

## **Inquiry into Elder Abuse in Queensland**

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# Submission to

## Queensland Education, Arts and Community Parliamentary Committee

*Inquiry into elder abuse in Queensland*

April 2025

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### Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the *Education, Arts and Community Parliamentary Committee* (the Committee) for the opportunity to provide feedback on the *Inquiry into elder abuse in Queensland (the Inquiry)*.

The QNMU is Queensland's largest and only registered union for nurses and midwives, representing over 75,000 members. The QNMU is a state branch of the Australian Nursing and Midwifery Federation (ANMF) with the ANMF representing over 326,000 members.

Our members work in health and aged care including public and private hospitals and health services, residential and community aged care, mental health, general practice, and disability sectors across a wide variety of urban, regional, rural, and remote locations.

The QNMU is run by nurses and midwives, for nurses and midwives. We have a proud history of working with our members for over 100 years to promote and defend the professional, industrial, social, and political interests of our members. Our members direct the QNMU's priorities and policies through our democratic processes.

The QNMU expresses our continued commitment to working in partnership with Aboriginal and Torres Strait Islander peoples to achieve health equity outcomes. The QNMU remains committed to the Uluru Statement from the Heart, including a pathway to truth telling and treaty. We acknowledge the lands on which we work and meet always was, and always will be, Aboriginal and Torres Strait Islander land.

The QNMU commends the Committee for undertaking this Inquiry to identify solutions to better prevent and respond to elder abuse. Protecting the rights of older people to be treated with equity, dignity and respect should be non-negotiable. Abuse is not acceptable and should never be tolerated. While our submission will primarily focus on strategies that address institutional elder abuse, particularly within the health and aged care systems, we recognise that preventing and reducing elder abuse is a complex health, justice and social issue which requires comprehensive, coordinated action across a range of sectors by all levels of government.

The QNMU notes, for example, that the Australian government recently undertook consultation to develop the *National Plan to End the Abuse and Mistreatment of Older People 2024-2034* (Australian Government (Attorney-General's Department), 2024) while the former Queensland government established *An Age-friendly Queensland: The Queensland Seniors Strategy 2024-2029* (State of Queensland, 2024a) and associated *Queensland Seniors Action*

*Plan 2024-2026 (State of Queensland, 2024b).* We consider that coordinated Australian and Queensland government action to implement the commitments outlined in these relevant plans and strategies will make a significant contribution towards preventing and reducing elder abuse in Queensland and across Australia.

## **Responses to Inquiry's Terms of Reference**

*The abuse of older people in Queensland (elder abuse), defined as a single or repeated act, or lack of appropriate action, in the context of a relationship of trust, causing harm or distress, including the:*

- a. nature and extent, including for vulnerable cohorts, of:*
  - a. forms of neglect and abuse, such as physical, sexual, psychological, emotional and financial;*
  - b. relationships where elder abuse occurs, including family and kinship relationships;*
  - c. risk and protective factors, and barriers and enablers for people to access support.*

Analysis of calls made to the Elder Abuse Prevention Unit (EAPU) Helpline in Queensland during 2023-24 illustrates the prevalence of elder abuse in Queensland (Gilbard, 2024). For example, of 2,674 total abuse notifications made in 2023-24, 2,151 related to abuse in close or intimate partnerships while 523 notifications related to abuse in consumer and social relationships. A range of individual factors were associated with greater vulnerability to older people being abused. These factors included age, sex, ethnicity, cognitive impairment, capacity and care needs. The most frequently reported types of abuse were psychological and financial abuse (Gilbard, 2024). Psychological abuse included older people being threatened to be sent to residential aged care facilities while the most common form of financial abuse involved non-contribution towards living expenses.

For calls made to the EAPU Helpline in Queensland during 2023-24, the rate of social abuse was the highest ever recorded, and notably higher than the previous peak observed during the COVID-19 pandemic (Gilbard, 2024). Reports of sexual abuse also increased between 2022-23 and 2023-24. Barriers that prevented people who experienced abuse from making a notification included fear of further harm, shame and stigma and concern regarding the protection of their relationship with the perpetrator (Gilbard, 2024). As many people do not contact the EAPU Helpline until they reach breaking point (Gilbard, 2024), we expect this data represents only the tip of the iceberg.

Similar to the analysis of 2023-24 elder abuse reports to the EAPU Helpline in Queensland, the National Elder Abuse Prevalence Study (Commonwealth of Australia, 2021a), which surveyed people aged over 65 years living in community (not institutional) settings, reported some sociodemographic factors that were associated with greater risk of experiencing elder abuse. These factors included:

- Sex (women were more likely to experience elder abuse than men)

- Socio-economic status (older people who were socioeconomically disadvantaged were more likely to experience elder abuse)
- Home ownership (older people who owned their house outright were less likely to experience abuse compared with people who rented or were paying off their mortgage.)
- Partnership status (people without a partner, that is, people who were divorced or not married, were more likely to experience elder abuse (Commonwealth of Australia, 2021a).

Within community settings, older people are also vulnerable to technology-assisted abuse, which is abuse conducted via mobile, digital or other technologies (Australian Institute of Health and Welfare, 2025).

### **Institutional settings**

In addition to community settings, elder abuse also occurs within institutional settings, such as residential aged care facilities and health services (Australian Institute of Health and Welfare, 2025). Within a global context, the World Health Organization (WHO, 2024a) has recognised elder abuse as a major public health problem. International research indicates that the main risk factors for victims of elder abuse in institutional settings include being female, presence of a cognitive impairment and disability and being older than 74 years (Yon et al., 2018). The predominance of women as victims of elder abuse is partially attributed to women having on average greater life expectancy than men and a greater proportion of women living in aged care institutions than men. A significant correlation was also found between elder abuse and a high ratio of residents to registered nurses. Further, an increased presence of qualified nurses was associated with a reduction in resident abuse risk (Yon et al., 2018).

The Lancet (2021), which referred to elder abuse as the second shadow pandemic, asserted that requisite investment in health services would make a significant contribution towards reducing elder abuse.

*Enacting policy which mandates good quality care for all people, including the requisite funding for that care, will go a long way towards abating elder abuse, especially those incidents of neglect (The Lancet, 2021).*

The abuse and mistreatment of older Australians accessing aged care services has been raised in multiple inquiries over several years, including the *Caring for Older Australians Inquiry* (Productivity Commission, 2011) and more recently, the Royal Commission into Aged Care Quality and Safety (Commonwealth of Australia, 2021b). As referenced in the QNMU (2025) submission responding to the *National Plan to End the Abuse and Mistreatment of Older People 2024-2034*, the Aged Care Quality and Safety Commission (ACSQC, 2024) recently reported a concerning increase in neglect incident reports in Quarter 1 2024–25. This was an almost 11% increase from Quarter 4 2023–24 and a 26% increase compared with Quarter 1 2023–24. While increases in these reporting rates may be partially due to greater awareness of these incidents, it also illustrates how pervasive discrimination, abuse and mistreatment of older people is within Australia’s aged care system.

Consistent with international elder abuse research, older women often experience a combination of both age and sex discrimination (intersectional discrimination), mistreatment and abuse within Australian health and aged care settings (Australian Government (Department Health and Aged Care), 2024). For example, the *End Gender Bias Survey - Detailed Report* included the following quote from a community advocacy organisation submission:

*Sexual assault of older women is a fact that the community, including health services, find difficulty believing ... around 50 assaults occur each week in residential care yet it is not compulsory to report the 'incident' and neither is it required to report to police (Australian Government (Department Health and Aged Care), 2024, p. 57).*

In addition to women, vulnerable groups that often experience other forms of discrimination which intersects with ageism includes, but is not limited to, First Nations peoples, people with Culturally and Linguistically Diverse backgrounds, people with disability, LGBTQIA+ people and people who are socioeconomically disadvantaged (Australian Government (Attorney-General's Department), 2024).

- 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 criminal legal frameworks;*
  - iii. *community awareness, education and engagement initiatives;*
  - iv. *monitoring, evaluation and reporting processes;*
  - v. *human rights protections.*

As referenced earlier, the QNMU (2025) recently responded to the *National Plan to End the Abuse and Mistreatment of Older People 2024-2034 Consultation*. We supported the holistic approach proposed in the draft National Plan, including the 4 Focus Areas, namely:

- Increase whole of community awareness, education and engagement
- Enhance legal frameworks and adult safeguarding responses
- Strengthen capacity and capability of services, including through targeted education and training for professionals and
- Address gaps in the evidence base and increase collaboration.

Similarly, we support the holistic approach taken in the recently developed *Queensland Seniors Strategy 2024-2029* (State of Queensland, 2024a) and associated *Queensland Seniors Action Plan 2024-2026* (State of Queensland, 2024b), which incorporates the WHO (n.d.) *Age-friendly Cities and Communities Framework* (refer Figure 1). This WHO Framework proposes 8 interconnected domains that can help to identify barriers to older people's wellbeing and participation. As noted in our introduction, we consider that implementation of these respective Plans/Strategies by the Australian and Queensland governments will make a significant contribution towards preventing and reducing elder abuse.



Figure 1: WHO (n.d.) Age-friendly Cities and Communities Framework is incorporated within the Queensland Seniors Strategy 2024-2029

### **Adult guardianship and safeguarding frameworks**

The QNMU notes that Dr John Chesterman, the Public Advocate, has undertaken significant work to develop recommendations to improve adult guardianship and safeguarding frameworks in Queensland (The Public Advocate, 2024). The QNMU endorses key recommendations made by Dr Chesterman in his submission to the Inquiry, including the introduction of:

- An Adult Safety Commissioner and
- Local Adult Safety Networks throughout Queensland (The Public Advocate, 2025).

### **Reporting processes**

With respect to strengthening reporting processes to prevent and reduce elder abuse, the QNMU (2025), as the Queensland branch of the Australian Nursing and Midwifery Federation (ANMF), referenced the *ANMF (2023) Compulsory Reporting in Aged Care* position statement in our submission responding to the *National Plan to End the Abuse and Mistreatment of Older People 2024-2034* consultation.

Protections for aged care residents that were introduced into the *Aged Care Act (Cth)* in 2007 included:

- Compulsory reporting of physical and sexual assaults of people in aged care
- Protections for approved providers and staff who report assaults and
- New complaint investigation arrangements (ANMF, 2023).

The ANMF (2023) position also states that:



*Compulsory reporting is an important element in a comprehensive suite of safeguards aimed at protecting people in aged care from abuse. On its own, it will not prevent abuse.*

In addition, to be effective, compulsory reporting requires employers (i.e. residential aged care providers, in-home providers) to:

- *have clear policies and protocols in place that specify and support the process of compulsory reporting and*
- *ensure the person making a report is not subject to any victimisation or discrimination in the workplace because of making the report (ANMF, 2023).*

National initiatives, such as the Serious Incident Response Scheme (SIRS), have been established with the aim to reduce abuse and neglect of people who access aged care services (Aged Care Quality and Safety Commission [ACQSC], n.d.). We also endorse the ANMF (2023) position that compulsory reporting requires the Australian Government to adequately fund the authority to which reports are made (the ACQSC) so that full, fair and timely investigations can be conducted.

The QNMU recommends, consistent with the Australian College of Nursing (ACN, 2025), that mandatory reporting should be extended beyond residential aged care facilities to include all incidents of elder abuse. Introducing this obligation would require collaboration from a range of stakeholders, including from the health and aged care, financial and legal sectors. In addition, introducing this obligation would facilitate comparable legal protections with another vulnerable population in our society, namely children.

## **Human rights protections**

The QNMU's key values include commitments to fairness, equality and equity. We consider that all people living in Queensland deserve equal access to quality public health services and should be treated with respect and dignity, free from discrimination, harassment, intimidation and violence. These QNMU values align with those expressed by the International Council of Nurses (ICN, 2011) and the International Confederation of Midwives (ICM, 2017), reflecting that the nursing and midwifery professions have strong commitments to the protection of human rights.

The draft *National Plan to End the Abuse and Mistreatment of Older People 2024-2034* (Australian Government (Attorney-General's Department), 2024) includes a key principle of 'taking a human rights approach', while the *Queensland Seniors Strategy 2024-2029 (State of Queensland, 2024a)* refers under its 'principles for action' to embedding a human rights perspective, compatible with the *Human Rights Act 2019 (Qld), the Act*.

While the QNMU supports the inclusion of human rights as principles, we assert that the language and associated action relating to governments' obligations to protect and uphold human rights needs to be strengthened. As the QNMU (2023, 2024) referenced in our submissions to the Parliamentary Joint Committee on Human Rights regarding Australia's Human Rights Framework and to the Independent Review of the Human Rights Act, Queensland is the only Australian jurisdiction that has legislated a human right to access



health services without discrimination. While the QNMU profiled in our submissions other priority groups that experience human rights violations when accessing health services, we also referenced people living in residential aged care facilities as being vulnerable to human rights violations (Grenfell et al., 2023).

To the best of our knowledge, the Australian government has not yet responded to the Parliamentary Joint Committee on Human Rights Inquiry (2024) report. This delay is concerning, given the Parliamentary Joint Committee's report was tabled in June 2024 and Australian government responses to committee reports are required within three months of a report being tabled (Parliament of Australia, 2025).

The QNMU is also disappointed that the Queensland government has decided not to implement recommendations from the Independent Review of the Human Rights Act (Messenger, 2025). These recommendations included, but were not limited to, amending the Act to include the following new rights:

- Right to live free from gender-based violence
- Right to adequate housing and
- Right to a clean, healthy and sustainable environment (Harris Rimmer, 2024).

The QNMU notes that the Queensland Health (2025) briefing to the Committee did not refer to the human rights obligations that Queensland public entities have under the Act. Given the Act became effective over five years ago (Queensland Human Rights Commission, n.d.), this omission is extremely disappointing and represents a missed opportunity to identify strategies that better protect the human rights of older people when accessing public health services in Queensland. We reiterate previous QNMU (2024) recommendations, including that the Queensland government invest in:

- Further training for public entities (specifically Queensland Health and Hospital and Health Services [HHS] policymakers, leaders and health practitioners) to facilitate greater knowledge about human rights obligations during the provision of health services and
- Additional resources for the Queensland Human Rights Commission to:
  - educate the community about human rights and
  - manage complaints in a timely manner.

The QNMU (2024) also reiterates our recommendation that consideration is given to expanding the definition of 'public entity' under the Act. We consider that private organisations which are provided public funds to deliver health services (such as private hospitals and residential aged care facilities) should be defined as 'public entities' and held accountable for upholding obligations under the Act, in order to prevent and reduce elder abuse.

### **De-privatisation of aged care services in Queensland**

Consistent with the QNMU's commitments to advancing human rights and health equity for vulnerable people accessing aged care services, we recommend that the Queensland government considers taking a more direct role in the provision of aged care services, particularly in rural and remote areas, and/or where there are thin markets and market failure

issues. Research indicates that the privatisation of health services has likely had an adverse impact on population health and contributed to exacerbating health inequities (Anaf et al., 2024). The chaotic closure of the privately owned Earl Haven residential aged care facility at Nerang in 2019, for example, had a detrimental impact on residents and highlighted the opaqueness of contractual arrangements within the aged care sector (Queensland Nurses and Midwives' Union, 2019).

The QNMU considers that the provision of aged care services by Queensland public entities would facilitate improved quality of care and greater confidence that older people would be treated with dignity and respect. The Australian government recently provided funding for the expansion of Tasmania's public maternity services, following the closure of private maternity services in Hobart (Jaggers, 2025). We consider that the Queensland and Australian governments should also take a more proactive role in the funding and provision of aged care services when private aged care providers cease operations and/or fail to deliver quality care, particularly for older people living in regional and remote areas.

### **Facilities and services designed to better support older people including people with dementia**

As identified in the *National Dementia Action Plan 2024-2034* (Commonwealth of Australia, 2024), people living with dementia and cognitive impairment are particularly vulnerable to experiencing elder abuse, with limited specialist services available. Older people, including people with dementia, can also spend extended periods in hospital unnecessarily due to a lack of more appropriate facilities and services being available (Caggiano, 2025). The QNMU recommends that investment in the development of dementia-specific facilities and nurse-led services provided in these facilities and in the community would facilitate access to quality care for older people, including people with dementia and also contribute to reducing hospital bed block.

### **Workforce capacity and capability**

The WHO (2024) recently established a database that lists evidence-based interventions to prevent and respond to elder abuse. This database includes an evaluation of an Australian online course for the prevention of unwanted sexual behaviour in residential aged care services (Smith et al., 2022). In addition, an Australian research project is currently underway assessing the effectiveness of training for health practitioners assessing the presence of elder abuse (Cavuoto et al., 2024). The QNMU recommends investment in evidence-based interventions such as these to build the capacity of health practitioners to recognise and respond to elder abuse.

The Queensland Health (2025) briefing to the Committee refers to social work services as being central to HHSs' responses to elder abuse. We assert that nurse navigators can provide a comprehensive approach to identifying and responding to elder abuse and we recommend greater investment in nurse navigators and other nursing positions, including nurse practitioners, who can provide comprehensive health services to older people.

## Support for carers

The QNMU (2025) reiterates our acknowledgement of the critical role that carers play in caring for older people. Carers are typically a spouse or family member who takes on the responsibility of ensuring that their relative is safe and healthy. Support for carers will not only protect their health and wellbeing but may also extend the time the older person can remain living at home. Our systems do not support carers well, with some carers having difficulty accessing respite services, which can lead to carer burnout and fatigue. We therefore recommend that more support services are made available for carers, including greater flexibility for carers who are also in paid employment to be able to attend appointments with the person for whom they are caring.

- 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.*

Consistent with the *WHO (n.d.) Age friendly Cities and Communities Framework* referenced on page 6, we consider there are several domains across which the Queensland and Australian governments could implement policies to facilitate the prevention and reduction of elder abuse. These include:

- Providing financial/patient travel subsidies for older people who are unable to attend health services, particularly for people living in regional and remote areas.
- Increasing affordable housing options, as older people who rent are particularly vulnerable to abuse when rent comprises a significant proportion of their income.
- Providing support for negotiating electricity contracts, as this has a significant impact on older people's holistic health needs.
- Requiring banking and financial institutions to retain services for older people and
- Investigating greater involvement of banking and financial institutions in safeguarding networks (Australian Institute of Family Studies, 2024).

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