

Inquiry into Elder Abuse in Queensland

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Australian College of Nurse Practitioners response to:

QUEENSLAND PARLIAMENT
Inquiry into Elder abuse in Queensland

Contact:

Policy Advisor
Australian College of Nurse Practitioners
PO Box 33175 Melbourne Vic 3004
Office: St Kilda Rd Towers, Suite 502
1 Queens Road Melbourne

1300 433 660
www.acnp.org.au

5 April 2025

Education, Arts and Communities Committee
Queensland Parliamentary Service

Submitted via online survey: 5 April 2025

Dear Secretariat,

Thank you for the opportunity to respond to the **Inquiry into Elder abuse in Queensland**.

The Australian College of Nurse Practitioners (ACNP) is the leading national body representing nurse practitioners. It drives the advancement of nursing practice and strengthens consumer access to healthcare services. Nurse practitioners are uniquely equipped to address unmet healthcare needs within communities and expand access to high-quality care, especially for underserved populations.

In this submission, the ACNP will highlight the following:

- Importance of increased training opportunities to adequately prepare nurses to detect and manage elder abuse
- need for the inclusion of the role of Nurse Practitioners, a trained and appropriately skilled workforce supporting aged care

Nurse practitioners work in diverse healthcare settings, including primary care^{1,2}, urgent care^{3,4}, emergency services^{1,2}, older person care^{1,2}, mental health^{1,2}, palliative care⁵, critical care areas such as orthopaedics¹, and chronic disease prevention and management such as diabetes.¹ Research consistently demonstrates high levels of patient satisfaction with care delivered by nurse practitioners, which contributes to improved treatment adherence and health outcomes.^{3,5-8} This success highlights the invaluable role of nurse practitioners within the Australian healthcare landscape, representing a significant step towards more effective and cost-efficient healthcare delivery.

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The *Nurse Practitioner Workforce Plan*⁹, released by the Department of Health in May 2023, outlines strategies to remove barriers to the nurse practitioner's scope of practice. Eliminating legislative and operational barriers that lack a clinical basis and misalign with federal and state legislation is essential for consistency across jurisdictions. National uniformity in legislation empowering nurse practitioners across state and commonwealth instruments is imperative.

The ACNP strongly advocates for the recognition of nurse practitioners' autonomous role and their capacity to lead healthcare teams across various contexts. This recognition is essential to advance the nursing workforce, support the modern nursing role, and dispel outdated perceptions.

Our response to this Inquiry is as follows:

The ACNP believes that the terms of reference articulate the scope of work for this important inquiry, however we would also like to see the inclusion of cultural abuse as a distinct and longstanding form of harm that has been overlooked.

Whilst this inquiry is specific to Queensland, it would be remiss not to consider the *Draft National Plan to End the Abuse and Mistreatment of Older People (2024-2034)*¹⁰, as there are limited opportunities to report elder abuse and initiate action to stop abuse across the nation not just in Queensland.

Elder abuse is significantly under-diagnosed and under-reported, with Nurse Practitioners identifying various barriers to detection and management, highlighting the need for improved education and resources. Barriers such as; resistance to intervention, denial of abuse, fear of reprisal by the abuser towards the elder, lack of professional protocol related to responding and assessing elder abuse, lack of knowledge about where to call for help, lack of professional protocol, lack of guidelines about confidentiality, difficulty in determining what constitutes elder abuse, and lack of knowledge about prevalence¹¹. Undergraduate nursing programs as well as Nurse Practitioner programs do not adequately prepare nurses to detect and manage elder abuse. Training for all healthcare providers needs to include elder abuse detection and forensic markers, educational preparedness of healthcare providers and the broader awareness of available screening tools, for example, the Australian Elder Abuse Screening Instrument (AuSI).

Nurse Practitioners working in aged care as well as acute care settings are in an excellent position to become a patient advocate by recognising the mental and physical signs and symptoms of the abused older adult, initiating an interdisciplinary team approach, and educating the community about elder

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abuse. This is due to Nurse Practitioners spending more time with patients than many other healthcare professionals, enabling them to develop a deeper understanding of individuals' needs. As a result, NPs can expertly identify changes when they occur, such as deteriorating medical conditions, new injuries, or changes in appetite or behaviour. Nurse Practitioners working in aged care must be adequately supported and empowered to deliver enhanced care for elderly individuals experiencing abuse. This support should encompass:

- o Explicit funding for nurse practitioner roles to increase workforce capacity, particularly in the public sector, with attention to retention and sustainability of roles
- o access to relevant MBS item numbers or funding, as patients can be fully out of pocket if they see a nurse practitioner
- o MBS access for patients of nurse practitioners to relevant diagnostic tests (currently only funded for some diagnostic testing).

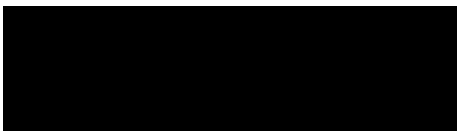
Lack of support from the funding systems results in limited care provision and creates further difficulties in establishing financially viable and sustainable roles for Nurse Practitioners in aged care.

The ACNP highlights the critical need to address the ongoing limited awareness among the public and healthcare professionals regarding the existence, capabilities, scope of practice, and contributions of nurse practitioners.

Finally, the ACNP would like to see better promotion of professional organisations and government service providers who act to eliminate elder abuse by using the tools of advocacy, policy development, research and capacity building to raise community awareness. Organisations such as Elder Abuse Action Australia, Ethnic Communities Councils, Elder Abuse Prevention Networks (e.g. OPAN), ADA Australia, elder abuse learning hubs, and Better Places Australia, to name a few, exist to provide support. However, most healthcare providers are unaware of these resources and are therefore under-utilising them.

Thank you for the opportunity to participate in this important Inquiry. We welcome further engagement and are available to provide additional clarification as needed.

Yours sincerely



Leanne Boase

Chief Executive Officer

Australian College of Nurse Practitioners

PO BOX 33175 Melbourne VIC 3004

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