per client*. A total of **1,219** people were assisted with elder abuse issues (but without advocacy support).

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[24] http://www.advocare.org.au/uploaded/files/client_added/NEA%20Annual%20Report%202015-2016(1).pdf

TABLE 18: ADVOCARE ELDER ABUSE PREVENTION PROGRAM – TOTAL CONSUMERS ASSISTED, 1/7/16-30/6/17

ADVOCACY	NUMBER
No of people assisted with Elder Abuse issues	**1,219**
Number of older people receiving Elder Abuse Advocacy support	**86**
Unknown	1,141
Living in metropolitan locations (known)	68
Living in rural or regional locations (known)	10

TYPE OF ABUSE

The main **type of abuse** was financial (297 cases), followed by psychological or emotional (285), social abuse (114), physical abuse (84), neglect (82), and sexual abuse (5). Details follow in *Table 19* - noting that there will be overlap between categories due to more than one type of abuse being experienced by some service users. The table also presents the six categories of abuse against which Advocare data are collected.

TABLE 19: ADVOCARE ELDER ABUSE PREVENTION PROGRAM - TYPES OF ABUSE, 1/7/16-30/6/17

TYPES OF ABUSE	NUMBER
Financial	297
Psychological	285
Social	114
Physical	84
Neglect	82
Sexual	5

Figure 10 shows this information in percentage terms. It can be seen that 34.2% of abuse cases were known to involve financial abuse, and 32.9% emotional or psychological abuse, followed by physical abuse (9.7%), neglect (9.5%), social abuse (13.1%), and sexual abuse (0.6%).

FIGURE 10: EAP REPORTED ABUSE – TYPE OF ABUSE BY KNOWN % OF CASES, 1/7/16-30/6/17

Types of Reported Abuse

Type of abuse	No of reported cases
Financial Abuse	34.2
Psychological Abuse	32.9
Physical Abuse	9.7
Neglect	9.5
Social Abuse	13.1
Sexual Abuse	0.6
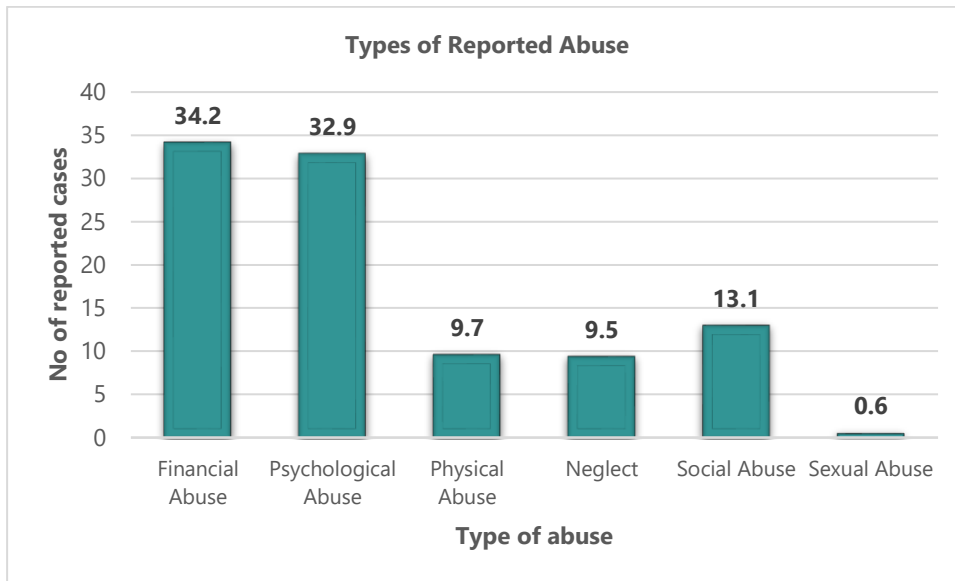
PROFILE OF ALLEGED ABUSER

Unlike many of the OPAN service provider group, Advocare also collects data about the alleged abuser, with 13 profile characteristics that detail the relationship between the older person being abused and the perpetrator. Details are provided in *Table 20.* It can be seen that sons and daughters were the most frequently identified abusers, followed by spouses, grandchildren, carers, friends or neighbours, daughters and sons in law, and nieces and nephews. Almost all categories of alleged abusers involve family members.

TABLE 20: ADVOCARE ELDER ABUSE PREVENTION PROGRAM – PROFILE OF ALLEGED ABUSERS, 1/7/16-30/6/17

RELATIONSHIP TO OLDER PERSON BEING ABUSED	NUMBER
Son	200
Daughter	163
Spouse/Partner	71
Grandchild	35
Carer	27
Friend/neighbour	21
Daughter in Law	17
Son in Law	17
Sibling	14
Niece/Nephew	13
Step-Daughter	7
Stepson	1
Parent	0
Other	59

This information is depicted below in *Figure 11*.

FIGURE 11: RELATIONSHIP BETWEEN OLDER PERSON AND ALLEGED ABUSER, 2016-17

Relationship to older person being abused

Relationship	No of reported cases
Other	59
Niece/Nephew	13
Son in Law	17
Daughter in Law	17
Grandchild	35
Stepson	1
Son	200
Step-Daughter	7
Daughter	163
Spouse/Partner	71
Parent	0
Sibling	14
Friend/neighbour	21
Carer	27
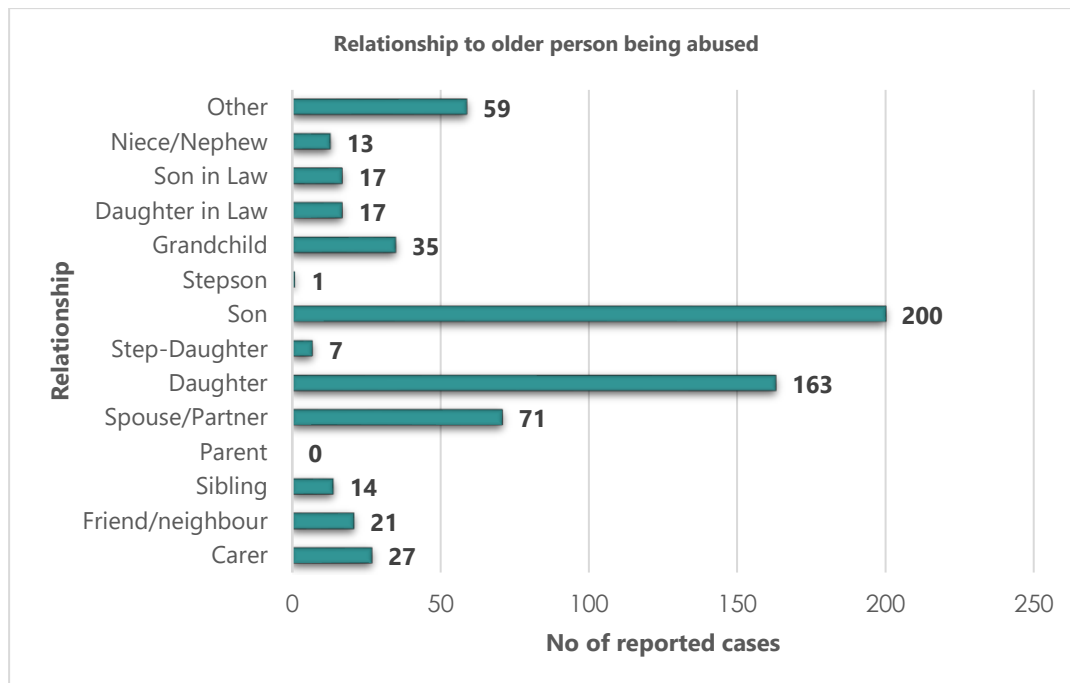
EDUCATION AND INFORMATION SERVICES

During 2016-17:

⇨ Telephone based elder abuse-related information was provided to a total of **1,133** callers.

⇨ A total of **140** elder abuse-specific education sessions were provided.

⇨ A total of **2,329** people (professionals and older consumers) participated in these 140 education sessions.

In the past year Advocare provided education sessions across three program streams – NACAP funded, HACC funded and the Elder Abuse Prevention Program, with participants involving older people and service providers. In aged care, this involves staff working in Commonwealth government funded aged care programs as well as those working in HACC funded services. The education program is funded from the WA Department of Health (through the Home and Community Care Program) and the Commonwealth Department of Health (through the National Aged Care Advocacy Program).

⇨ **NACAP** funded education was provided to 1,477 participants (older consumers and professionals) and involved nearly 381 hours of staff time.

⇨ A specific education program is provided for health and allied health professionals, and education on elder abuse is provided to social work students at Curtin University.

⇨ Sessions funded through the *Elder Abuse Helpline* (WA Department of Local Government and Communities) are designed to increase awareness about rights and responsibilities in aged care, and include a specific component **(approximately 15%)** that is dedicated to elder abuse advice and information.

It can be seen from *Figure 12* that the providers most frequently participating in these education sessions were working in residential aged care (41%), followed by HACC funded providers (30%), community service providers (11%).

FIGURE 12: TYPES OF SERVICE PROVIDERS ACCESSING ADVOCARE EDUCATION SESSIONS, 1/1/17-30/6/17
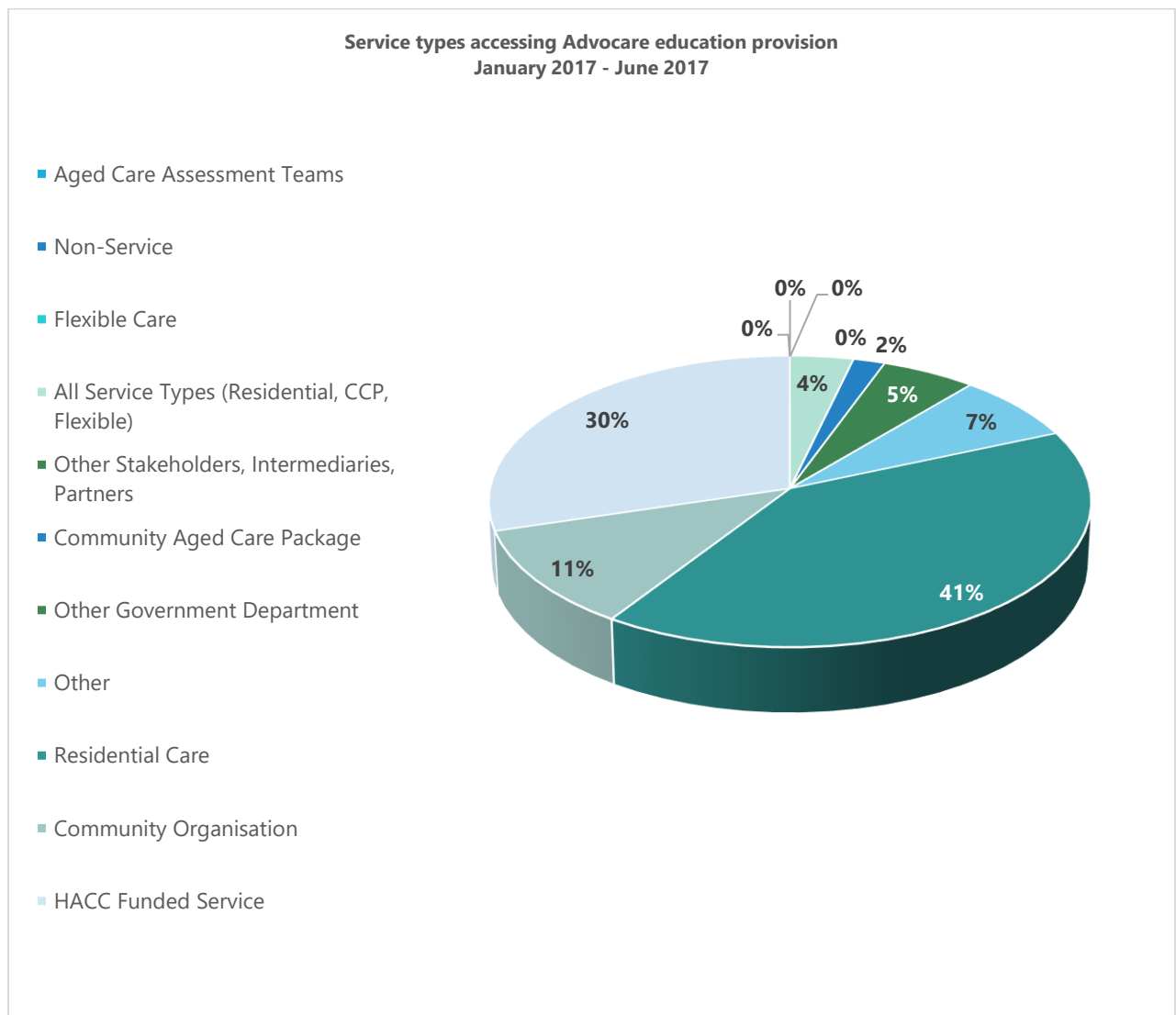
Note: 0% represents some data, but less than 0.5%.

4.2.2 WA Elder Abuse Helpline

The WA Department of Communities has funded Advocare since 2014 to provide the WA Elder Abuse Helpline. In 2016-17 the Helpline received **499** calls, and Advocare also receives elder abuse-related calls through its general administration number.

Advocare's *Elder Abuse Helpline Report* on the first six months of 2017 provides comprehensive information about elder abuse in Western Australia and details follow below. **Reporting on calls per month over time links spikes in the number of calls to specific information and awareness-raising initiatives over a two year period – for example WEAAD events, newspaper articles, and radio discussions.**

TYPE OF ABUSE BY PREVALENCE

Financial and psychological abuse continued an ongoing trend in being the most frequently experienced type of abuse when compared over the period 1/1/15-30/6/17. During this period, social abuse cases more than doubled while neglect almost doubled.

Reporting in all categories of abuse was found to have increased since the introduction of the Elder Abuse Helpline in 2014, and Advocare attributed this to enhanced awareness of elder abuse and its different forms.

FIGURE 13: PREVALENCE OF ABUSE BY TYPE OF ABUSE, WA HELPLINE, 1/1/15-30/6/17
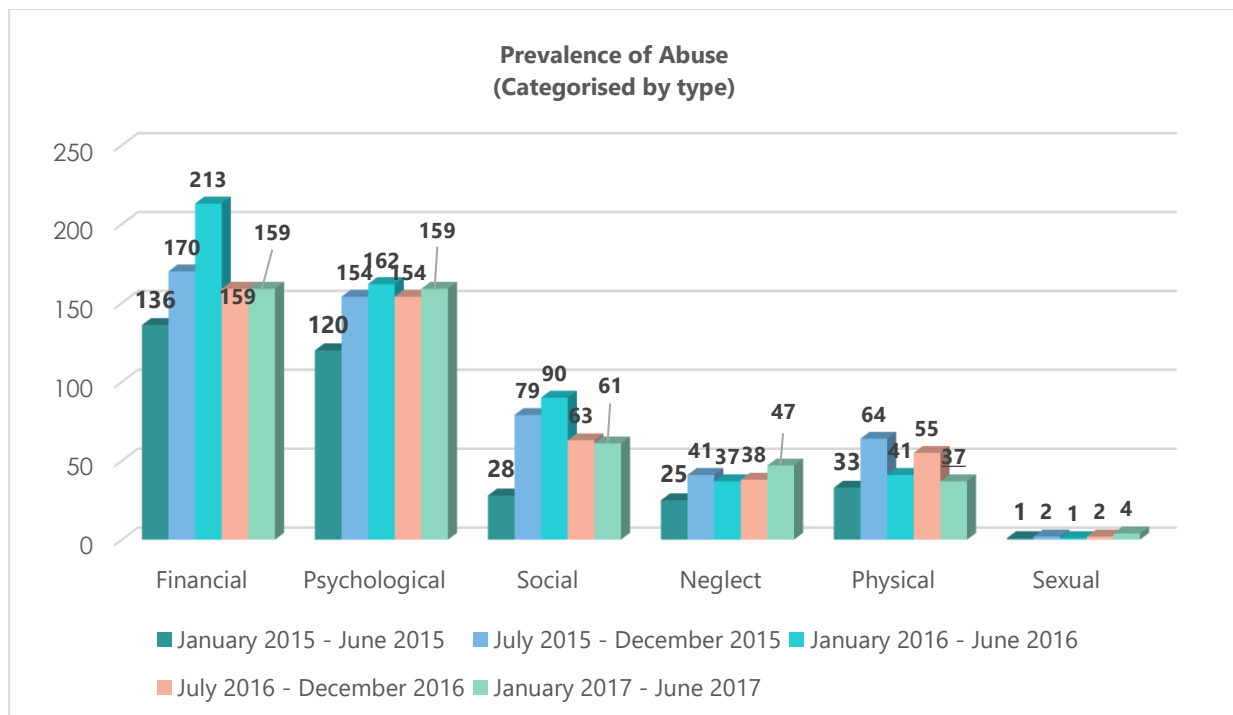
DATA RELATING TO ALLEGED ABUSERS

During the period of reporting 63% of alleged abusers were identified as men and 33% were women. As *Figure 14* depicts, the most frequently nominated perpetrators were sons, followed by

daughters – continuing an ongoing trend in data collected by Advocare and reflecting patterns documented in relation to the *Elder Abuse Prevention Program*.

FIGURE 14: RELATIONSHIP BETWEEN OLDER PERSON AND ALLEGED ABUSER, 1/1/15-30/6/17

Alleged Abuser Relationship
January 2017 - July 2017

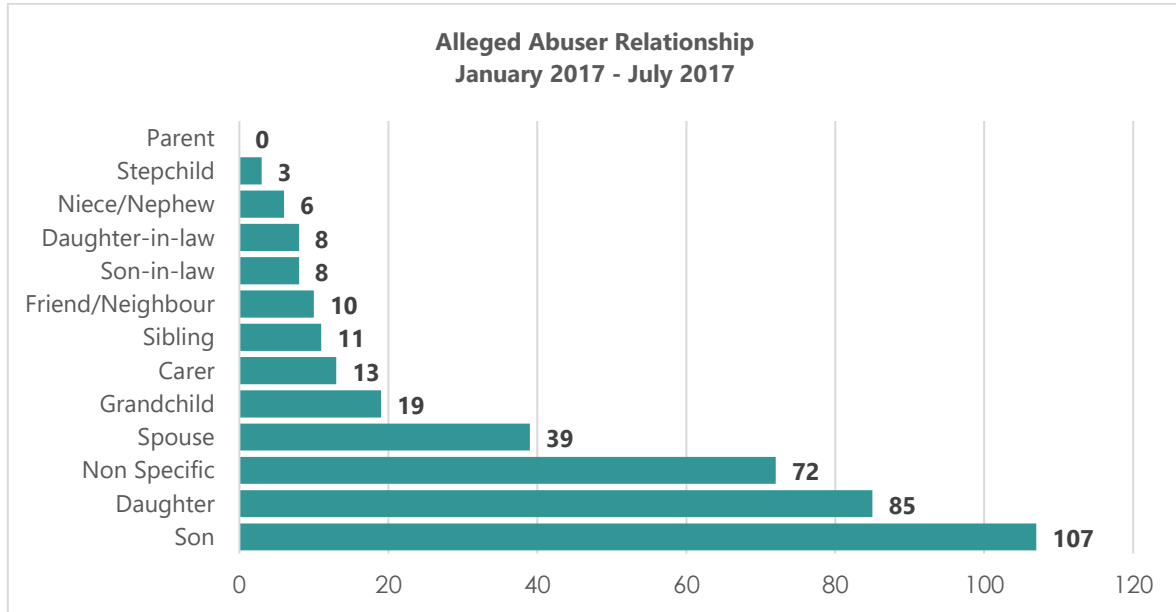| Relationship	Count
Parent	0
Stepchild	3
Niece/Nephew	6
Daughter-in-law	8
Son-in-law	8
Friend/Neighbour	10
Sibling	11
Carer	13
Grandchild	19
Spouse	39
Non Specific	72
Daughter	85
Son	107

Figure 15 depicts the place of residence of alleged abusers, identifying 29% as residing with the older person and a further 9% sometimes residing with them.

FIGURE 15: ALLEGED ABUSER RESIDENCE, 1/1/15-30/6/17

Alleged Abuser Residence
January 17 - June 17

- Non Specific — 23%
- Resides with the elder person — 29%
- Sometimes resides with the elder person — 9%
- Does not reside with the elder person — 27%
- Unknown — 12%
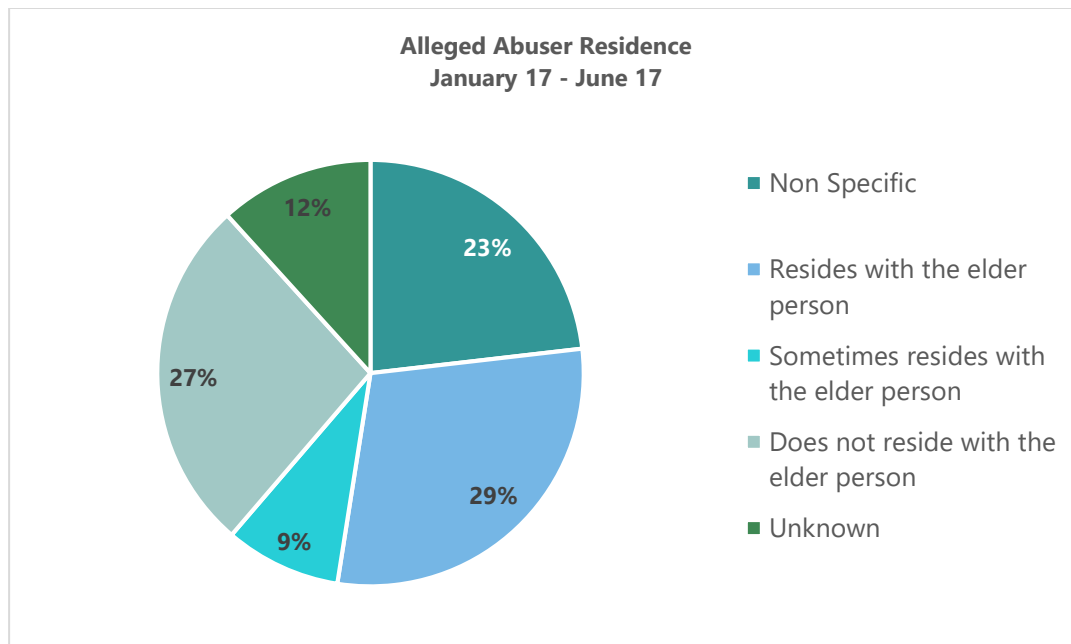
Over the period 1/1/15 to 30/6/17, the three most common sources of referral to the Helpline were (in order of frequency), family and friends, self-referral and service providers.

Data collected for this period in relation *to calls that become advocacy cases* with Advocare show that the highest number involved family members, followed by older people who are clients or potential clients of formal aged care services, and then by older people being abused by friends and neighbours, and by service providers.[25]

4.3 FUNDING SOURCES

Advocare's main sources of funding are the Australian Government (Department of Health), the WA Department of Communities, and the WA Department of Health.

TABLE 21: ADVOCARE PROGRAM BY FUNDING AND FUNDING SOURCE, 2017-2018

ADVOCARE PROGRAM OR SERVICE	FUNDED AMOUNT ($)	FUNDING BODY
Aged care advocacy	392,372	NACAP via OPAN
Elder Abuse Prevention Program	**285,958**	WA Department of Health via HACC++
Elder Abuse Helpline	87,299	WA Department of Communities (3 year funding)
Elder Abuse Protocol Guidelines Review	18,844	WA Department of Communities (2016-17)

++ The HACC program will cease in WA at the end of 2017-18.

Funding for specific elder abuse services represents a significant proportion of the Advocare annual budget. Funding for the Elder Abuse Prevention Program and for the Elder Abuse Helpline represents just under half of total revenue in most years.

4.4 KEY PARTNERSHIPS AND ALLIANCES

Advocare has formalised partnerships, each based on a Memorandum of Understanding, with these three agencies:

☐ The Older Persons' Rights Service, which is a community legal centre based in the Northern Suburbs Community Legal Centre.

☐ The Office of the Public Advocate.

☐ The Legal Aid Commission WA.

These partnerships are critical in assisting Advocare to seamlessly link clients requiring legal services or administrative support.

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[25] As reported to the review by an Advocare senior manager.

4.4.1 WA NETWORK FOR THE PREVENTION OF ELDER ABUSE

Advocare coordinates the WA Network for the Prevention of Elder Abuse (WANPEA) which brings together aged care providers working to address and prevent the abuse of older people.

4.4.2 ALLIANCE FOR THE PREVENTION OF ELDER ABUSE WA

The Alliance for the Prevention of Elder Abuse (APEA-WA) is also coordinated by Advocare and its CEO has always been the Chair. This promotes a whole of government policy framework to prevent elder abuse, and brings together government and non-government agencies to develop coordinated policy on the elder abuse issue. The WA Department of Health funds a part-time Executive Officer position for APEA, and this person is housed with the Advocare team.

ELDER ABUSE PROTOCOLS

A central focus of the work of APEA-WA has been the development of **Elder Abuse Protocols**. The Protocols are designed to promote consistent service responses to elder abuse, including agreed definition, and also serve an educational purpose. They are modified at regular intervals to ensure consistency with policy and other changes, including findings on prevalence on elder abuse emerging from research. APEA-WA's current *Elder Abuse Protocol: Guidelines for Action. Assisting organisations working with older people to respond to elder abuse*[26] reflects common agreement from these agencies:

- Department of Communities (lead agency)
- Advocare Inc.
- Office of the Public Advocate
- Public Trustee
- Department of Communities, Disability Services
- Office of the Chief Psychiatrist
- Legal Aid WA
- Older People's Rights Service (OPRS)
- Department of Health
- WA Police
- Department of Local Government, Sport and Cultural Industries, Aboriginal Culture and History
- Office of Multicultural Interests, Department of Local Government, Sport and Cultural Industries
- Western Australian Local Government Association (WALGA)
- Age Friendly Councils.

The Protocol includes a flow chart showing which agencies to contact according to the circumstances involved - http://www.advocare.org.au/uploaded/files/client_added/SO103%20APEA%20WA%20Poster%20A3.pdf

The Alliance supports the design and application of Protocols across the government and not-for-profit sectors, but more recently the group has realised that it will be important to involve the finance sector (given the significant amount of financial abuse experienced by older people). The

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[26] See http://www.advocare.org.au/uploaded/files/client_added/SO103%20Elder%20Abuse%20Protocol%20v2.pdf

Alliance is also exploring collaboration with the WA Local Government Association because of the work being undertaken by several local government authorities in building age-friendly local environments.

At the time of writing, APEA-WA is working on the review and redevelopment of the WA Elder Abuse Protocols, in collaboration with Curtin University and with funding from the WA Department of Communities.

4.5.3 Research and education partnerships

Advocare works closely with local universities to support student education and undertake collaborative research studies. Its most recent study was funded by *LotteryWest* and undertaken in partnership with the University of Western Australia and explored the extent of elder abuse in Western Australia, and the capacity of agencies to address this issue.[27]

Early research, also undertaken in collaboration with the University of Western Australia[28] was designed to identify 'best practice' in service delivery with older Australians at risk of elder abuse, whose first language is not English. One hundred and fifty-two older people from eight culturally and linguistically diverse communities (CALD) participated in the study which identified a range of factors that need to be addressed in order to provide culturally inclusive elder abuse advocacy and prevention services.

Advocare also provides education on elder abuse to social work students at Curtin University.

4.6 ADVOCARE RESOURCES

Advocare has produced a range of resources designed to inform and educate older people and their supporters as well as professionals. These include a range of brochures, translated into community languages, available at http://www.advocare.org.au/resources/.

A popular resource *'Caring for your Assets as you age'* is designed to prevent financial abuse, and provides information about a range of informal arrangements with families (bank accounts, Centrelink nominee arrangements, personal gifts and loans, being guarantor for a loan, adult children living at home, moving in with other people including granny flats, and talking to family about moving in together). It also discusses formal agreements (including Power of Attorney and Power of Guardianship, Advance Health Directives and making a Will). Advocare is also developing a similar resource for lawyers and financial planners titled, *'Assets for Care'* which will

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[27] Clare M, Blundell B & Clare J (2011) *Examination of the extent of elder abuse in Western Australia: a qualitative and quantitative investigation of existing agency policy, service responses and recorded data.* University of Western Australia and Advocare Inc. Accessed at http://www.advocare.org.au/uploaded/files/client_added/Examination%20of%20the%20Extent%20of%20Elder%20Abuse%20in%20Western%20Australia.pdf

[28] Blundell B & Clare M (2012) *Elder Abuse in Culturally and Linguistically Diverse Communities: Developing Best Practice*, Centre for Vulnerable Children and Families, University of Western Australia and Advocare Inc, Perth. Accessed at - http://www.advocare.org.au/uploaded/files/client_added/Elder%20Abuse%20in%20Culturally%20and%20Linguistically%20Diverse%20Communities%20-%20Developing%20best%20practice.pdf

provide advice and guidance for these professionals on identifying incidents of abuse and how to refer to Advocare.

Another resource is an *Elder Abuse Infographic*, that has been translated into multiple community languages, summarising six main forms of elder abuse (see below).

FIGURE 16: ADVOCARE TYPES OF ELDER ABUSE INFOGRAPHIC
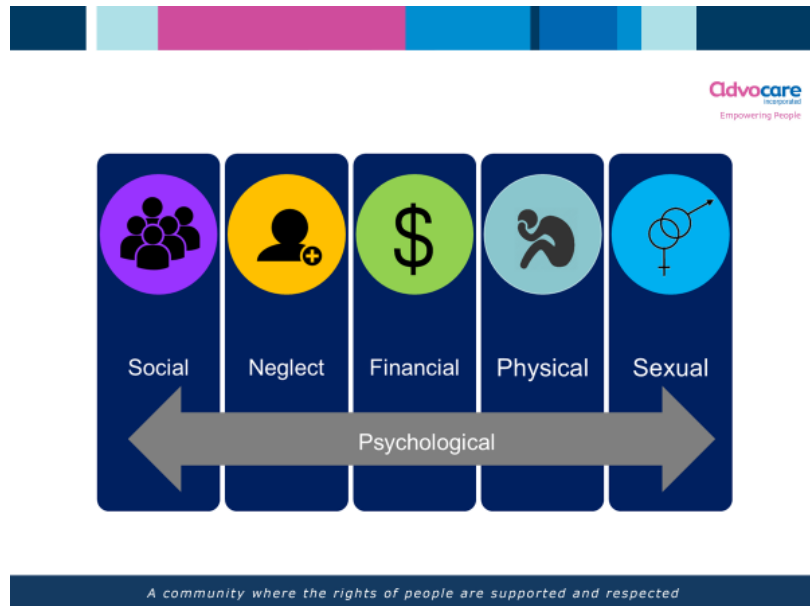
4.7 CASE STUDY EXAMPLES OF ACHIEVEMENTS IN ELDER ABUSE ADVOCACY AND PREVENTION

Andy is an 81 year old man who lives in an aged care home and had a Guardian appointed by the State Administrative Tribunal. Andy wanted to leave the home and go to the local shops so that he could have a coffee and enjoy some fresh air. The aged care home had assessed Andy as being safe to leave the home on his own.

However, Andy's Guardian told the home she did not want Andy to leave as she was worried about who was responsible for Andy should he be hurt. The facility stopped Andy from leaving on his own. Andy felt trapped in the facility and was upset that his Guardian had restricted his freedom.

Andy contacted Advocare to determine his rights. Neither the Guardian nor the facility understood the nature of the Guardianship Order that was in place. While Andy's Guardian could make decisions about where he lived and his medical treatment, there was nothing in the order that allowed the Guardian to make decisions about Andy's activities of daily life. The lack of understanding on both their parts was restricting Andy's rights.

With Advocare's guidance and support, it was determined that as long as the home had assessed it was medically safe for Andy to go out on his own, the Guardian could not prevent him from leaving. Andy was then able to leave the facility at his discretion.

Bao is an 84 year old Vietnamese woman with limited English language skills who moved to Perth to live with one of her sons. She and her son co-own the property where they live, and two other children contributed funds to their mother so that she could have an equal share in the house. The son remarried and Bao began experiencing abuse from her son and new daughter-in-law. This included attempts to force Bao to sign an Enduring Power of Attorney and documents stating that the daughter-in-law was providing care and support (when this was not the case), as well as verbal threats, pushing and slapping.

During a stay in hospital, a social worker assisted Bao to contact Advocare which provided her with information about her rights and options for addressing her situation. She was referred to a community legal service for advice and linked to a Vietnamese speaking solicitor who assisted her with correspondence to her son demanding return of personal property. She also received support from Advocare to explore alternative housing options on the sale of the co-owned property.

5.   CONCLUSIONS

This review was based on a brief that had five requirements, and a summary of conclusions drawn in relation to each is provided against these.

1.   Documentation of current practice in elder abuse advocacy services by OPAN members.

Section 2 has provided an overview of current practice, showing that the majority of OPAN members are providing elder abuse advocacy and prevention services as part of their wider advocacy role but without specific funding to support this. The only exceptions regarding funding are Advocare and ARAS, and since October 2017, the SDRS in the Northern Territory.

The review has identified a number of commonalities in OPAN organisations' response to elder abuse, despite variations in service models, local conditions and individual organisational structure. They each have some 25 years' experience in delivering advocacy services, providing a valuable collective intellectual capital resource in addressing elder abuse. All operate with an underpinning rights-based philosophy and associated core values, and this provides the foundation on which services are designed and delivered. This is highly appropriate for providing elder abuse services.

It is concluded that there are a number of drivers for a national approach to elder abuse (as described in *Section 1*) that exist beyond the OPAN group, but which influence their current and future directions. These drivers are supportive of a national OPAN approach to addressing elder abuse. It is both timely and appropriate for such an approach, but requires specific funding - see **Recommendation 2,** *Section 2.2.* An accompanying set of recommendations have been made to support a national OPAN Elder Abuse Advocacy and Prevention program – see **Recommendations 3 to 11** inclusive.

2.   An analysis of the Elder Abuse Advocacy models developed by ARAS and Advocare.

The Advocare and ARAS elder abuse prevention programs have been explored and presented as case studies, exemplifying how such programs could be applied on a national basis. In both instances, State government funding has been critical in building their expertise as specialists in this field, and this highlights the importance of dedicated funding for a specific program in order to most effectively address elder abuse. Both services have developed models suited to their funding requirements and to local need but the lessons about an appropriate model for national application are similar – namely, that elder abuse advocacy requires specific knowledge, skills and experience, as well as specific networks and partnerships – and that all Advocates in an organisation, as well as those providing intake services, must be trained to have this specialist capacity. How teams are structured is less relevant.

The other lesson emerging from those case studies highlights the importance of Advocates having specialist knowledge and associated networks and partnerships to address elder abuse experienced by special needs groups, as those additional needs (for example, cultural background) will add a further filter to the abuse experience that must be addressed in service responses.

3. **A review of national and international published and grey literature associated with elder abuse programs with a focus on findings yielding evidence of the effectiveness of particular interventions.**

    The literature review highlights the paucity of reliable research about the effectiveness of elder abuse interventions – in part because of the complexities associated with the abuse of older people, the multiple variables involved and the difficulties of identifying measurable outcomes. **The strongest agreement lies in the value of *multidisciplinary* approaches and this reinforces the importance of cross sector collaborations and service protocols** – which all OPAN members are aware of, and reflect in their practice.

4. **A high level summary of where OPAN elder abuse advocacy fits within the national context.**

    An analysis has been made of the broader elder abuse field and the key service providers in that field. OPAN is recognised in the broader landscape for its specialist understanding of the needs of older people, including as aged care consumers, and of the aged care system. Individual OPAN organisations are also recognised as playing an important role in the broader elder abuse advocacy and prevention field, and for their strong working relationships with other key players in this landscape. This means that they make a critical contribution to elder abuse prevention at the systemic level (as well as the individual level) and that they share in the evolving knowledge and capacity being built in the wider field.

5. **Based on models and findings, provision of indicative options and resourcing for national model of elder abuse advocacy.**

    The review was also given the brief of determining *effectiveness* and achievements to date in elder abuse advocacy and prevention in the OPAN group, and the identification of *efficiencies* gained through delivery alongside NACAP advocacy.

    Existing data collection is not oriented to capturing outcomes, and the difficulties of achieving this are acknowledged. **Recommendations 6 and 7** are designed to assist OPAN to address this gap. In the absence of data that measure outcomes, it is not possible to quantify the effectiveness of current OPAN elder abuse service responses, but the design of services, based on identification of need, the attention by some to data collection, and the ongoing commitment to service improvement, indicates that OPAN service responses can be assumed to be effective.

    The location of elder abuse services within NACAP advocacy services certainly offers *efficiencies* through leveraging of resources (financial and human capital, as well as from existing service alliances). Other advocacy programs offer similar efficiencies, including from disability advocacy programs and from programs that are funded from legal portfolios. As a national program, there is significant scope for further leverage within the OPAN network, and as members gain in mutual knowledge this will increase - and based on review feedback, this process is in its early stages and is expected to expand with time. The implementation of **Recommendations 4, 5, 7 and 9** would facilitate this outcome.

A further strategy to achieve greater resource sharing and building of national capacity in relation to elder abuse lies in the pursuit of collaborative pilot projects, focused on areas identified as priorities for elder abuse service development. These collaborations could involve as few as two OPAN members, or all members, depending on the relevance of an issue to each member and their jurisdiction, or on existing expertise that can be further leveraged (for example, by applying a model that has worked well with one OPAN organisation and testing it in other locations). Examples could involve:

- Testing the ability to achieve economies of scale by sharing the delivery of a specific service, or an aspect of a program across jurisdictional boundaries that have common needs (such as, southern NSW and ACT, northern NSW and Queensland, the Top End of NT, Qld and WA; the SA APY[29] Lands and southern NT).

- Testing multi-service elder abuse models, the referral pathways required, the MOUs needed (for example, between OPLS and OPAN services) and the protocols that support this.

- Applying in multiple locations the highly successful intergenerational Mentoring Camps that are part of the building Respect strategy of the ARAS Aboriginal Advocacy Program (refer to the case study within the ARAS Case Study).

Given the funding by the Attorney-General for the establishment of *Elder Abuse Action Australia* – as well as the other initiatives described in *Section 1* of this report, it would be strategic for OPAN to consider a number of partnered initiatives focused on building a national approach to elder abuse. This could include seeking funding from both the Attorney-General's and Health Departments for (a) a national Elder Abuse Advocacy and Prevention program (as per Recommendation 1) (b) for the development of the national elder abuse Knowledge Hub (funding OPAN for its contribution of resources to that Hub); and (c) for a range of innovative service models that involve partnerships between the human services and legal services sectors to address elder abuse.

RECOMMENDATION 10

IT IS RECOMMENDED THAT OPAN PARTNER WITH ELDER ABUSE ACTION AUSTRALIA AND SEEK FUNDING FROM THE ATTORNEY-GENERAL'S DEPARTMENT AND THE DEPARTMENT OF HEALTH FOR A NUMBER OF AGREED PILOTS OF BEST PRACTICE, AND MULTIDISCIPLINARY AND CROSS-SECTOR MODELS OF ELDER ABUSE SERVICE PROVISION, INCLUDING PREVENTION AND EARLY INTERVENTION APPROACHES.

Based on the experience of Advocare and ARAS in delivering specific elder abuse advocacy and prevention programs, some lessons about **resourcing a national OPAN elder abuse program** can be identified. One approach is to use as a baseline the estimated **10 to 15 per cent** of OPAN

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[29] Anangu **Pitjantjatjara** Yankunytjatjara (APY) Lands, sometimes referred to as 'Pit Lands'

work involving elder abuse and allocate each organisation an additional amount that reflects this percentage. Another approach is to fund, as a minimum investment, at least one FTE Advocate position to support a national Elder Abuse Advocacy and Prevention program in the smaller jurisdictions, and at least two additional FTE Advocate positions in the larger jurisdictions.

RECOMMENDATION 11

IT IS RECOMMENDED THAT OPAN SEEK FUNDING TO SUPPORT THE EMPLOYMENT OF ADDITIONAL ADVOCATES AS PART OF A NATIONAL OPAN ELDER ABUSE ADVOCACY AND PREVENTION PROGRAM. AS A GUIDE, AND TO REFLECT JURISDICTIONAL DIFFERENCES, THIS SHOULD INVOLVE AS A MINIMUM, ONE FTE ADVOCATE POSITION IN EACH SMALLER JURISDICTION, AND AT LEAST TWO FTE ADVOCATE POSITIONS IN EACH LARGER JURISDICTION.

APPENDIX I: PEOPLE CONSULTED FOR THE OPAN REVIEW

NAME	ROLE
ACT	
Fiona May	CEO, A.C.T. Disability, Aged and Carer Advocacy Service (ADACAS)
NSW	
Russell Westacott	CEO, Seniors Rights Service
NT	
Sue Brownlee	Elder Abuse Prevention Project Worker, Seniors & Disability Rights Service, Darwin CLC
Lorraine Gibbs	Team Leader and Senior Advocate, Seniors and Disability Rights Service, Darwin CLC
Carl Russelhuber	Senior Contract Manager, CatholicCare NT
Queensland	
Les Jackson	Coordinator, Elder Abuse Prevention Service, Uniting Care Community, Brisbane
Scott McDougall	Director, Caxton Legal Centre, Brisbane
Bill Mitchell	Principal Solicitor, Townsville Community Legal Service
Geoff Rowe	CEO, Aged and Disability Advocacy Australia (ADAA)
South Australia	
Carolanne Barkla	CEO, Aged Rights Advocacy Service (ARAS)
Doris Gioffre	Manager, Abuse Prevention Program, ARAS
Louise Herft	Manager, Strategic Projects, ARAS
Rob Nankivell	Advocate, Abuse Prevention Program, ARAS
Brenton Pope	Manager Residential Programs, ARAS
Trischia Ritchie	Manager, Aboriginal Advocacy Program, ARAS
Tasmania	
Benjamin Jones	Policy Manager, Advocacy Tasmania Inc
Victoria	
Jenny Blakey	Manager, Seniors Rights Victoria
Mary Lyttle	CEO, Elder Rights Advocacy (ERA)
Western Australia	
Wendy Bennett	Advocate, Advocare
Deborah Costello	Service Delivery Manager, Advocare
Beverly Gill	Education Administration Coordinator, Advocare
Val Hansen	Advocate, Advocare
Mary Kepert	Executive Officer, Alliance for Prevention of Elder Abuse, Advocare
Andrew McMillan	Advocate, Advocare

APPENDIX II: LITERATURE AND DOCUMENT REVIEW REFERENCES

DOCUMENTATION REVIEW

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APPENDIX III: EVALUATION FRAMEWORK

PROGRAM LOGIC HIERARCHY
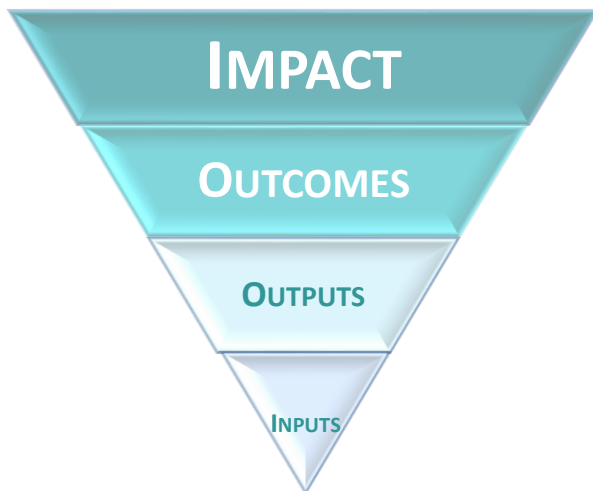
An overarching Framework was developed to guide the review. This was structured around a *Program Logic* approach which involves a hierarchy that begins with Inputs (for example, annual funding, staffing), is followed by Outputs (for example, specific programs or services provided), then Outcomes, and finally Impact. This approach looks for relationships between these four elements so that cause and effect can be better understood. The nature of the review precluded any analysis of impact.

SCOPE OF THE REVIEW

The Scope of the Review was determined as involving:

⇨ Documentation of current practice in elder abuse advocacy services by OPAN members.

⇨ An analysis of Elder Abuse Advocacy models used by ARAS and Advocare including:

- Achievements and constraints of the current programs;
- Balance of investment across program outputs;
- Documenting relevant core skill sets for this work;
- Current and future data collection practices;
- Opportunities and options for improvement.

⇨ Evidence of the effectiveness of selected elder abuse prevention programs across Australia and internationally from published and grey literature.

⇨ A high level summary of where OPAN elder abuse advocacy fits within the national context.

⇨ Based on models and findings provision of indicative options and resourcing for national model of elder abuse advocacy.

METHODOLOGY

The Review had a relatively short timeframe of seven weeks and the methodology was structured accordingly, drawing on secondary rather than primary data, and involving these main components:

❖ A focused review of research on elder abuse studies, in particular, any with findings on the effectiveness of interventions that address or prevent elder abuse. In order to work within the available timeframe, a Google Scholar search was made to retrieve systematic reviews focused on identifying the effectiveness of elder abuse service interventions. Systematic

reviews exclude studies with unsound methodologies and can provide commentary on the literature in a specific field of enquiry. This reduced the amount of time searching but also ensured that the research reviewed was based on sound methodologies.

❖ A review of OPAN organisations' documentation (such as, Annual Reports, service data) and of the key findings of major Inquiries, such as the Australian Law Reform Commission and State or Territory Parliamentary Inquiries into Elder Abuse and submissions from OPAN members to those Inquiries and to the Commission.

❖ Structured interviews with OPAN CEOs and staff designed to document current practice in relation to elder abuse.

❖ Detailed case studies analysing the models of ARAS and Advocare who each have been providing a specific elder abuse program for some time.

❖ Analysis of the wider elder abuse service landscape in Australia and OPAN's place in that landscape, based on the review of documentation (described above) and structured interviews with managers of leading elder abuse services in the human services and community legal services sectors.

❖ Analysis of all findings against key review requirements.

❖ Reporting of findings.

Structured Interviews with OPAN organisations

An **Interview Questionnaire** was designed to document current practice by OPAN members, and to identify the context in which elder abuse advocacy and prevention services were being provided. It focused on the following features:

⇨ Definition/description of activities considered to involve 'advocacy'
⇨ Types of advocacy provided
⇨ Frequency of advocacy (eg ongoing, specific – for example, linked to a funded program)
⇨ Mechanisms used to support advocacy (eg face to face information sessions, web-based information; participation in key structures or committees)
⇨ Number of staff specifically delegated to advocacy work - or estimated % of staff time involving advocacy work
⇨ Reach of the advocacy eg local, state-wide, national
⇨ Targeted audiences for advocacy work
⇨ Tailored advocacy activities eg Aboriginal older people, older people from CALD backgrounds
⇨ Partnerships/alliances developed specifically to pursue advocacy goals
⇨ Any evaluations undertaken of advocacy activities
⇨ Any data collected to quantify advocacy activities, including the identification of outcomes
⇨ Examples of advocacy success.

Interview questions also explored OPAN members' analysis of the perceived **efficiency** and **effectiveness** of current advocacy services across the OPAN group. These included:

- whether participation in the NACAP had brought any resource or other efficiencies, providing examples of these;
- participation in other programs that brought efficiencies eg through leveraging resources;
- whether and how this participation has enhanced their effectiveness as advocacy services, providing examples of this where possible;
- strategies that could be followed to support the outcome of a national approach to advocacy, and reasons for proposing these;
- potential challenges to achieving that outcome and approaches that could be pursued to manage them;
- features of a national model of elder abuse advocacy, integrated within OPAN advocacy services, and the resourcing required;
- recommended actions to progress this model.

Questionnaire to structure interviews

1. Could you give an *overview* of your organisation and the types of programs it provides?

2. Where do Elder Abuse Advocacy and Prevention activities *fit* in your overall program structure?

3. What *types* of Elder Abuse Advocacy and Prevention activities are you providing?

4. Are any of these activities linked to a *funded* program? If so, could you please specify.

5. *How* do you provide Elder Abuse Advocacy and Prevention activities? eg

    ☐ face to face information sessions
    ☐ web-based information
    ☐ staff members' participation in key structures or committees
    ☐ Other (please specify) _____
    ☐ Other (please specify) _____

6. *How many* staff are specifically assigned to elder abuse advocacy work? _____ – OR -

    What *estimated % of total staff time* involves Elder Abuse Advocacy and Prevention work? _____%

7. Is the *reach* of your Elder Abuse Advocacy and Prevention work –

    ☐ local
    ☐ state-wide
    ☐ national?

8. Who are your *targeted audiences* for your Elder Abuse Advocacy and Prevention activities?

    ☐ Older people
    ☐ Government
    ☐ Broader community
    ☐ Aged care service providers
    ☐ Peak bodies
    ☐ Other (please specify) _____

9. Do you *tailor* your Elder Abuse Advocacy and Prevention activities to specific high needs groups?

    ☐   Aboriginal and Torres Strait Islander older people

    ☐   Older people from CALD backgrounds

    ☐   LGBTI older people

    ☐   Older people living in rural or remote locations

    ☐   Older people living in regional locations

    ☐   Older people with lifelong disabilities

    ☐   Disadvantaged or vulnerable older people

    ☐   Other (please specify) _____

10. What *partnerships or alliances* have you developed specifically to pursue Elder Abuse Advocacy and Prevention goals?

11. Have there been any *evaluations* or reviews undertaken of your Elder Abuse Advocacy and Prevention activities? (If so, could a copy please be provided?)

12. Have you collected any *data* (eg number of people assisted, enquiring etc) to quantify your Elder Abuse Advocacy and Prevention activities? For example, number of people assisted, any demographic information about them; number of enquiries/information related activities; advocacy support etc.

13. Do you have any *examples of success/positive outcomes* arising from your Elder Abuse Advocacy and Prevention work?

14. Can you identify specific gaps in elder abuse advocacy, education and information in your jurisdiction that you are aware of?

15. Are there specific or unique issues with provision of elder abuse advocacy education and information in your jurisdiction that we should be aware of?

Interviews with key informants from the broader elder abuse field

Structured interviews were undertaken with a small sample of service providers known nationally for the contribution to elder abuse policy, systemic advocacy and individual service provision. These were designed to ascertain understanding of the OPAN group and its roles and responsibilities, the contribution that OPAN is and could be making in relation to elder abuse service provision, and an analysis of the elder abuse advocacy and prevention service landscape – including fragmentation, duplication, synergies and scope for improvement. Four guiding questions were developed for those interviews.

1. The review is identifying how elder abuse is being addressed within the advocacy and prevention work of OPAN member services. What is your understanding of the services they are providing?

2. Looking at the landscape of Australian elder abuse advocacy and prevention services as a whole ...

    a) What role are *advocacy* services playing in relation to elder abuse? What should be happening, ideally?

b) What role are *prevention* services playing in relation to elder abuse? What should be happening, ideally?

c) What are the main *gaps* in elder abuse service provision?

d) Are there areas of *duplication? Fragmentation?*

e) Are there *consistencies? Synergies?* Could these be further developed?

3. How do you think that OPAN member services can best contribute to this landscape?

4. Are there other comments you would like to make that would assist in this OPAN review?

Case Study Interviews and Focus groups with ARAS and Advocare

The questionnaire also informed the interviews and focus groups undertaken with ARAS and Advocare staff and management, but with additional information sought, and more in-depth exploration of issues. A copy of the Interview Schedule is provided below.

⇨ Achievements and constraints/challenges
⇨ Critical success factors for effective advocacy service provision
⇨ Core skill sets required for this work
⇨ Current and anticipated data collection approaches and the reasoning for these
⇨ Resourcing required by type (personnel, information and related tools, website maintenance and updating, staff development, travel etc) relating this to specific service outputs in order to analyse the balance of investment across those outputs
⇨ Resource efficiencies possible through a national approach
⇨ Opportunities and options for improvement
⇨ Lessons learned in advocacy provision and how these are reflected in suggested approaches to achieving a national, unified elder abuse advocacy program
⇨ Where each service model sits in the national context.

Questionnaire to structure Case Study interviews and focus groups

Background and essential Inputs

1. Can you tell me how your organisation came to develop an elder abuse advocacy service? When was it established?

2. How is your EA advocacy service *funded*? How much do you receive annually? What staffing does that provide for?

3. Looking at the *resourcing* of your EA advocacy service, what are the key components for which you require funding? Approximately how much is budgeted annually for each?

a) personnel
b) information and related tools
c) website maintenance and updating
d) staff development
e) staff travel
f) administrative overheads
g) Other (details)

4 What are the *core skill sets* required for EA advocacy and prevention?

5 What are the *critical success factors* for effective elder abuse advocacy service provision?

6 What are the main *constraints and challenges* you face in providing an effective elder abuse advocacy service?

7 Where do you see *opportunities* and *options for improvement*?

8 Can you identify examples of your main *achievements*? (these will be used as mini case studies in the review report).

Data collection

9 *What* data are you collecting? What are the reasons for choosing to collect this information? (eg funding requirements, planning purposes, information yielded)

10 Do you anticipate *changing* your current data collection? If so, why?

11 How do you measure you*r outcomes and impac*t? ie *How do you know if you have made a difference?*

Perceived efficiency and effectiveness of current advocacy services across the OPAN

12 Has your organisation's participation in the NACAP brought any resource or other *efficiencies*? Can you provide examples?

13 Has your participation in the NACAP enhanced your *effectiveness* as an advocacy service? Can you provide examples?

Developing a national approach to elder abuse advocacy and prevention

14 What are the *main lessons* you have learned in elder abuse advocacy and prevention service provision?

15 How could those lessons be reflected in *designing* a *national*, unified elder abuse advocacy and prevention program?

16 What resource *efficiencie*s are made possible through a national approach to elder abuse advocacy and prevention?

17 What should be the *features* of a national model of EA advocacy and prevention, integrated within OPAN advocacy services? What *resourcing* would be required – minimum and ideal?

18 What *recommended strategies* should be followed to progress a national EA advocacy and prevention program based on this model?

19 What are the *potentia*l *challenges* involved, and what approaches could be adopted to manage them?