

Inquiry into Elder Abuse in Queensland

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Australian College of Nursing

Parliamentary Inquiry

Queensland Education, Arts and Communities Committee Inquiry into Elder Abuse

An Australian College of Nursing Submission



The Chair
Education, Arts and Communities Committee
Queensland Parliamentary Service
Parliament House
Corner George and Alice Streets
Brisbane QLD 4000

Email: eacc@parliament.qld.gov.au

To whom it may concern,

Re: Queensland Education, Arts and Communities Committee Inquiry into Elder Abuse

The Australian College of Nursing (ACN) would like to thank the Parliament of Queensland and the Queensland Education, Arts and Communities Committee for the opportunity to comment on the Inquiry into Elder Abuse in Queensland.

ACN is a peak nursing body that supports equity for all. Representing the nursing profession, we advocate for social models of healthcare that address the needs of individuals and communities, considering social, economic and environmental factors. We advocate for access and health equity through evidence-informed, person-centred care across the lifespan. Elder abuse is of increasing concern in Queensland and across Australia. ACN believes elder abuse is not being addressed appropriately in Queensland.

ACN recommends standardised education of healthcare practitioners in the recognition, assessment and support of elder abuse victims, promoting greater awareness of the effects of abuse on both its victims and their families and legislating mandatory reporting of elder abuse. Our response to this Inquiry is attached.

If you would like to discuss any aspect of this submission, please contact [REDACTED].

Yours sincerely,

[REDACTED]
Kathryn Zeitz, PhD FACN
Chief Executive Officer
Australian College of Nursing

28 March 2025

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Background

Elder abuse is defined by the World Health Organisation (WHO) 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.”¹

In 2018, the Royal Commission into Aged Care Quality and Safety (the Royal Commission) was held to investigate the Australian aged care system.² ACN submitted submissions to the Royal Commission detailing the necessity for high-quality aged care in Australia and how nurses are central to supporting older Australians. ACN recommends regulation and increasing education standards for personal care attendants and assistants in nursing to improve aged care resident safety and health outcomes.³ ACN has also produced position statements on The Role of Nurses in Promoting Healthy Ageing, The Role of Nurses in Supporting Older People to Access Quality, Safe Aged Care and Nurses and Violence. These position statements have been instrumental in providing stakeholders with the background and evidence for increasing the number of nurses in primary care and aged care settings to prevent, identify and support victims of domestic violence and elder abuse.^{4,5}

Nurses are in a unique position to be able to identify elder abuse victims as they work across residential and community aged care environments, primary health care and acute hospital settings. Compared to other health professionals, nurses spend the most amount of time with victims of elder abuse and can develop strong therapeutic relationships based on trust and confidence. Nurses are more likely to note changes in behaviour as a result of abuse, physical injury, or changes to patient/family/carer interactions than with other members of the multi-disciplinary team.⁶ First Nations communities and people living in rural and remote areas have significantly higher instances of elder abuse compared with urban populations.^{7, 8} Nurses are often the only health practitioners available in these areas and are vital in the recognition and reporting of elder abuse.

The nursing profession will not tolerate elder abuse in any form or circumstance. Elderly people are amongst the most vulnerable in Australia, and it is our responsibility as a profession to advocate for and seek assistance whenever abuse is suspected. Nurses not only have a legal responsibility to report suspected abuse in residential aged care but also have a moral and ethical obligation to report any suspected abuse in any setting.^{9,10}

¹ World Health Organisation. (2024). Abuse of Older People. <https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people>

² Royal Commission into Aged Care Quality and Safety (2019). Terms of Reference <https://agedcare.royalcommission.gov.au/Pages/Terms-of-reference.aspx>

³ Australian College of Nursing (2019). Submission to the Royal Commission into Aged Care Quality and Safety. Australian College of Nursing, Deakin.

⁴ Australian College of Nursing (2022) Nurses and Violence – Position Statement. <https://www.acn.edu.au/advocacy-policy/position-statement-nurses-and-violence>

⁵ Australian College of Nursing (2020) The role of nurses in supporting older people to access quality, safe aged care – Position Statement.

<https://www.acn.edu.au/advocacy-policy/position-statement-the-role-of-nurses-in-supporting-older-people-to-access-quality-safe-aged-care>

⁶ Australian College of Nursing. (2017). Response to the Australian Law Reform Commission Discussion Paper: (DP 83) ‘Elder Abuse’. Australian College of Nursing, Deakin.

⁷ Brennan, D. (2025, January 6). Elder abuse continues to rise in Queensland. <https://nit.com.au/06-01-2025/15638/elder-abuse-continues-to-rise-in-queensland>

⁸ Harrison, G., et al. (2022). Nurses' perspectives on responding to elder abuse in a hospital setting. *Collegian*, 16-21. doi:10.1016/j.collegn.2021.03.004

⁹ Aged Care Quality and Safety Commission (2024). Code of Conduct for Aged Care. <https://www.agedcarequality.gov.au/for-providers/code-conduct>

¹⁰ International Council of Nursing (2021). The ICN Code of Ethics for Nurses. https://www.icn.ch/sites/default/files/2023-06/ICN_Code-of-Ethics_EN_Web.pdf

Recommendations

ACN recommends:

1. A targeted, easily digestible public health awareness campaign aimed at identifying and reporting elder abuse distributed through services such as GP practices, Primary care services, Hospitals and acute healthcare services, residential aged care facilities, health centres schools, and community-based groups in multiple formats (such as pamphlets) and languages.
2. Mandatory standardised education for all health professionals on how to recognise the various signs of elder abuse, identify potential victims, escalate concerns, and provide support to victims and carers of victims.
 - i. Development of quick reference cards with elder abuse resources and phone numbers to assist healthcare practitioners and carers.
3. Allocated funding for investigations into the underreporting of elder abuse and the strengthening of reporting mechanisms for abuse victims.
4. Introduction of legislated mandatory reporting of elder abuse parallel to Australia's mandatory reporting of child abuse.
5. Increased funding in support services for carers, including respite beds for those being cared for, to decrease carer stress and unintentional elder abuse.

Approach

In undertaking this response, ACN addressed the following terms of reference:

1. The abuse of older people in Queensland (elder abuse), including the:
 - a. nature and extent, including for vulnerable cohorts, of:
 - i. forms of neglect and abuse such as physical, sexual, psychological, emotional and financial;
 - ii. relationships where elder abuse occurs, including family and kinship relationships;
 - iii. risk and protective factors, and barriers and enablers for people to access support.
 - b. effectiveness and cohesiveness of responses to elder abuse, including Queensland laws, policies, programs and services, in preventing, safeguarding, identifying and responding to elder abuse, including:
 - i. adult guardianship and violence protection services, other funded services and community-based interventions;
 - ii. civil and legal frameworks;
 - iii. community awareness, education and engagement initiatives;
 - iv. monitoring, evaluation and reporting processes; and
 - v. human rights protections.
 - c. opportunities to improve responses to elder abuse in Queensland, within the government, broader community, non-government and private sectors, including ensuring responses are trauma-informed and culturally appropriate.
2. The inquiry will consider:
 - a. voices of people with lived experience of elder abuse (with appropriate assistance to be provided for people to engage with the inquiry where required);

Terms of Reference:

1. The abuse of older people in Queensland (elder abuse) including the:

a. nature and extent, including for vulnerable cohorts, of:

i. forms of neglect and abuse such as physical, sexual, psychological, emotional and financial;

Elder abuse, in its many forms, can take place at the hands of family members, neighbours, carers, friends, members of the public and any person who comes into contact with an elderly member of the community. Family abuse often encompasses elder abuse as it is violence perpetrated by adult children or young people against their parents, guardians, or grandparents and violence perpetrated across family networks in First Nations peoples.¹¹ Older people may not recognise that they are being abused or that anything can be done about any abuse they are suffering, particularly when related to psychological or financial abuse. However, nurses being aware of changes in behaviour, physical appearance, or sudden reluctance to discuss family (when normally quite open about children and grandchildren) may be the triggers for which they need to inquire further.¹²

Nurses are placed in the ideal position in various and diverse healthcare settings to identify elder abuse. However, nurses and healthcare workers can also be the perpetrators of abuse.¹³ Healthcare workers have been responsible for neglect and physical, emotional, financial, and sexual abuse. Some of these forms of abuse have been related to understaffing, work conflicts, and outside stressors influencing their work.¹⁴ Others have been identified as opportunistic, lacking empathy and criminal in nature.^{15, 16, 17} ACN condemns all violence and abuse of patients, members of the community, and towards healthcare staff.¹⁸ Further, we advocate for the ongoing education of nurses in all settings to identify, assess, report and support victims of elder abuse.

ii. relationships where elder abuse occurs, including family and kinship relationships;

Elder abuse occurs in many different circumstances and a variety of relationships. In 2023-2024 in Queensland, most victims of elder abuse cases were abused by a family member.¹⁹ Intergenerational living, where adult children act as carers for aging parents, can strain household relationships.²⁰ Statistically, family abuse is most likely to be perpetrated by adult children, then intimate partners, partners of adult children, and lastly, grandchildren.²¹

¹¹ Australian College of Nursing (2022) Nurses and Violence – Position Statement. <https://www.acn.edu.au/advocacy-policy/position-statement-nurses-and-violence>

¹² Lewis, V. J., White, V., Hawthorne, F., Eastwood, J., & Mullins, R. (2020). Addressing elder abuse through integrating law into health: What do allied health professionals, at a Community Health Service in Melbourne, Australia, think? *Australasian Journal on Ageing*, 39(2), e220-e225.

¹³ Royal Commission into Aged Care Quality and Safety (2021). Final Report: Care, Dignity and Respect (Executive Summary). Commonwealth of Australia. <https://www.royalcommission.gov.au/system/files/2021-03/final-report-executive-summary.pdf>

¹⁴ Conti, A., Scacchi, A., Clari, M., Scattaglia, M., Dimonte, V., & Gianino, M. M. (2022). Prevalence of violence perpetrated by healthcare workers in long-term care: a systematic review and meta-analysis. *International journal of environmental research and public health*, 19(4), 2357.

¹⁵ NMBA (2024) Tribunal upholds NMBA decision to impose supervision conditions on aged-care nurse. <https://www.nursingmidwiferyboard.gov.au/News/2024-07-17-Tribunal-summary-Dickerson.aspx>

¹⁶ NMBA (2024) Registered nurse who knowingly exposed elderly residents to Covid-19 disqualified for 4 years. <https://www.nursingmidwiferyboard.gov.au/News/2024-02-14-Tribunal-summary-registered-nurse-disqualified-for-four-years.aspx>

¹⁷ Victorian Civil and Administrative Tribunal (2023) Nursing and Midwifery Board of Australia v Logan (Review and Regulation) [2023] VCAT 689 (21 June 2023) <https://www.austlii.edu.au/cgi-bin/viewdoc/au/cases/vic/VCAT/2023/689.html>

¹⁸ Australian College of Nursing (2022) Nurses and Violence – Position Statement. <https://www.acn.edu.au/advocacy-policy/position-statement-nurses-and-violence>

¹⁹ Qu, L. et. al., (2021). National Elder Abuse Prevalence Study: Final Report. Australian Institute of Family Affairs https://aifs.gov.au/sites/default/files/publication-documents/2021_national_elder_abuse_prevalence_study_final_report_0.pdf

²⁰ Gillbard, A. (2024). Elder abuse statistics in Queensland: Year in review 2023–24. Elder Abuse Prevention Unit, UnitingCare. <https://eapu.com.au/wp-content/uploads/2024/12/UC-Elder-Abuse-Statistics-in-QLD-Year-in-Review-2024.pdf>

²¹ Qu, L. et. al., (2021). National Elder Abuse Prevalence Study: Final Report. Australian Institute of Family Affairs https://aifs.gov.au/sites/default/files/publication-documents/2021_national_elder_abuse_prevalence_study_final_report_0.pdf

Additionally, when drugs, alcohol and/or mental health issues are involved, older people are more vulnerable to abuse that is hidden and occurs over a more extended period of time.²² Carer stress, particularly when caring for family members with dementia or conditions causing cognitive decline, can increase the likelihood for elder abuse to occur.²³ A lack of respite services can lead to elder abuse as informal carers such as partners or family members are not supported in caring for the person needing assistance.²⁴ ACN recommends an increase in the number of respite beds available to support carers and a decrease in carer stress in the community, leading to a decrease in the incidence of elder abuse.

iii. risk and protective factors, and barriers and enablers for people to access support.

Residential aged care facilities have strict rules and regulations in place as a direct consequence of outcomes from the Royal Commission into Aged Care.²⁵ However, elder abuse in the community is more challenging to detect and is, therefore, an urgent platform for advocacy. ACN believes that older Australians must be supported to live in their choice of setting and receive services that promote independence, meet their preferences, and facilitate social connection through the continued delivery of high-quality, person-centred, holistic, culturally safe and collaborative nursing care for themselves and their families.²⁶ Nurses in the community, due to their unique distribution and ability to foster therapeutic relationships, provide the best opportunity to identify, prevent and/or protect vulnerable elderly people from abuse.

Older Australians are staying longer in their own homes and, thus, become more vulnerable to elder abuse perpetrated by carers, family members or intimate partners.²⁷ Older people staying in their own homes can face barriers when reporting abuse and accessing support, particularly for those experiencing financial abuse, with children and grandchildren threatening homelessness to the victim if money is not given on demand.²⁸ Victims state that they have a fear of repercussions or worsening abuse if they report to any person outside their home.²⁹

For many years, nurses have been the ‘most trusted profession’ in multiple surveys across Australia.³⁰ They are in a unique and privileged position to, formally and informally, question older people on sensitive matters such as the source of apparent injuries, changes in appearance between clinic visits, unusual weight loss or an unusual reluctance to engage in conversation.³¹ However, these healthcare settings can also have barriers to effectively identifying and assessing potential abuse. For example, the 2022 Royal Brisbane and Women’s Hospital study highlighted that assessment of victims in emergency departments can significantly hinder a victim’s ability to disclose abuse.³²

²² Fraga Dominguez, S., Ozguler, B., Storey, J. E., & Rogers, M. (2022). Elder abuse vulnerability and risk factors: Is financial abuse different from other subtypes? *Journal of applied gerontology*, 41(4), 928-939.

²³ Pickering, C. E., Weiss, N., Yildiz, M., & Sullivan, T. (2024). Self-Compassion and Emotion Dysregulation Mediate the Effect of Stress Appraisals on Elder Abuse and Neglect Behaviors in Dementia Family Caregiving. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 79(10), gbae138.

²⁴ Royal Commission into Aged Care Quality and Safety (2021). Final Report: Care, Dignity and Respect (Executive Summary). Commonwealth of Australia. <https://www.royalcommission.gov.au/system/files/2021-03/final-report-executive-summary.pdf>

²⁵ Royal Commission into Aged Care Quality and Safety (2021). Final Report: Care, Dignity and Respect (Executive Summary). Commonwealth of Australia. <https://www.royalcommission.gov.au/system/files/2021-03/final-report-executive-summary.pdf>

²⁶ Australian College of Nursing (ACN) (2024) Submission to the Department of Health and Aged Care: A new Aged Care Act: exposure draft Consultation paper No. 2.

²⁷ Cations, M., Keage, H. A., Laver, K. E., Byles, J., & Loxton, D. (2021). Impact of historical intimate partner violence on wellbeing and risk for elder abuse in older women. *The American Journal of Geriatric Psychiatry*, 29(9), 930-940.

²⁸ Stone, W., Reynolds, M., Veeroja, P., Power, E. R., Perugia, F., & James, A. (2023). Ageing in a housing crisis: Older people's insecurity & homelessness in Australia. Hawthorn: Swinburne University of Technology. doi:10.26185/87bq-4190

²⁹ Fraga Dominguez, S., Ozguler, B., Storey, J. E., & Rogers, M. (2022). Elder abuse vulnerability and risk factors: Is financial abuse different from other subtypes? *Journal of applied gerontology*, 41(4), 928-939

³⁰ Australian Nursing and Midwifery Journal (2024) Firefighters, nurses considered the most trustworthy occupations. <https://anmj.org.au/firefighters-nurses-considered-the-most-trustworthy-occupations/#:~:text=Firefighters%20and%20nurses%20top%20the,viewed%20as%20the%20least%20ethical>.

³¹ Abdulrahman, H. A., Hollingdrake, O., Cruz, A. A., & Currie, J. (2022). A scoping review of the healthcare provided by nurses to people experiencing domestic violence in primary health care settings. *International Journal of Nursing Advances*, 4, 1-11. doi:10.1016/j.insa.2022.100068

³² Harrison, G., De Ruiter, A. M., Masters, A. G., Jamieson, S. L., & Wilson, J. (2022). Nurses' perspectives on responding to elder abuse in a hospital setting. *Collegian*, 16-21. doi:10.1016/j.collegn.2021.03.004

Due to their isolated locations, rural and remote communities in Queensland often have limited access to healthcare services.³³ Nurses are often the only easily accessible healthcare practitioners in these communities and are crucial to addressing the challenges in identifying, reporting, and intervening in elder abuse. Older people can feel shame, stigma and concern for family name and reputation, fear that they will become victims of gossip and social exclusion if they report abuse. Consequently, they exhibit stoicism or feign 'strength and resilience' and show reluctance to report abuse.³⁴ ACN believes that there are issues pertaining to underreporting of elder abuse across Australia. We believe this is a multifaceted problem that requires focused investigations to understand why elder abuse is underreported and how to strengthen the reporting mechanisms for abuse victims.

b. effectiveness and cohesiveness of responses to elder abuse, including Queensland laws, policies, programs and services, in preventing, safeguarding, identifying and responding to elder abuse, including;

i. adult guardianship and violence protection services, other funded services and community-based interventions;

The Commonwealth funds aged care services in Australia through the Department of Health and Aged Care. Community organisations funded by the Queensland Government and Commonwealth Government to provide services for elder abuse include the Elder Abuse Prevention Unit (operated by the Uniting Church),³⁵ Compass: Guiding Action on Elder Abuse – an Elder Abuse Action Australia project (funded by the Commonwealth Attorney-General's Department)³⁶ and Older Persons Advocacy Network (OPAN) (funded by the Commonwealth Department of Health and Aged Care).³⁷ COTA Australia³⁸ is a charity set up to provide advocacy and policy services for older Australians, including Aged Care Reform. As nurses advocate for their patients daily, it is crucial that they have access to information about these services. Confidence, experience, and education significantly increase the willingness of nurses and unregulated health workers to identify and report elder abuse.³⁹ ACN recommends that all health professionals who care for older patients must have mandatory education on how to recognise the various signs of elder abuse, identify potential victims, escalate concerns, and provide support to victims and carers of victims. ACN recommends additional funding for a public awareness campaign in multiple formats, to assist in the identification and reporting of elder abuse with information distributed through GP practices, primary health care services, hospitals, schools and community-based groups. In particular, ACN has chosen schools one target area as school age children may be vital sources of information on elder abuse in the family home and may make disclosures to school staff that may otherwise go unreported.

³³ Spelten, E. R., & Burmeister, O. K. (2019). Growing old gracefully in rural and remote Australia? *Australian Journal of Rural Health*, 27(4).

³⁴ Campo, M., & Tayton, S. (2015). Domestic and family violence in regional, rural and remote communities. Australian Institute of Family Studies. https://aifs.gov.au/sites/default/files/publication-documents/cfca-resource-dv-regional_0.pdf

³⁵ Uniting Care (2025) Elder Abuse Prevention Unit (EAPU) <https://eapu.com.au/>

³⁶ Elder Abuse Action Australia (2025) Compass – Guiding Action on Elder Abuse <https://www.compass.info/>

³⁷ Department of Health and Aged Care (2025) Older Persons Advocacy Network <https://opan.org.au/>

³⁸ COTA Australia (2025) COTA (Council on the Ageing) For Older Australians <https://cota.org.au/>

³⁹ Ranabhat, P., Nikitara, M., Latzourakis, E., & Constantinou, C. S. (2022). Effectiveness of nurses' training in identifying, reporting and handling elderly abuse: A systematic literature review. *Geriatrics*, 7(5), 108.

ii. civil and legal frameworks;

Nurses working in Aged Care are subject to an Aged Care Code of Conduct. This Code of Conduct outlines eight standards of behaviour for staff working in Aged Care. They list the actions that staff must take to ensure the elderly person's human rights, self-determination, decision-making, dignity, privacy, respect, and provision of care that is free from violence, exploitation, discrimination, neglect, abuse and sexual misconduct. It is enforced by the Aged Care Quality and Safety Commission, and in severe cases, workers or providers can be banned from providing care.⁴⁰

This Aged Care Code of Conduct is in addition to the established Nursing and Midwifery Board of Australia (NMBA) (2022) Code of Conduct for Nurses.⁴¹ The NMBA Code of Conduct describes the legal requirements for nurses' professional behaviour and expected conduct while practising in all settings around Australia. It extends to non-clinical professional relationships with clients, colleagues, management, regulatory and advisory, administration, and other roles that utilise a nurse's skills.⁴² ACN is aware that other health care professionals have their own Codes of Conduct, however in this submission, we will only be discussing our own professional standards.

Elder abuse is not a standalone crime in Queensland. Still, individual criminal offences can be prosecuted under the Queensland Criminal Code Act 1899, the Criminal Law (Coercive Control and Affirmative Consent) and other Legislation Amendment Act 2024.⁴³ ⁴⁴ Age and Disability Advocates Australia (ADA) and ADA Law provide advocacy and legal assistance for elder abuse victims in Queensland. Both organisations are members of OPAN and can provide services to people or permitted carers who are receiving or seeking Australian Government-funded aged care services.⁴⁵ Complaints about aged care facilities, their staff, or care received can be made directly to the provider. If no resolution is obtained, they can be made to the Aged Care Quality and Safety Commission.⁴⁶ In Queensland, complaints and concerns from older community members and carers about actions regarding enduring powers of attorney are handed by the Queensland Civil and Administrative Tribunal. Noting Legal advice and advocacy services for these cases are provided by ADA Australia and ADA Law (if they are holders of Commonwealth-funded aged care services).

iii. community awareness, education and engagement initiatives;

ACN recognises and supports community awareness and intervention services, such as the Elder Abuse Prevention Unit, and advocates for ongoing support and funding to ensure the Unit remains contemporary and fit for purpose. OPAN provides education and awareness training for older Australians receiving aged care packages, those in residential aged care, and staff working in aged care in a paid or voluntary capacity.⁴⁷ New recipients of Commonwealth-funded aged care services are provided with the details of OPAN upon commencement or admission to residential aged care. OPAN's state-based support organisations make regular advocacy visits to residential aged care to increase residents, carers and healthcare workers' awareness of their services. They often receive notifications of suspected abuse during these visits.

The Aged Care Quality and Safety Commission provides education and training for aged care providers (funded by the Commonwealth) via their Aged Care Learning Information System (Alis).⁴⁸ This training is not mandatory, however, but strongly recommended to assist providers and healthcare staff in their responsibilities to provide safe,

⁴⁰ Aged Care Quality and Safety Commission (2024). Code of Conduct for Aged Care. <https://www.agedcarequality.gov.au/for-providers/code-conduct>

⁴¹ Nursing and Midwifery Board of Australia (2022). Professional Codes & Guidelines – Code of conduct for Nurses <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>

⁴² Ibid.

⁴³ Queensland Government (2025) Queensland Legislation – Criminal Code Act 1899 (Current from 28 February 2025). <https://www.legislation.qld.gov.au/view/html/inforce/current/act-1899-009>

⁴⁴ Queensland Government (2024) Queensland Legislation - Criminal Law (Coercive Control and Affirmative Consent) and Other Legislation Amendment Act 2024 <https://www.legislation.qld.gov.au/view/html/asmade/act-2024-005>

⁴⁵ ADA Australia (2023) Frequently Asked Questions about Aged Care Advocacy. <https://adaaustralia.com.au/wp-content/uploads/2023/12/FAQ-Factsheet-Aged-Care-Web.pdf>

⁴⁶ Aged Care Quality and Safety Commission (2025) Complaints and Concerns. <https://www.agedcarequality.gov.au/contact-us/complaints-concerns/what-do-if-you-have-complaint>

⁴⁷ OPAN (2025) Education: Information Sessions for You. <https://opan.org.au/education/education-sessions-for-you/>

⁴⁸ Aged Care Quality and Safety Commission (2025) Education & Training: Online Learning – Alis. <https://www.agedcarequality.gov.au/providers/education-training/online-learning-alis>

high-quality care.⁴⁹ This training is also available for non-aged care providers. However, an annual subscription fee must be paid to access the portal. Additionally, online workshops for the Serious Incident Response Scheme (SIRS) are available (also at an additional cost) via the Alis portal.⁵⁰

ACN recommends that this training be available, at no cost, to healthcare providers in primary care settings and hospitals. It should also be established as mandatory training for all providers of aged care services.

iv. monitoring, evaluation and reporting processes; and

As a consequence of the Royal Commission into Aged Care, the Aged Care Quality and Safety Commission set up the SIRS to manage and report serious incidents in aged care. It aims to identify and prevent abuse and neglect among people receiving aged care in residential aged-care settings and those receiving home services.⁵¹ Some incidents must be reported to the SIRS under mandatory reporting requirements. However, any breaches of standards are not subject to criminal proceedings unless specified by the type of incident reported, i.e. assault, theft or financial coercion, unexplained death, sexual assault or unreasonable use of force causing injury.⁵²

Mandatory reporting incidents are entered into the SIRS using the Aged Care Quality and Safety Commission provider portal. This portal is only available to aged care providers and is a user-based system that requires the provider to sign up a limited number of their employees. This causes potential barriers to timely reporting of elder abuse, particularly when dealing with Priority 1 incidents that must be reported within 24 hours.⁵³ The requirement for police involvement is at the discretion of the clinician reporting the incident. Staff are advised that if in doubt, police should be contacted to identify and investigate if criminal proceedings should be initiated.⁵⁴

ACN recommends that mandatory reporting be extended to all incidents of elder abuse, irrespective of whether they be in the aged care system or within the community. This will bring legal protections in line with the mandatory reporting of child abuse to safeguard the most vulnerable members of our society.

v. human rights protections.

The *New Aged Care Act 2024* (to commence on 1 May 2025) is human rights-based legislation that will provide older Australians with a framework to uphold the rights of those who access aged care services. It will empower older people to make decisions to maintain their dignity and autonomy and enforce the obligations of aged care providers and workers to provide high-quality care.⁵⁵ These protections are in place but can depend on carer accountability and integrity irrespective of whether the victim is in residential care or cared for by family. Suppose nurses and carers do not practice safe, ethical and person-centred care and cause harm either intentionally or unintentionally. In that case, they are responsible for reporting their own or colleague's actions.⁵⁶ These rights are strongly supported by ACN and are encouraged at all levels of care by our members.

⁴⁹ Ibid

⁵⁰ Aged Care Quality and Safety Commission (2025). Education & Training Workshops: SIRS Home and Residential Services. <https://www.agedcarequality.gov.au/providers/education-training/workshops/sirs-home-and-residential-services>

⁵¹ Aged Care Quality and Safety Commission. (2024). SIRS in residential and home services <https://www.agedcarequality.gov.au/for-providers/serious-incident-response-scheme/sirs-residential-home-services>

⁵² Ibid.

⁵³ Aged Care Quality and Safety Commission (2021) Reportable incidents under the Serious Incident Response Scheme (SIRS) – Video. <https://www.youtube.com/watch?v=tXulp2HkdXs>

⁵⁴ Ibid.

⁵⁵ Department of Health and Aged Care (2024) New Aged Care Act <https://www.health.gov.au/our-work/aged-care-act>

⁵⁶ Duffy, A., Connolly, M., & Browne, F. (2024). Unravelling elder abuse through a human rights lens: a case study. *British Journal of Nursing*, 33(16), 772–777. <https://doi.org/10.12968/bjon.2024.0067>

2. The inquiry will consider:

a. voices of people with lived experience of elder abuse (with appropriate assistance to be provided for people to engage with the inquiry where required);

ACN has received one submission from a member who has been a victim of elder abuse, where the perpetrator was a neighbour. They described in detail the pattern of harassment, intimidation and psychological abuse inflicted upon them over a long period and the lack of response from authorities. The respondent said the ongoing abuse caused extreme mental and emotional trauma, which has required extensive counselling. They added that they sold their house and moved to a regional area to “start again” in an attempt to gain psychological healing from the experience. A recommendation from the respondent was better training for Queensland Police Service officers in the recognition of elder abuse and greater cooperation between Government and non-government agencies related to housing, conflict resolution, and older person support to assist elder abuse victims.

About ACN

The Australian College of Nursing is the peak professional body and leader of the nursing profession. We are a for-purpose organisation committed to our mission of Shaping Health, Advancing Nursing.

We support nurses to uphold the highest possible standards of integrity, clinical expertise, ethical conduct, and professionalism through our six pillars of Education, Leadership, Community, Social Impact, Advocacy and Policy.

We are the Australian member of the International Council of Nurses headquartered in Geneva in collaboration with the Australian Nursing and Midwifery Federation (ANMF).